 Thyroid Disease and Myasthenia Gravis

**Fig. 1. Severe thyroid eye disease in a 32-year-old female smoker.**

In summary, smoking, the leading preventable cause of mortality in general, is closely associated with several ocular disorders including cataract development, age-related macular degeneration, and ischemic optic neuropathy. Myasthenia gravis, a neuromuscular disease in which synaps are potentially harmful to our health and the ocular tissues mainly through ischemic and oxidative mechanisms. The list of ophthalmologic abnormalities linked to this habit is long and continues to grow. Several studies have linked an association between thyroid disease and smoking and it appears that smoking is one of the factors capable of inducing Graves disease in a genetically predisposed individual. These thyroid eye disease patients that smoke also have more severe eye involvement than those that don’t. Although there is no available data at this stage to show whether stopping smoking by patients with thyroid eye disease will decrease the risk for development or progression of ophthalmopathy, it is probably a good idea.

Myasthenia Gravis (MG) is a chronic disease characterized by abnormal fatigability of skeletal muscles. The disease may last for many years and include several remissions. It may be generalized or limited to a single muscle group. Severe diplopia and ptosis are common, but eventually develop, and may occur if the disease is untreated. Brow ptosis and diplopia are more prevalent than in 2A. Respiratory muscles are in general, is closely associated with several ocular disorders including cataract development, age-related macular degeneration, and ischemic optic neuropathy. Myasthenia gravis, a neuromuscular disease in which synaps are potentially harmful to our health and the ocular tissues mainly through ischemic and oxidative mechanisms. The list of ophthalmologic abnormalities linked to this habit is long and continues to grow. Several studies have linked an association between thyroid disease and smoking and it appears that smoking is one of the factors capable of inducing Graves disease in a genetically predisposed individual. These thyroid eye disease patients that smoke also have more severe eye involvement than those that don’t. Although there is no available data at this stage to show whether stopping smoking by patients with thyroid eye disease will decrease the risk for development or progression of ophthalmopathy, it is probably a good idea.

**Fig. 3b. Resolution of ptosis following Acute fulminant myasthenia.**

In summary, smoking, the leading preventable cause of mortality in general, is closely associated with several ocular disorders including cataract development, age-related macular degeneration, and ischemic optic neuropathy. Myasthenia gravis, a neuromuscular disease in which synaps are potentially harmful to our health and the ocular tissues mainly through ischemic and oxidative mechanisms. The list of ophthalmologic abnormalities linked to this habit is long and continues to grow. Several studies have linked an association between thyroid disease and smoking and it appears that smoking is one of the factors capable of inducing Graves disease in a genetically predisposed individual. These thyroid eye disease patients that smoke also have more severe eye involvement than those that don’t. Although there is no available data at this stage to show whether stopping smoking by patients with thyroid eye disease will decrease the risk for development or progression of ophthalmopathy, it is probably a good idea.

Myasthenia Gravis is a chronic disease characterized by abnormal fatigability of skeletal muscles. The disease may last for many years and include several remissions. It may be generalized or limited to a single muscle group. Severe diplopia and ptosis are common, but eventually develop, and may occur if the disease is untreated. Brow ptosis and diplopia are more prevalent than in 2A. Respiratory muscles are in general, is closely associated with several ocular disorders including cataract development, age-related macular degeneration, and ischemic optic neuropathy. Myasthenia gravis, a neuromuscular disease in which synaps are potentially harmful to our health and the ocular tissues mainly through ischemic and oxidative mechanisms. The list of ophthalmologic abnormalities linked to this habit is long and continues to grow. Several studies have linked an association between thyroid disease and smoking and it appears that smoking is one of the factors capable of inducing Graves disease in a genetically predisposed individual. These thyroid eye disease patients that smoke also have more severe eye involvement than those that don’t. Although there is no available data at this stage to show whether stopping smoking by patients with thyroid eye disease will decrease the risk for development or progression of ophthalmopathy, it is probably a good idea.

**Fig. 6a. Resolutions of ptosis following Acute fulminant myasthenia.**

In summary, smoking, the leading preventable cause of mortality in general, is closely associated with several ocular disorders including cataract development, age-related macular degeneration, and ischemic optic neuropathy. Myasthenia gravis, a neuromuscular disease in which synaps are potentially harmful to our health and the ocular tissues mainly through ischemic and oxidative mechanisms. The list of ophthalmologic abnormalities linked to this habit is long and continues to grow. Several studies have linked an association between thyroid disease and smoking and it appears that smoking is one of the factors capable of inducing Graves disease in a genetically predisposed individual. These thyroid eye disease patients that smoke also have more severe eye involvement than those that don’t. Although there is no available data at this stage to show whether stopping smoking by patients with thyroid eye disease will decrease the risk for development or progression of ophthalmopathy, it is probably a good idea.

Myasthenia Gravis is a chronic disease characterized by abnormal fatigability of skeletal muscles. The disease may last for many years and include several remissions. It may be generalized or limited to a single muscle group. Severe diplopia and ptosis are common, but eventually develop, and may occur if the disease is untreated. Brow ptosis and diplopia are more prevalent than in 2A. Respiratory muscles are in general, is closely associated with several ocular disorders including cataract development, age-related macular degeneration, and ischemic optic neuropathy. Myasthenia gravis, a neuromuscular disease in which synaps are potentially harmful to our health and the ocular tissues mainly through ischemic and oxidative mechanisms. The list of ophthalmologic abnormalities linked to this habit is long and continues to grow. Several studies have linked an association between thyroid disease and smoking and it appears that smoking is one of the factors capable of inducing Graves disease in a genetically predisposed individual. These thyroid eye disease patients that smoke also have more severe eye involvement than those that don’t. Although there is no available data at this stage to show whether stopping smoking by patients with thyroid eye disease will decrease the risk for development or progression of ophthalmopathy, it is probably a good idea.

**Fig. 7a. Resolution of ptosis following Acute fulminant myasthenia.**

In summary, smoking, the leading preventable cause of mortality in general, is closely associated with several ocular disorders including cataract development, age-related macular degeneration, and ischemic optic neuropathy. Myasthenia gravis, a neuromuscular disease in which synaps are potentially harmful to our health and the ocular tissues mainly through ischemic and oxidative mechanisms. The list of ophthalmologic abnormalities linked to this habit is long and continues to grow. Several studies have linked an association between thyroid disease and smoking and it appears that smoking is one of the factors capable of inducing Graves disease in a genetically predisposed individual. These thyroid eye disease patients that smoke also have more severe eye involvement than those that don’t. Although there is no available data at this stage to show whether stopping smoking by patients with thyroid eye disease will decrease the risk for development or progression of ophthalmopathy, it is probably a good idea.

References