Eyelid and Lacrimal System Topics

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Blepharitis
- Academically divided into anterior and posterior forms
- Often there is overlap of the two forms

Anterior Blepharitis
- Characterized by scales around the base of lashes, redness, thickened, hypertrophic lid margins (tylosis)
Blepharitis

Generally staph in origin
- Esp. Staph. aureus and Staph. epidermidis
- normal flora of the eyelids
- exotoxins from these bacteria irritate (hypersensitivity component)

Blepharitis: Additional findings
- SPK
- conj. injection
- swollen lids
- shallow ulcerations @ lid margin
- mild discharge
- prominent, telangiectatic vessels
**Blepharitis: Symptoms**

- "itchy-burnies"
- FBS
- Tearing
- Crusting (esp. in am)
- Associated eyelash findings
  - madarosis
  - poliosis
  - trichiasis

**Blepharitis: other facts**

- In young adults, frequent seborrheic component
- Leading cause of marginal infiltrative keratitis

**Blepharitis: other facts**

- Synonyms: chronic marginal bleph, staphylococcal bleph, ulcerative bleph, seborrheic bleph, anterior bleph.

**Blepharitis: treatment**

- Lid scrubs
- WCP
- Artificial tears
- Antibiotic ung
- PO antibiotics

**Posterior Blepharitis/Meibomianitis**

- Factor in inspissated, clogged, congested, capped meibomian glands
- Frequently assoc. with seborrhea
- Staph. and hypersensitivity response
- mild-mod inflammatory appearance to post. lid margin and palpebral conj.
- papillary response
- tear film disturbances (rapid tbut, frothy tears)
**Meibomianitis treatment**

- WCP, lid massage
- PO antibiotic
- Antibiotic-steroid combo

**Acne Rosacea**

- Common skin disease of unknown etiology
- Hypertrophic sebaceous glands leading to incr. sebum production
- Women > men
- 30-50 yo range
**Acne Rosacea: Skin manifestations**
- Chronic hyperemia of the nose, central forehead, & upper cheeks
- Telangiectasia, papules, pustules, oily
- Rhinophyma
- No association between the severity of skin manifestations and the amount of ocular involvement.

**Acne Rosacea: Ocular Manifestations**
- Keratitis
- Blepharitis/Meibomianitis
- Recurrent hordeolum/chalazion
Acne Rosacea: Treatment

- Topical AB-steroid combo for "quick fix"
- PO Doxy/Tetracycline long term with taper

Hordeolum

- Def: acute bacterial infection of either the glands of Zeiss, moll, or meibomian
- Internal: Meibomian
- External: Zeiss or moll.
- Usually staphylococcal in origin

Hordeolum: Signs and Symptoms

- Tender, erythematous, painful eyelid
- Lid swelling, lump, blocked meibomian orifice
- May or may not see a visible, palpable, well defined subcutaneous nodule.
- Look for sectored injection of the palpebral conj.
- Patients can localize the tenderness
Hordeolum: Associations
- Blepharitis
- Meibomianitis
- Acne Rosacea

Hordeolum: Treatment
- Warm compresses and massage
- Topical antibiotics
- Drops (gtts) or ointment (ung)

...especially if there is no drainage. If drainage is present, then I may use topicals to prevent a secondary conjunctivitis.
**Hordeolum: Treatment**

- P.O. antibiotic if preseptal cellulitis present
  - Dicloxacillin 250mg QID or Keflex 500 mg BID
- Recurrent or assoc. with chronic meibomianitis. (Doxycycline)
- Can progress to lid abscess
- Attempt drainage if exudate is obvious
  - Q-tip, "milk" gland

**Differential Diagnosing**
Chalazion

Definition: granulomatous tissue formation generally at the site of a previous unresolved hordeolum

External and Internal classifications

Chalazion: Signs and Symptoms

- Painless, hard, firm, round or elongated nodule
- Frequently assoc. with chronic blepharitis
Chalazion: Treatment

- Incision and curettage
- Injection of steroid
  - Especially if located near lacrimal drainage system
  - Caution: may cause permanent depigmentation of the immediate and surrounding skin