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.

Work-Up
Clinical diagnosis. Check a “Q-tip test.” Defer lab testing and imaging, unless clinical suspicion directs otherwise.

Treatment
Trial of NSAIDs.

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.

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.

Treatment
Oral corticosteroids. Controlled taper. Consider steroid-sparing agents if difficulty tolerating or tapering steroids.

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.

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.

Treatment
Poor response to NSAIDs and/or corticosteroids. Consider alternative treatments, e.g. pain clinic (orbital pain syndrome), radiation.