

Blepharitis

Case Description

30-year-old man with chronic redness and burning sensation of the eyelids

Image Description



hard, brittle fibrinous scales and crusts surrounding individual cilia (collarettes) on the anterior eyelid margin without lash loss

itching, burning, FB sensation
worse upon awakening

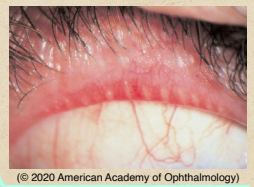
in contrast to dry eye syndrome

crusting
red, thickened lid margins with prominent blood vessels

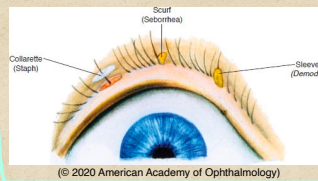
anterior lid margin
1 seborrheic
oily or greasy
scurf
does not surround eyelashes

anterior lid margin
2 Staph
collarettes surround eyelashes

types
3 meibomian gland dysfunction
inspissated oil glands at posterior lid margin

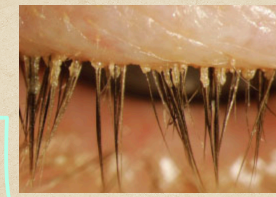


(© 2020 American Academy of Ophthalmology)



(© 2020 American Academy of Ophthalmology)

demodicosis
cylindrical sleeves



(© 2020 American Academy of Ophthalmology)

herpes simplex
blepharoconjunctivitis

toxic
blepharoconjunctivitis

sebaceous cell
carcinoma

pediculosis

Differential Diagnosis

Data acquisition

History

onset & course of symptoms
worse upon awakening
rosacea
exacerbating foods/drinks (rosacea)
coffee
tea
hot beverages
spicy foods
tobacco
vasodilators
alcohol
emotional stress

Physical Exam

prior treatment
external exam
facial telangiectasia
rhinophyma
lid margin thickening & telangiectasia
collarette/scurf/sleeve
lid margin ulceration
corneal pannus
marginal corneal ulcer
lash loss
preauricular LAP
dendrites
Staph blepharitis
sebaceous cell carcinoma

Assessment

blepharitis (Staphylococcal)

Treatment

Medical

lid hygiene
warm compress
bid-qid
5-10 min
bid
wash/scrub eyelid margin
mild shampoo
erythromycin ointment (azithromycin gel)
qhs
for moderate-severe cases
doxycycline (azithromycin)
inhibits MMP
x 1-2 weeks
taper to 1/4 full dose
continue x 3-6 months
omega-3 fatty acid oral supplementation
cyclosporine 0.05% drops
preservative-free artificial tears
for dry eye
tea-tree oil eyelid scrub
for demodex
metronidazole gel
for facial rosacea
treat chalazia
medical
incision & drainage
avoid ocular steroids in patients with ocular rosacea
can cause corneal thinning & perforation

Patient Education

Course

needs longterm treatment
chronic

dos

minimize sun exposure if using oral tetracycline

Don'ts

alcohol
spicy foods
avoid exacerbating foods/drinks
if rosacea

Follow-up

taper treatment as symptoms improve
2-4 weeks