Optical coherence tomography (OCT) has been used for years as a non-invasive imaging technology to evaluate high-resolution cross-sectional images of the retina. It has become a standard of care for evaluating and treating many retinal conditions. In pediatric ophthalmology, it has been used for conditions such as retinal dystrophies, macular edema of prematurity, diseases of the optic nerve, amblyopia, and eye muscle locations. OCT has also been used in the analysis of choroidal thickness in patients with Graves’ ophthalmopathy.

In this issue, De-Pablo-Gómez-de-Liaño et al. found swelling at the insertion of the medial rectus muscle. Although magnetic resonance imaging (MRI) demonstrates enlarged muscles and excess fat in patients with Graves’ ophthalmopathy, OCT could be used as a complementary assessment or screening method for patients with Graves’ ophthalmopathy. Because OCT is a non-invasive technique, it can be used for follow-up of patients with Graves’ ophthalmopathy without the need for using MRI. Unfortunately, OCT is not able to adequately evaluate the vertical rectus muscles because of interference by the eyelids. This is a major concern because the vertical rectus muscles, especially the inferior rectus muscles, are often involved in Graves’ ophthalmopathy. Future prospective studies with a larger number of patients will be necessary to better assess the inferior rectus muscle using OCT.

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