

Orbital Myositis



Orbital Myositis (also called idiopathic orbital or ocular myositis) is a subtype of nonspecific orbital inflammation that usually involves the extraocular muscles, the muscles that control the movement of the eye. It is extremely rare.

It occurs most frequently in young to middle-aged adults, affecting more women than men. The cause is unknown, but it is thought that an autoimmune process is involved; and the disease is associated with several autoimmune diseases, including Crohn's disease, systemic lupus erythematosus, rheumatoid arthritis, diabetes mellitus, myasthenia gravis, and ankylosing spondylitis.

Signs

- Bulging eyes
- Drooping eyelids
- Eyes that seem "stuck"
- Red eyes
- Swelling around the eyes

Symptoms

- Double vision
- Eye pain that worsens with eye movement
- Restricted eye movement

Diagnosing Orbital Myositis

The diagnosis of ocular myositis falls within the overall classification of idiopathic orbital inflammatory diseases, defined as non-infective non-specific orbital inflammation without identifiable local or systemic causes.

A specialist in inflammatory eye diseases should be sought out, as the diagnostic process can be very challenging. The cooperation of ophthalmologists and rheumatologists/immunologists will help to achieve a faster diagnosis and likely better treatment options.

The symptoms of Orbital Myositis are often similar to many other diseases which can affect the eye, such as thyroid-related eye disease, tumors, infectious conditions, or inflammatory disorders such as Vasculitis or Sarcoidosis.

An axial and coronal MRI with fat suppression appears to be the best imaging tool to see inflammation of the eye muscles, tendons, and surrounding fat, and to rule out other eye diseases.

It is also common to have a blood test to determine if autoantibodies are present which could indicate specific autoimmune disorders.

Treatment for Orbital Myositis

Orbital Myositis typically responds well to systemic cortisone therapy such as Prednisone.

Some cases which are non-responsive to steroid treatment, are chronic, or are recurrent may require other treatment options including:

- Disease Modifying Antirheumatic Drugs (DMARDs), which suppress the immune system (Mycophenolate Mofetil, Azathioprine, Methotrexate)
- T-cell inhibitors (Tacrolimus or Cyclosporine)
- Radiation therapy
- Antibiotic therapy
- Tumor necrosis factor alpha blockers, called TNF or Biologics (Rituxan)
- Intravenous Immunoglobulin infusions (IVIG)

Complications of Orbital Myositis

A prompt and proper diagnosis, with prompt and proper treatment, can dramatically improve symptoms in the majority of patients and may eliminate the disease altogether, although this is not a cure, as there is no cure at this time. However, in some cases, especially in refractory ones, the disease can cause muscle fibrosis. A minority of patients may have recurrences.

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