

C/F ⇒

chronic irritation  
itching  
burning  
mild lacrimation

sign -

- lid margins are red and inflamed
- lice are seen on slit lamp examination
- conjunctival congestion

Tx ⇒

- ① mechanical removal of lice and nits (eggs)
- ② antibiotic ointment and yellow mercuric oxide (1%) to the lid margin

- secondary inflammatory and mechanical changes in conjunctiva and cornea

Tx -

1. Lid hygiene
2. Antibiotics -
  - eye ointment applied at lid margin after removal of crust
  - eye drop 3-4 time/day.
  - oral antibiotics - erythromycin  
Doxycycline
3. Topical steroids.
4. ocular lubricants.

### Seborrhoeic or Squamous Blepharitis →

Etiology →

- Associated  $\bar{c}$  Seborrhoea of scalp
- In it glands of Zeis ~~secrete~~ secrete abnormal excessive ~~and~~ neutral lipids which are split by Corynebacterium aene, in to irritating free fatty acid.

Symptoms →

- Deposition of whitish material at the margin associated  $\bar{c}$  mild discomfort, watering, falling of eyelashes.

C/F →

Chronic irritation

Itching

mild lacrimation

gluing of cilia

mild photophobia

signs -

- yellow crusts seen at the root of cilia

- Small ulcer seen after removing of crust

- Red thickened lid margin

- mild papillary conjunctivitis and conjunctival hyperemia

Complications →

① lash abnormality -

like madarosis (absence of cilia)

- trichiasis (misdirected cilia)

- poliosis (graying of lashes)

- Tylosis (thickening &amp; scarring of lid margin)

- Eversion of punctum leads to epiphora

- Eczema of skin and ectropion

- Recurrent styes

- Marginal Keratitis

# Blepharitis

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## Def →

It is subacute or chronic inflammation of the lid margins.

It can be divided into following clinical types:-

- Bacterial blepharitis
- Seborrhoeic or squamous blepharitis
- Mixed staphylococcal & seborrhoeic blepharitis
- posterior blepharitis or meibomitis
- parasitic blepharitis.

## Bacterial Blepharitis →

It is also known as chronic anterior blepharitis or staphylococcal blepharitis or ulcerative blepharitis, it is a chronic infection of the anterior part of the lid margin.

## Etiology →

causative organism -

- Staphylococcus
- Streptococcus
- propionibacterium acnes
- Moraxella

precipitating factor - chronic conjunctivitis  
Dacryocystitis

## Posterior Blepharitis (Meibomitis)

Inflammation of Meibomian glands occurs in chronic and acute forms.

### chronic meibomitis →

- It is a commonly occurring meibomian gland dysfunction.

- Commonly seen in middle age specially ~~with~~ associated with acne ~~to~~ rosacea and/or seborrheic dermatitis.

### C/F →

- Chronic irritation
- Burning
- Itching
- mild lacrimation

### Sign -

• white frothy secretion seen at lid margins.

• opening of meibomian glands are prominent, white thick discharge like toothpaste.

• Hyperemia and telangiectasia of posterior lid margin around the orifices of meibomian gland.

Signs -

- Accumulation of white dandruff like scales seen on lid margin
- The lashes fall out easily but are usually replaced quickly with out distortion.
- Lid margin is thickened and sharp posterior border ~~can~~ tends to be rounded leading to epiphora, in long standing cases.
- patient may present  $\pm$  mixed seborrhoeic and bacterial blepharitis.

Tx  $\rightarrow$

- ~~Improvement~~ Improvement of health hygiene, and proper diet.
- Seborrhoea of the scalp should be treated.
- Anti biotics and steroid ointment
- oral antibiotics.

## Acute meibomitis ⇒

occurs due to staphylococcal infection, characterised by painful swelling around the gland, on pressure it results in expression of pus followed by serosanguinous discharge.

### Tx →

① Lid hygiene.

② Topical antibiotics

③ Systemic antibiotics -

- Doxycycline (100mg)

B.D x 1wk

↓

then OD for 6-12wks.

- Erythromycin.

④ ocular lubricants

⑤ Topical steroids.

## Parasitic Blepharitis

### Etiology ⇒

Blepharitis due to lice infestation of lashes.

Phthiriasis palpebrum

Phthiriasis capitis.