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GRAVES' ORBITOPATHY: DIFFERENTIAL DIAGNOSIS OF GO AND IMAGING

Though clinical and imaging characteristic of GO seem quite unique, there is a number of entities which may exhibit striking similarity and thus have to be taken into account. These comprise vascular lesions such as carotid/cavernous sinus fistulas, tumors (metastasis to or lymphoma manifesting in the extraocular muscles, meningioma or lacrimal gland lesions), inflammatory disorders such as idiopathic orbital inflammation and especially IgG4 related disease, which virtually may mimic GO (Sogabe et al, 2014).

While in case of the classical clinical presentation of GO imaging is not routinely necessary, it is a most important adjunct in asymmetric cases. Both CT and MRI prove useful in this context and may be performed according to local policy/availability, while the role of ultrasound is more limited, as it does not provide information about the orbital apex or adjacent structures.

Sogabe Y, Oshima K, Azumi A, et al Graefes Arch Clin Exp Ophthalmol 2014;252:531-8

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