EUTHYROID EXOPHTHALMIA IN A PATIENT WITH CHRONIC RHINOSINUSITISO.O. Danila¹, D. Hortopan¹, A. Sucaliuc^{1,2,*}, C. Badiu^{1,2}¹“C.I. Parhon” National Institute of Endocrinology, ²“Carol Davila” University of Medicine and Pharmacy, Bucharest, Romania

A 64 years old male, with history of chronic rhinosinusitis, presented with bilateral exophthalmia, which has been progressively aggravating since October 2017 (diplopia and ocular pain since December 2017). Patient was informed about study procedures, use of his photographs in the manuscript and agreed upon by signing the specific informed consent. Clinical evaluation showed bilateral proptosis with reduced ocular motility (Fig. 1). Thyroid function tests were normal (TSH 1.72 mUI/L; fT4 13.04 pmol/L; T3 116.93 ng/dL; TRAb 0.3 UI/L). Exophthalmometry examination values were 23 mm for the left eye and 21 mm for the right

eye. Otorhinolaryngology examination revealed left nasal septum deviation, with hypertrophy and edema (chronic rhinopansinusitis with surgery indication). Orbital computer tomography indicated chronic hypertrophic pansinusitis changes and bilateral proptosis due to extrinsic muscles hypertrophy (Figs 2, 3).

Treatment with oral Levofloxacin and intravenous administration of 125 mg methylprednisolone was started. Eye proptosis improved significantly after 24 hours, with exophthalmometry values of 20 mm for the left eye and 19.5-20 mm for the right eye (Fig. 4).

Figure 1. Clinical presentation with exophthalmia.

Figure 2. CT aspect of pansinusitis.

Figure 4. Clinical aspect 24 hours after first methylprednisolone iv administration.

Figure 3. CT aspect of extrinsic muscle hypertrophy.

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