

## Proforma for Nepal Thyroid Eye Disease Registry (Nep TED)

### A. Demographics

1. Serial No-
2. Date of examination-
3. Name-
4. Age (Years)-
5. Gender- a. Male b. Female c. Prefer not to say
6. Address (Province) 1.2.3.4.5.6.7.
7. Phone number -
8. Occupation-
9. Chief complaint- a. Foreign body Sensation ( ) b. Discomfort in eye ( ) c. Eyelid swelling ( ) d. watering ( ) e. Redness ( ) f. Blurring of vision ( ) g. Protrusion of eyeball ( )  
h. Reading problem ( ) i. Double vision ( ) j. Eye ache ( ) k. others  
k. Asymptomatic (relatives or Friends notices eye changes ) ( )
10. Family history a. Thyroid Disorder b. TED c. Myasthenia Gravis
11. Personal History- a. DM ( ) b. HTN ( ) c. Myasthenia Gravis ( ) d. Hyperlipidemia ( )  
e. Smoking ( ) / Passive Smoker ( ) / No/packet per day ( )
12. Thyroid status: a. Hyperthyroid b. Hypothyroid c. Euthyroid

### B. Examination:

1. Visual acuity: (Snellen)  
a. UCVA: a. OD ..... b. OS..... B. BCVA: a. OD..... b. OS.....
2. Pupillary Examination- RAPD a. present b. absent
3. EOM: a. Full range ( ) b. limited
4. Eyelid Sign: a. Lid Retraction ( ) (.....mm) b. Lid lag ( ) c. Lid Edema ( ) d. Tremors when lid closed ( ) e. Eyelid erythema ( ) f. lagophthalmos ( ) (.....mm) g. Ptosis ( ) If yes MRD1(.....mm) f.others
5. Proptosis: a. yes ( ) b. No ( )  
a. If Yes is it

## Proforma for Nepal Thyroid Eye Disease Registry (Nep TED)

- a. Painful ( )/ painless ( ) b. Axial ( )/ Non Axial( ) c. Progressive( )/ Non progressive( ) d. Pulsatile ( )/ Non pulsatile ( ) e. Retrobulbar resistance ( ) f. periorbital changes ( )
- 6. Exophthalmometry
  - a. Hertel's
  - b. Base reading (mm).....b. OD (mm).....c. OS (mm)..... If Hertels are not available
  - c. 2 Rulers method OD (mm).....b. OS (mm).....
- 7. Anterior Segment Examination: a. congestion at insertion of extra ocular muscle ( )  
b. superior limbic keratoconjunctivitis ( ) c. SPKs( )d. corneal ulcer( )e. Chemosis( )  
f. caruncular or plica congestion ( )
- 8. Fundus examination a. CDR..... b. others
- 9. IOP(GAT/airpuff/schiotz)
  - a. Primary position OD.....OS.....b. Differential IOP (up gaze) OD.....OS.....
- 10. Clinical Activity Score CAS-
- 11. Severity of TED according to EUGOGO a. Mild ( ) b. Moderate to Severe( ) c. Sight Threatening( )
- 12. TBUT(seconds)-

### Investigations:

- 1. Schirmer test 1 a. not done b. < 5mm c. 5-10 d. >10mm
- 2. Thyroid Function Test/Antibody Test
  - a. TSH .....b. FT3..... c. FT4.....d. TSHR Ab.....e. others .....
- 3. Lipid Profile Test a. Not done b. Normal( ) c. Abnormal ( )
- 4. Serum Vit D level a. Not done b. Normal ( ) c. Abnormal ( )
- 5. CT Orbit/ MRI a. Not done b. Normal ( ) c. Fat predominant type ( ) d. Muscle predominant type ( ) e. Mixed both fat and muscle predominant ( ) f. Crowding apex
- 6. Colour vision test a. Not done b. normal c. abnormal
- 7. Contrast sensitivity test a. Not done b. normal c. abnormal
- 8. Diplopia charting a. Not done b. no diplopia c. diplopia

# Proforma for Nepal Thyroid Eye Disease Registry (Nep TED)

## Diagnosis

a. Euthyroid b. Hypothyroid c. hyperthyroid

i. Active ii. inactive

## Management

Previous:

1. Systemic medicine -
  - i. Thyroid hormone replacement
  - ii.  $\beta$ -blockers
  - iii. Carbimazole / methimazole / Propyl-thiouracil
  - iv. Corticosteroids (Oral/ IV)
  - v. Selenium/Vitamin D / Anti lipid agent
  - vi. Anti-diabetic agent
  - vii. Anti-Hypertensive agent
2. Cytotoxic agents- Yes /No
3. Radioactive iodine therapy- Yes / No
4. Injection botulinum toxin- Yes / No
5. Injection tricort- yes/ no
6. Blepharotomy- Yes /No

PRESENT:

1. Topical therapy – Lubricating Drops
2. Systemic therapy – Corticosteroids (Oral / IV)
3. Thyroid Hormone replacement
4. Radiotherapy
5. Surgical therapy
  - a. Lateral tarsorrhaphy
  - b. Squint surgery
  - c. Blepharotomy
  - d. Recession of Levator and Muller's Muscle Surgery (Ptosis correction)
  - e. Blepharoplasty
  - f. Orbital Decompression
    - i. Fat removal Orbital Decompression (FROD)
    - ii. Bone Removal Orbital Decompression (BROD)
      1. One wall / 2. Two walls / 3. Three walls & 4. Four Walls
6. Sequelae and / or complications of TED/ Therapy
  - a. DON( ) b. Corneal Ulcer ( )/ Perforation ( ) c. Adverse effect ( ) or Complication of treatment( )

# Proforma for Nepal Thyroid Eye Disease Registry (Nep TED)

## Annex

### 1. Clinical Activity Score (CAS) (Give 1 point for presence of each parameters)

#### a. Initial CAS score

1. Spontaneous orbital pain -
2. Gaze evoked orbital pain -
3. Eyelid swelling that is considered due to active GO-
4. Eyelid erythema-
5. Conjunctival redness considered due to active GO -
6. Chemosis –
7. Inflammation of caruncle or plica -

#### b. Follow-up after 1-3 months

1. Spontaneous orbital pain -
2. Gaze evoked orbital pain -
3. Eyelid swelling that is considered due to active GO-
4. Eyelid erythema-
5. Conjunctival redness considered due to active GO -
6. Chemosis -
7. Inflammation of caruncle or plica -
8. Increase of > 2 mm Proptosis
9. Decrease in unocular ocular excursion in any one direction of >8 degrees
10. Decrease of Visual Acuity equivalent of 1 Snellen line

### 2. Severity of TED according to EUGOGO

#### The European Group of Graves' Orbitopathy (EUGOGO) classification

Sight-threatening GO patient with ocular globe subluxation, severe forms of frozen eye, choroidal folds, or postural visual darkening present or if the patient presented with dysthyroid optic neuropathy or corneal breakdown.

Moderate to severe GO patients with one or more of the following signs: lid retraction (>2 mm), moderate to severe soft tissue involvement, exophthalmos (>3 mm) above normal for race and gender with inconstant, or constant diplopia.

Mild GO patient with one or more of the following signs: minor lid retraction (<2 mm), mild soft tissue involvement, exophthalmos (<3 mm) above normal for race and gender, transient or no diplopia, and corneal exposure responsive to lubricants.