ORBITAL TRIAMCINOLONE FOR GRAVES’ ORBITOPATHY- A CASE REPORT

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CASE

• 53 yo Asian female
• Painless, gradual vertical binocular diplopia 3 months
  • Bulging sensation LE
• Graves’ disease 1 year
  • Benign nodular goitre
  • Carbimazole & Selenium
  • Non-smoker
• RE -12.00/-1.00x170, LE -10.75/-1.50x003
EXAMINATION
PROGRESS

- Months 7-8
  - Repeat orbital floor Triamcinolone Acetonide 40mg x2
  - Orbital floor Triamcinolone Acetonide 40mg x4
DISCUSSION

• Efficacy difficult to measure

• Periocular steroid injection safety concerns
  • Globe perforation,\textsuperscript{1–3} intractable elevated intraocular pressure,\textsuperscript{4,5} conjunctival or corneoscleral melting,\textsuperscript{6–8} vascular occlusion and optic neuropathy\textsuperscript{9–16} proptosis or fat atrophy,\textsuperscript{17–19} depigmentation, and granuloma related to the methylcellulose vehicle content\textsuperscript{20}
  • RCT 41 pts Ebner et al 2004 showed no systemic or ocular side effects\textsuperscript{21}
DISCUSSION

• Careful technique
  • Short half inch 25-27G needle
  • Anterior orbit just posterior to the orbital septum
  • Slow injection
  • Small volume (2ml, 40mg Triamcinolone mixed 1:1 with Lignocaine 2%)
• Unilateral disease, isolated IR involvement
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