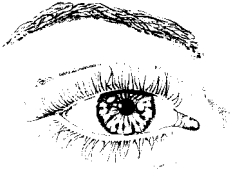


Blepharitis

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Blepharitis is a common, chronic inflammation of eyelid margins - where the eyelash follicles and adjacent oily glands are located. It may be associated with dermatitis and other "dry skin" problems. It tends to be a life long problem but it varies in severity from time to time. It is frequently associated with skin diseases such as seborrhoea (scaly skin & dandruff), Psoriasis and Acne Rosacea. Dry eye syndrome is a common accompaniment. Irritants and allergens that come in contact with lid skin may exacerbate blepharitis.

SEBORRHOEIC (SCALY) BLEPHARITIS

Seborrhoea is the most common cause of blepharitis and usually involves the scalp and face. Mild cases often are not recognised for lack of symptoms but severe seborrhoea can cause light sensitivity and a feeling of heaviness of the eyelids. The skin may be excessively oily. The lid margins are inflamed; dry flakes or oily secretion are seen on the eyelashes and lid margins; and dandruff may be seen on the scalp, eyebrows, and external ears. Styes may form at the base of eyelashes. The surface of the eye (cornea) may become inflamed (keratitis). Bacteria or yeasts may infect the scales on the lid margin.

MEIBOMIAN GLAND DYSFUNCTION

A row of meibomian glands (large sebaceous glands) opens onto the lid margin immediately behind the eyelashes. They produce a clear, oily secretion that makes up the outer layer of the tear film. This oily layer smooths the tear film allowing clear vision and slows evaporation of tears. Dysfunction of these important glands leads to an inadequate tear film and results in eye irritation. The gland openings are often blocked, reddened, distorted or obliterated. Any secretion is foamy, turbid or viscous. The tear film breaks up abnormally quickly. Meibomian gland cysts (chalazia), conjunctivitis, roughness the surface (cornea) of the eye, eyelid infection, seborrhoea and Acne Rosacea may also be present. In **Acne Rosacea** dilated skin capillaries cause reddening of cheek, nose and brow. Meibomian gland disease is more common with increasing age.

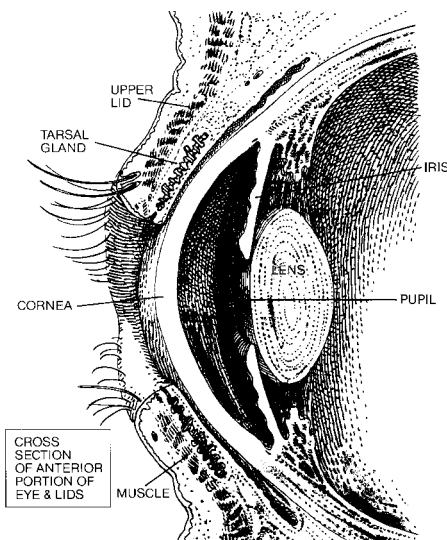
Symptoms & Signs

Most patients have non-specific symptoms that seem more severe than the examination would suggest. Symptoms of blepharitis range from nothing at all to various combinations of burning, itching, grittiness, tired eyes, red eyes, watering, sticky discharge and reddening and/or scaling of the eyelid margins. The symptoms are often worse at the beginning and end of each day and in drying conditions. Debris falling from the lids into the eye causes redness and irritation (conjunctivitis). Painful corneal ulcers sometimes develop and need prompt treatment if they do.

Treatment of blepharitis

Blepharitis is a chronic condition that waxes and wanes. It is not curable but can be controlled with regular treatment.

- Mild forms of seborrhoea may respond to over-the-counter **anti-dandruff shampoos**.
- Blepharitis destroys the oily coat that protects the tear film. The resulting eye irritation will be soothed by the regular use of **lubricating drops** that supplement the inadequate natural tear film. Decongestant and antibiotic drops will only be required if the blepharitis is not checked with lid toilet and are available over the counter from pharmacists.
- **Environmental factors** (viz. air conditioning, cold & dry winds, low humidity, etc) will increase evaporation of the natural tear film so be ready to use tear supplements more in these conditions. Also, reduced blinking that occurs during reading, viewing movies or staring at TV or computer monitors exacerbates dry eyes.
- Antibiotic ointments may be needed to control major flare-ups of blepharitis but should be used as little as possible.
- Oral antibiotics (tetracycline, doxycycline or minocycline for weeks to months) may be required for severe cases and to control Acne Rosacea. These medications are thought to reduce bacterial enzymes and so decrease fatty acid levels in the gland secretions. Their use is contra-indicated in children and in pregnant or lactating women.



Regular treatment comprises the following steps:

1. **Hold a warm, moistened facecloth over the eyes for 5 minutes in order to loosen lid crusting and to open blocked lid glands.**
2. **Scrub the lid margins with a moistened cotton-bud (or a face-cloth stretched over a finger) to remove skin flakes and oil. A mild detergent. (e.g. baby shampoo, Dove soap, or non-oily eye make-up remover) may be used. Gently hold each eyelid away from the eye and scrub along the base of the eyelashes back and forth a dozen times. Attend to all four lid margins at least once a day - such as after showering.**
3. **Use antibiotic ointment sparingly on lid margins at night only when infection is present.**

Flare-ups of this chronic skin condition occur if your lid margins are not kept healthy with regular toileting. Steroid creams should be avoided.