

Exophthalmos

Patient Information Series – What you should know, what you should ask.

What is exophthalmos?

Exophthalmos may be defined as an eye that is protruding anterior to the plane of the face to a greater extent than is typical, or simply, bulging out of the orbit. Synonymic terms include: “Proptosis”, “Exophthalmia”, “Exorbitism” and “Prominent Eyes. Any mechanism shifting the globe of the eye forward, like Inflammation of the tissues within orbit, benign or malignant growth, abnormal position of the orbit within the face due to malformations may cause exophthalmos.

Shallow orbits is a similar condition, which not always can easily be differentiated from exophthalmos. The diagnosis can be set prenatally by an experienced physician

Should I have more tests done?

Many women will choose to have more tests done to know more about the condition of the baby. The tests available depend on where you are. Tests to ask about include:

- An **amniocentesis** to look for problems with the number of chromosomes and some of the problems within the chromosomes. This is done by removing a small amount of amniotic fluid surrounding the fetus.
- **Fetal echocardiography** - a specialised ultrasound of the heart of the baby during the pregnancy, which uses sound waves that “echo” off of the structures of the fetus' heart.
- If available, an **MRI scan** can sometimes be done to provide information on the condition of the baby. This scan uses strong magnetic fields and radio waves to create detailed images of the inside of the body.

What are the things to watch for during the pregnancy?

Babies with exophthalmos are at risk of having other conditions. The tests mentioned above may exclude some of them, sometimes the precise diagnosis may only be set after birth.

What does it mean for my baby after it is born?

The prognosis depends mainly on the cause of exophthalmos. As exophthalmos may impair eyelids closure, cause drying of the eye (specifically of the cornea), and result in eye damage. This may require special eye care and sometimes surgery.

Will it happen again?

The recurrence risk depends on the cause, and it may require genetic tests to estimate the risk and a consultation with a specialist may be helpful in solving the situation.

What other questions should I ask?

- Does this look like an isolated anomaly of part of a syndrome or a complex anomaly?
- What other tests should I have done?
- How often will I have ultrasound examinations done?
- Where should I deliver?
- Where will the baby receive the best care after it is born?
- Can I meet the team of doctors that will be assisting my baby when it is born in advance?

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