3rd, revised and expanded edition

Graves' Orbitopathy

A Multidisciplinary Approach - Questions and Answers

3rd, revised and expanded edition

Editors: **Wilmar M. Wiersinga**
George J. Kahaly

In the 3rd, revised and expanded edition, new chapters have been added on co-morbidity, local treatment modalities, novel immunosuppressive therapy, detailed protocols, and questions frequently asked by patients. All chapters of the previous edition have been thoroughly updated. Subjects covered then include the pathology of Graves' Orbitopathy (GO) and the controversial views on its pathogenesis; assessment of changes using reliable measuring techniques; medical management of GO including established and alternative treatment options; technical explanations and illustrations of various surgical procedures; and finally, the molecular, immunologic, and clinical aspects of this complex disorder. Additionally, ample consideration is given to the new 2016 ETA/EUGOGO guidelines on the management of GO.

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Review of the second edition:

The layout and concept make this book easy to read and useful: In each of the 25 chapters, about 10–20 clinically relevant questions are given ...

These questions are promptly answered in a way that makes this book also useful as a clinical manual.

In the 2nd edition, all chapters have been carefully updated especially with regard to pathogenesis and treatment.

This newly updated edition is a valuable overview on the cutting edge of management of GO, and a valuable asset for any ophthalmologist or specialist treating patients with Graves' disease.'

Clinical and Experimental Ophthalmology

ment be influenced. For those patients who have significant but not sight-threatening disease and a low CAS, current evidence favours the use of additional tests if disease-modifying agents are to be considered. An alternative approach is simply to give a short trial of treatment provided the anticipated morbidity for that patient is acceptable.

What Signs Are Helpful for Assessing Severity?

The following features are quantified to assess severity: eyelid swelling, eyelid aperture, exophthalmos (proptosis), eye motility, visual acuity and colour vision. Pupil responses and the appearance of the cornea and optic discs are also noted.

What Value Does the Mnemonic "NOSPECS" Have?

The modified NOSPECS classification (Table 2) was devised in 1977 as a way of summarizing the severity of GO [49], with an assumed rank order attached to the various clinical features. It is now generally accepted that summary scores are of little value in assessing outcomes [4], and there are 2 further disadvantages to NOSPECS. Firstly, the order of features relates poorly to the order in which an efficient examination is performed: class I eyelid retraction, class II soft-tissue involvement, class III exophthalmos, class IV extraocular muscle involvement, class V corneal involvement, class VI visual loss. Secondly, the features are poorly defined. Without accurate definitions scoring patients remains impossible. Despite this, the mnemonic NOSPECS remains a useful reminder of the features that should be assessed.

How Are Signs of Severity Assessed?

A precise and consistent method is required when assessing the various signs of severity. One such method is described in principle below but can be found in more detail at www.eugogo.eu. The order of NOSPECS has been used.

1. **Palpebral aperture** (Fig. 1): The vertical height of the eyelid in the mid-pupil position is noted after first stabilizing the patient's head position and fixation to reduce artefacts, and occluding the opposite eye if vertical strabismus is present. Both upper and lower eyelid positions are recorded relative to the respective limbus. Lateral flare is disregarded.
2. **Soft-tissue involvement**: Although soft-tissue involvement indicates activity, the degree of soft-tissue swelling also describes severity. The signs are assessed as described in "How Are These Signs Assessed?" and Figure 5.

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Dickinson - Hentschich

decompression, a Axial projection of an orbital CT scan: conservative anterior (red), deep (green), posterosuperior (yellow) (red).

Orbital Decompression

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