SYMPTOM

Bulging eyes

Bulging eyes means one or both eyes project farther forward than expected.

WHAT IT FEELS LIKE
Eyes feel prominent, dry, pressured, or difficult to close

WHERE IT IS FELT
One or both eyes and the surrounding sockets

MOST COMMON CAUSES
Thyroid eye disease, natural anatomy, eyelid position

WHEN IT IS URGENT
New bulging with pain, redness, fever, or vision changes

USUALLY LASTS
Depends on the underlying eye, thyroid, or socket condition

SEE A DOCTOR IF
Bulging is new, increasing, one-sided, or causing irritation

Overview

Bulging eyes means one or both eyes sit farther forward than expected. The medical term is proptosis . Exophthalmos often refers to bulging caused by thyroid eye disease.

Some people naturally have prominent eyes. Eyelid position or facial differences can also make an eye look as though it is bulging. However, a new or increasing change should be assessed because swelling, infection, injury, or another condition inside the eye socket may push the eye forward.

The likely cause depends on how quickly the change appeared, whether one or both eyes are affected, and whether there is pain or a change in vision.

What it may feel or look like

You may see more of the white part of the eye, especially above or below the coloured iris. The change may be easier to spot by comparing recent and older photographs.

Other symptoms can include:

Bulging exposes more of the eye's surface to air, which can dry or damage the clear front layer,

called the cornea . Symptoms may worsen during sleep if the eyelids do not close fully.

- Dry, gritty, watery, or irritated eyes
- Pressure or aching around the eye
- Puffy or pulled-back eyelids
- Difficulty closing an eye completely
- Sensitivity to light
- Double or blurred vision
- Difficulty moving the eye normally

Common causes

Thyroid eye disease and natural differences in facial or eye shape are common causes.

Thyroid eye disease is an autoimmune condition that inflames the muscles and fatty tissue behind the eyes. It is often linked to Graves' disease and an overactive thyroid, but it can occur with normal or low thyroid hormone levels. It may affect both eyes unevenly.

Eyelid position can create the appearance of bulging without the eye moving forward. Facial asymmetry and severe short-sightedness may also make one eye look more prominent.

Less common causes include inflammation, a cyst, a growth, or a blood-vessel problem inside the eye socket. These may affect one eye and develop gradually or suddenly.

Urgent causes include orbital cellulitis, an infection behind the eye, and bleeding into the socket after an injury or procedure. These may cause pain, swelling, fever, reduced eye movement, or vision changes.

When to seek medical care

Seek emergency care now if bulging begins suddenly with loss of vision, a major reduction in vision, or a serious eye or head injury. Sudden severe eye pain, especially with vomiting or a severe headache, also needs emergency assessment.

Arrange urgent same-day care if new bulging occurs with:

New eye bulging in a child should be assessed promptly, especially if the child is unwell or has fever or swollen eyelids.

Book a routine appointment if the change is gradual but persistent, increasing, or affects only

one eye. Also seek advice for ongoing dryness, irritation, double vision, or thyroid symptoms such as unexplained weight change, a racing heartbeat, shaking, or unusual sensitivity to heat or cold.

- Fever, redness, or swelling around the eye
- Pain when moving the eye
- New double vision or difficulty moving the eye
- Faded colours or blurred vision
- Inability to close the eyelids over the eye
- Rapidly increasing swelling or bulging

How the cause is found

A healthcare professional will ask when the change started, which eyes are affected, and whether you have pain, double vision, thyroid symptoms, or a recent injury. Older photographs may help establish whether it is new.

An eye examination may check vision, colour vision, pupils, eye movements, eyelid closure, and the eye's surface. An exophthalmometer can measure how far each eye projects.

Blood tests may check thyroid hormone levels and antibodies. A CT or MRI scan may be needed to examine structures inside the socket. You may be referred to an ophthalmologist or thyroid specialist.

Treatment and self-care

Treatment depends on the cause and whether the cornea or vision is at risk.

Lubricating eye drops or gels may protect the eye's surface. A pharmacist or eye professional can recommend a suitable product. Sunglasses may reduce light sensitivity and protect against wind. If your eyelids do not close during sleep, ask for advice rather than taping them without guidance.

If you smoke, getting support to stop is especially important because smoking can worsen thyroid eye disease and reduce treatment response. Keeping thyroid levels within the recommended range also matters, although this does not always reverse eye changes.

Specialist treatment may include medicines to reduce inflammation, antibiotics like amoxicillin or doxycycline for infection, prisms for double vision, or surgery to relieve pressure, reposition

the eye, or improve eyelid closure. Growths and blood-vessel problems require treatment for their specific cause.

Do not press on a bulging eye or rely on redness-relief drops for persistent symptoms.

What to expect

The outlook depends on the cause and whether the cornea or optic nerve is affected. The optic nerve carries visual signals to the brain.

Dryness or eyelid problems may be manageable with eye protection and follow-up. Thyroid eye disease can change over time, and eye symptoms do not always match thyroid blood test results. Follow-up allows the care team to monitor vision, eye movement, and eyelid closure.

Infections and sudden pressure inside the socket need prompt treatment. Early assessment is also important when bulging steadily increases or affects only one eye.

Common questions

Can one eye naturally look more prominent?

Yes. Facial structure, eyelid position, and eye shape can cause mild lifelong differences. A new or increasing difference should be checked.

Does bulging always mean a thyroid problem?

No. Other causes include natural anatomy, inflammation, infection, injury, growths, and blood-vessel conditions.

Can thyroid eye disease happen with normal thyroid tests?

Yes. Eye symptoms can appear before thyroid disease is diagnosed or while hormone levels are normal. Further tests may be appropriate.

Will a bulging eye return to normal?

It depends on the cause and response to treatment. Some changes improve, while others remain stable or need specialist care.

Sources

- NHS: Bulging eyes

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- American Association for Pediatric Ophthalmology and Strabismus: Orbital Cellulitis