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## Orbital radiotherapy: retrospective analysis

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Purpose: analyze retrospectively Graves ophthalmopathy patients treated at orbital sector at Universidade Federal de São Paulo - UNIFESP and submitted to orbital radiotherapy from January 2000 to March 2001. Material and methods: Patients were analyzed about signs and symptoms, visual acuity, proptosis, extra ocular involvement, biomicroscopy and fundoscopy, before and after radiotherapic treatment. All patients studied were submitted to external radiotherapy with linear accelerator (6 MV) in a total dose of 2000 cGy fractioned in 10 doses during 2 weeks. Results: We analyzed 10 patients submitted to orbital radiotherapy during the study. 7 were female; age varied from 33 to 55 years (mean 39.6 years) Initial signs and symptoms were: proptosis (9), photophobia (8), diplopia (7), tearing (7), conjunctival hyperemia (7), pain (6), chemosis (5) and visual loss (4). All patients had active orbital inflammation (CAS > 3) when radiotherapeutic treatment was indicated. All patients used oral methylprednisolone during radiotherapy but 2, who were submitted to pulse therapy with intravenous corticosteroid. After orbital treatment, all patients were submitted to ophthalmic examination: they referred clinical improvement of their proptosis (5), conjunctival hyperemia (3) and pain (3). 3 patients who complained of diplopia before treatment had an improvement of this complain. Visual acuity improved in 4 patients, were stable in other 4 and 2 complained of worsening of visual acuity after treatment. We noticed an improvement in proptosis in 6 eyes, stable in 11 and worsening in 3 eyes. After orbital radiotherapy, 5 patients were submitted to orbital decompression. Conclusion: Only 3 to 5% of the patients had severe expression of the disease, which could cause severe impairment of visual function. When this occur it's important to define inflammatory activity state. susceptible to anti-inflammatory treatment. Radiotherapy promotes good and definitive response with little or no adverse response.