

Chalazion

Also called Tarsal or Meibomian cyst  
 It is a chronic non infective (non-suppurative)  
 lipogranulomatous inflammation of Meibomian  
 gland.

Etiology →

1. predisposing factors →

- specially children. but no age bar.
- Habitual rubbing of eye, nose  
 Chronic blepharitis, DM
- Excessive intake of alcohol,  
 carbohydrates
- causative organism -  
~~Staphylococcus aureus~~ Staphylococcus aureus.

2. pathogenesis →

mild grade infection  
 of Meibomian gland  
 (by slow virulent  
 organism)

↓  
 proliferation of epithelium  
 and infiltration of wall of  
 ducts. ↓

Cyst

↑  
 retention of  
 Sebum

← block age

Clinical features =>

- Painless swelling, heaviness of eye lid
- Blurred vision in case of large chalazion
- watering from eye

Signs -

- nodule, slightly away from lid margin, which is firm hard, non tender
- Upper eyelid mostly involved
- redish purple area seen in palpebral conjunctiva
- projection of swelling on the skin

Complication =>

- spontaneous resolution
- Fungating mass may be seen when it bursts on conjunctival side

- Secondary infection may cause formation of hordeolum internum.
- calcification
- Malignant change. - (adenocarcinoma)

Treatment ⇒

① Conservative -

- hot fomentation
- topical antibiotics
- anti inflammatory drugs

② Intralesional infection of long acting steroid -  
(triamcinolone)

③ ~~Exc.~~ curettage -

conventional and effective treatment

- A by xylocain drop and infiltration of 2% xylocain

↓  
chalazion is hold by chalazion forceps lid is everted

↓  
Incision by 11 no blade.  
vertical in conjunctival side  
horizontal in skin side

↓  
Contains are cured by  
Chalazion Scoop.

↓  
carboic acid application  
then spirit applied

↓  
Antibiotic eye ointment

- ↓
- antibiotics eye drop
  - ointment
  - Hot fomentation
  - Analgesics
  - oral antibiotics for 4-5 days.

4. Diathermy - for marginal chalazion

5. oral tetracycline -

if associated with

Seborrhoeic dermatitis

or