

<p>Mild Disease Pain ranges from mild to moderate and may localize to the trochlea (i.e. trochleitis). Diplopia, if present, is mild and may “step out” to a superior oblique palsy. No proptosis or exam findings to suggest significant inflammation.</p>	<p>Classic Disease (IOM) Pain may range from mild to severe. Diplopia is present and is typically horizontal and/or vertical in nature. Proptosis and obvious evidence of orbital inflammation are typical.</p>	<p>Atypical Disease Pain ranges from severe to debilitating. Considering the severity of pain, there may be very little diplopia. Evidence of active orbital inflammation may be absent on exam.</p>
<p>Work-Up Clinical diagnosis. Check a “Q-tip test.” Defer lab testing and imaging, unless clinical suspicion directs otherwise.</p>	<p>Work-Up Basic lab testing is indicated to rule out infection and thyroid orbitopathy. CT, MRI, or orbital echography may show mono- or oligo-myositis.</p>	<p>Work-Up Basic lab testing is indicated to rule out infection and thyroid orbitopathy. CT, MRI, or orbital echography may be unrevealing. Consider orbital biopsy.</p>
<p>Treatment Trial of NSAIDs.</p>	<p>Treatment Oral corticosteroids. Controlled taper. Consider steroid –sparing agents if difficulty tolerating or tapering steroids.</p>	<p>Treatment Poor response to NSAIDs and/or corticosteroids. Consider alternative treatments, e.g. pain clinic (orbital pain syndrome), radiation.</p>