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Diagnostic Challenges of TED: What Endocrinologists Need to Know

Announcer:

Welcome to CME on ReachMD. This episode is part of our MinuteCE curriculum.

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Dr. Rajaii:

Early diagnosis of thyroid eye disease can help prevent more serious complications. What are the signs and symptoms that endocrinologists should be looking for in the clinic?

This is CME of ReachMD, and I'm Dr. Fatemeh Rajaii.

Dr. Smith:

Hi. I'm Dr. Terry Smith. That's a question I have thought about a lot as an endocrinologist studying thyroid eye disease and caring for patients with the disease. Thyroid disease is a risk factor with 30 to 40% of cases developing TED manifestations. Treatment selection for controlling hyperthyroidism, that is, surgery versus radioactive iodine or antithyroid medications, can change the relative risk. TED develops in about 10% of patients with hypothyroidism or euthyroid. Smoking is a risk factor. TED manifests variable, bilateral, asymmetric, ocular symptoms, mild to severe, sometimes causing vision changes, and it can alter appearance and decrease quality of life. The signs and symptoms of TED include dry eye complaints, which often lead to the patient coming to eye care providers, and eyelid retraction, diplopia, and proptosis are common. But what are some of the more serious ocular symptoms we should watch out for as endocrinologists?

Dr. Rajaii:

As an oculoplastic surgeon, I worry most about vision-threatening ophthalmic emergencies such as dysthyroid optic neuropathy, exposure keratopathy, and compartment syndrome, and these usually would present with vision changes or blurry vision/dimness of the vision. In terms of referring patients, I think it's always a good idea to refer patients early, before they develop these symptoms, for a comprehensive exam to establish a baseline. And sometimes, to avoid delay of care to see an oculoplastic surgeon where those subspecialists may be limited, you can refer to comprehensive ophthalmology, who can do an excellent job in terms of evaluation and further referral, if needed.

Dr. Smith:

That's excellent advice. As we wrap up here, I'd like my endocrinology colleagues to be aware of the increased risk of developing TED in your patients with Graves' disease. Identifying the disease early can lead to better outcomes.

Dr. Rajaii:

And I'll add, the presentation and disease course of TED varies in different individuals. While all patients may not end up needing subspecialist care, referring to ophthalmology to establish care is important for all but the most mild, stable cases.

Thank you, Dr. Smith, for being here. I am Dr. Fatemeh Rajaii, and this has been CME on ReachMD.

Announcer:

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