

1

: 1
:
17
:
가 . 4
가
1
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¹⁻³
17 가
가
0.32, 0.2
18 mmHg
가
19.0 mm,
20.5 mm
17
1
(Fig. 1).

< : 2001 5 23 , : 2001 10 15 >

:
5
Methylprednisolone kg 15
mg 4 2 Predni-
solone 70 mg 40 mg
5
4.0 mm, 5.0 mm ,
가 1.0
1615

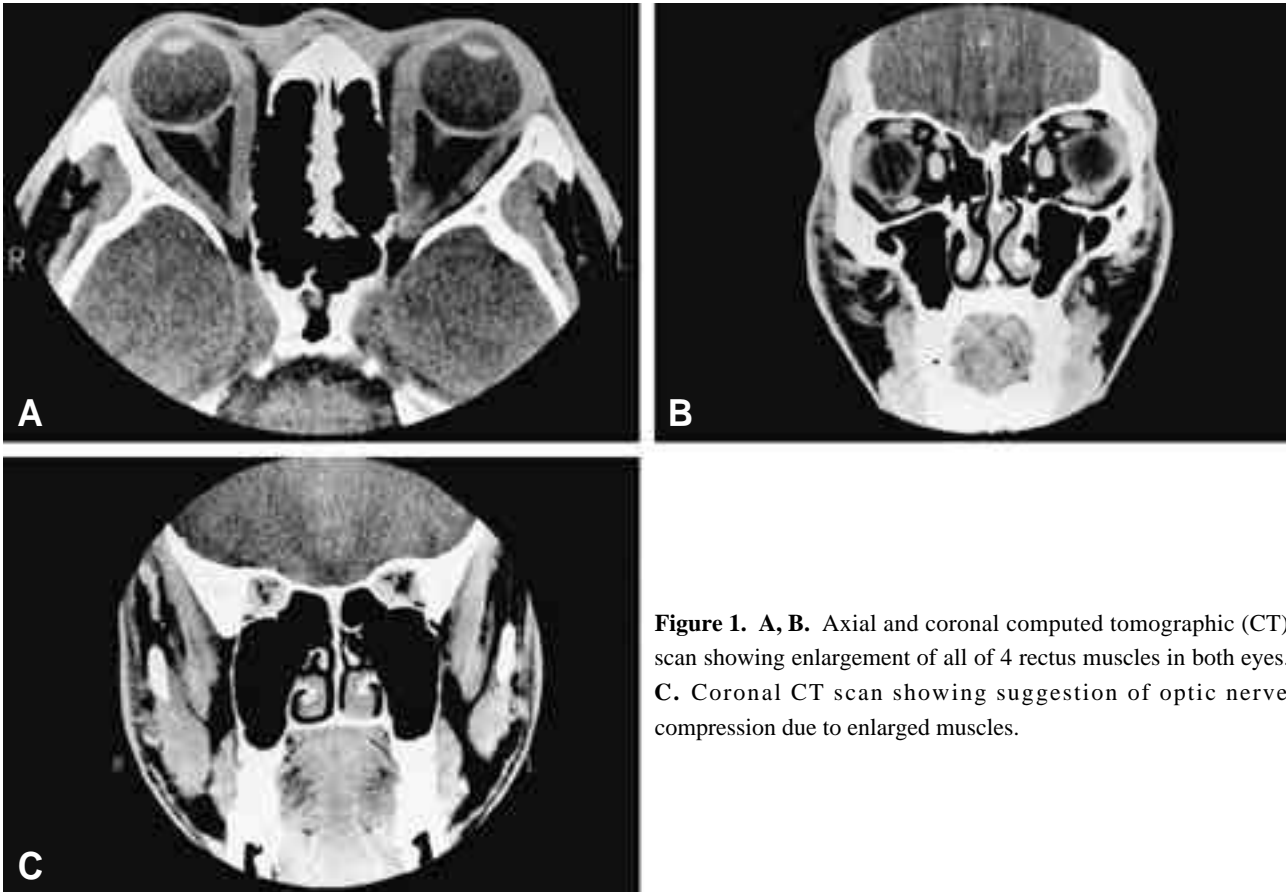


Figure 1. A, B. Axial and coronal computed tomographic (CT) scan showing enlargement of all of 4 rectus muscles in both eyes. C. Coronal CT scan showing suggestion of optic nerve compression due to enlarged muscles.

가 6
 가 (Fig.
 2). Prednisolone 30 mg
 , 20 (17.5 mm, 18.0 mm), ,
 . Prednisolone 30 40
 60 mg Cyclosporine
 150 mg 7
 가
 (diffuse), (apical), (anterior),
 (lacrima) (myositic),
 200 cGy 10 2000 cGy
 가
 44 8 1.0
 8 14.5 mm , 12 10
 가
 2가

가
가
1-3,13
2

가
1600~2500 cGy 2 7 10
19,20

가
Cyclosporine Methotrexate
Cyclosporine
15 kg 2 mg 3.5 mg

가
21,22
16 가 가 20,21
4
3
3
11
57%
60%
17

가
4
가
17
가
14,16,17

가 3 6
가
18 2 5 (2
Prednisolone 60~120 mg/
)
가
1,12
가
2

1 ~ 50%

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= ABSTRACT =

A Case of Idiopathic Orbital Myositis Involving All Extraocular Muscles of Both Eyes

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Purpose : To report a case of idiopathic orbital myositis involving all extraocular muscles bilaterally after trauma and to review current literatures on the orbital myositis.

Methods : The idiopathic orbital myositis primarily involving the extraocular muscles is a subtype of nonspecific orbital inflammation. Pathophysiology of orbital myositis, although unknown, is likely to be an immune-mediated mechanism. A 17-year-old male presented with the orbital myositis involving all extraocular muscle after blunt head trauma.

Results : Treatment of the idiopathic orbital myositis with oral corticosteroid and radiotherapy has been reported to be ineffective in cases involving 4 extraocular muscles. We herein report an experience of treating a case of orbital myositis involving all extraocular muscles with intravenous corticosteroid and radiotherapy.

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Key Words : Corticosteroid, Orbital myositis, Radiotherapy

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