

Supplementary Materials

Changes in clinical activity, serum autoantibody levels, and chorioretinal vessels after systemic glucocorticoid therapy in thyroid eye disease

Jaekyoung Lee, Dong Cheol Lee*

Department of Ophthalmology, Keimyung University School of Medicine, Daegu, Republic of Korea

***Corresponding author:** Dong Cheol Lee

Department of Ophthalmology, Keimyung University School of Medicine

1095 Dalgubeol-daero, Dalseo-gu, Daegu 42601, Republic of Korea

Tel: 82-53-258-4545

E-mail: tking33@naver.com

ORCID: 0000-0002-1570-3118

Supplementary Figure

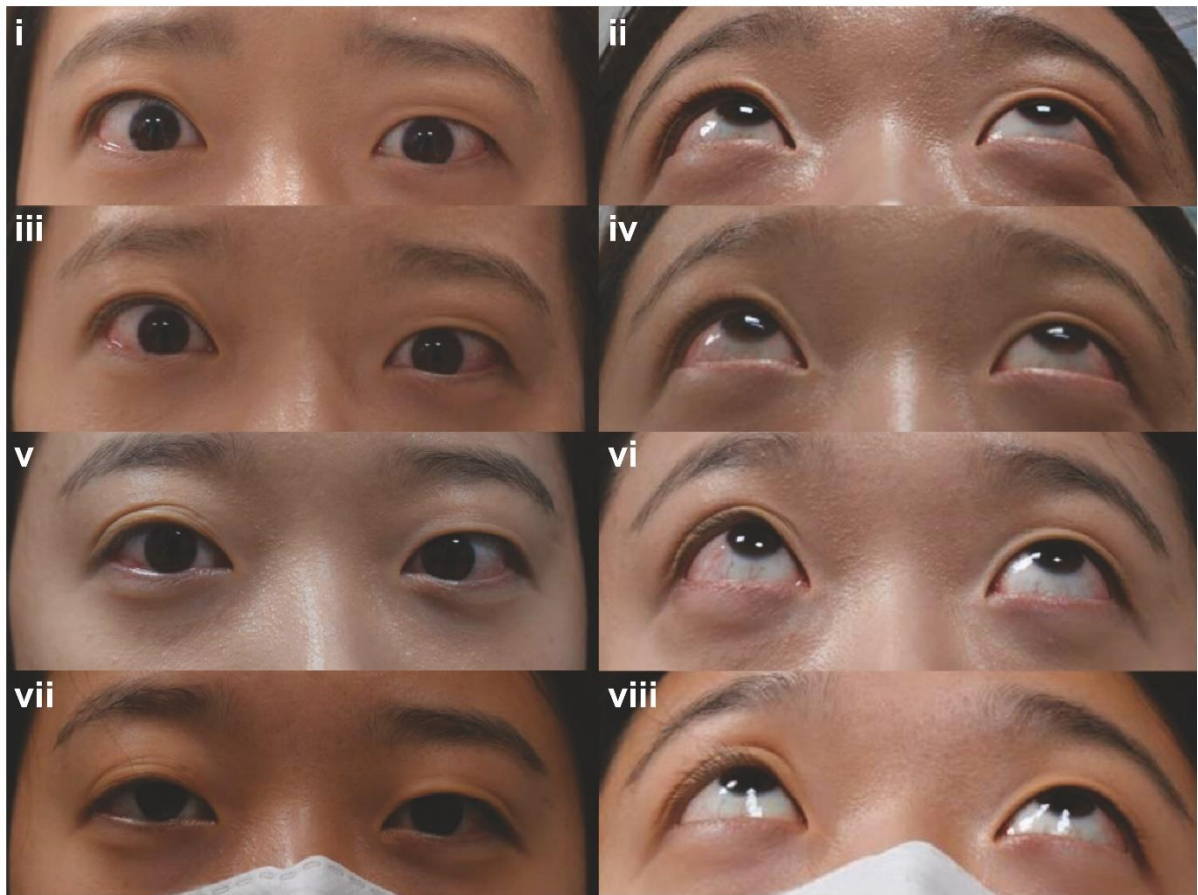


Fig. S1 A thyroid eye disease patient

(i, ii) Photographs taken before the start of intravenous glucocorticoid (IV GC) treatment.

The patient showed presence of right eyelid retraction, conjunctival hyperemia, and proptosis of >3-mm difference in Hertel exophthalmometry. (iii, iv) Photographs taken at 2 weeks after initiating IV GC.

No change in lid retraction and exophthalmos is noted. (v, vi) Photographs taken at 2 months after IV GC initiation.

Eyelid retraction was improved, and proptosis also decreased to 1 mm difference in Hertel exophthalmometry. (vii, viii) Photographs taken at 8 months after initiating IV GC treatment.

Conjunctival hyperemia, eyelid retraction, and proptosis fully recovered with no difference between both eyes in Hertel exophthalmometry.

IV, intravenous; GC, glucocorticoid