Advanced Surgery in Malignant Exophthalmos

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Decompressive surgery of the orbit is indicated in malignant exophthalmos if keratopathy and/or a lesion to the optic nerve have endangered vision of one or both eyes and the patient has responded insufficiently to optimal regulation of the thyroid function and corticosteroid therapy. Intraethmoidal maxillary decompression (Ogura-Walsh) is to be preferred to intracranial temporal decompression since the average reduction of the exophthalmos is 5-7 mm for the former and only 2-4 mm for the latter. Decompression can be carried out bilaterally in a single session. The effect on the motility disturbance of the external eye muscles, of frequent occurrence, cannot be predicted. Corrective surgery of the eye muscles after orbital decompression is not additionally complicated. A previous tarsorrhaphy has an unfavourable effect on the cosmetic results. If the technique is correct, the risk of intra- and post-operative complications is small.

Discussion

aBleeker: I can highly recommend the experience of my confrater Sedee. Ethmoidal decompression and removal of the orbital floor have an excellent effect and are increasingly used. In Amsterdam also, the first steps in this field have been taken.

Oosterhuis: The first patient discussed is especially interesting as an experimental model, because after Naffziger-Krönlein surgery the exophthalmos did not decrease but even increased, while after decompression in ethmoid and sinus maxillaris a very marked regression of the exophthalmos was observed.