Orbital Myositis

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A young gravid woman (G1P0) with a history of migraine headaches presented with severe right eye pain of 3 days duration that was worse with eye adduction. Ocular examination was significant for minimal anterior proptosis in the right eye with Hertel exophthalmometer measurements of 22 mm OD and 20 mm OS. Magnetic resonance (MR) image revealed an enlarged medial rectus muscle in the right eye (arrow) (width, 6.0 mm OD and 2.4 mm OS). Muscle thickening and increased signal intensity on T2-weighted MR image were consistent with acute orbital myositis. Oral prednisone (80 mg) was administered, followed by a 30-day taper of 20 mg every 5 days. The patient's symptoms resolved.

Orbital myositis is an idiopathic inflammatory disorder that usually manifests in the extraocular muscles, presents acutely, and is often unilateral.[1] Signs and symptoms include proptosis, redness over the involved muscle, conjunctival chemosis, lid ptosis, eye pain that is worse with movement, and diplopia.[1] Diagnosis is made according to clinical findings as well as extraocular muscle enlargement found on computed tomographic or MR images.[1] Orbital myositis typically responds to corticosteroids; however, nonsteroidal anti-inflammatory drugs may be helpful in mild cases.[2] Infliximab, a monoclonal antibody, or radiotherapy have been recommended if corticosteroids are unsuccessful.[3] (doi:10.7556/jaoa.2014.028)

References

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