

BLEPHARITIS

Blepharitis is a chronic inflammation of the lid margins. Symptoms vary according to the severity of the condition and include irritation, stinging, dryness, burning, redness, and lid swelling. Symptoms are generally worse upon awakening due to the build up of crusts and scales during sleep or at the end of the day because of dry eye problems caused by a disrupted tear film.

Treatment for mild cases of blepharitis involves daily cleansing of the lids and lashes with a 50/50 solution of water and baby shampoo or a pre-soaked lid cleansing pad. Moderate cases usually respond to cleansing and adding an anti-dandruff shampoo for the scalp, if dandruff is present, and an antibiotic ointment for the eye. The most severe cases of blepharitis may require the addition of oral antibiotics and topical steroid eyedrops.

There is no instant cure for blepharitis. To control blepharitis and prevent recurrence requires daily care of your lids.

CHALAZIA

Chalazia are firm round moveable lumps located within the eyelid. These non-tender nodules are due to glands that plug up and retain their secretions.

Chalazia can dramatically vary in size. Some are barely noticeable while others may grow to the size of an aspirin. If large enough they may cause blurred vision due to pressure against the eye.

Most chalazia will disappear with frequent use of warm compresses followed by massage of the lump. Topical antibiotic drops are of little value.

Some chalazia fail to respond to heat and massage and may be removed by a simple in office surgical procedure or injected with steroid solution to dissolve the material inside. Oral antibiotics are of some benefit to prevent recurrence.

CONTACT DERMATITIS

Contact dermatitis is a well-named skin problem. It is caused by "contact" with substances such as eye medicines, cosmetics, other chemicals, clothing, jewelry, metals and plastics. The fine, thin texture of the eyelids make them especially susceptible to such allergy problems.

Contact dermatitis appears after exposure to one of the above items and is characterized by itching, redness and swelling of the lids.

The immediate treatment may include antihistamine or steroid preparations applied to the affected skin (avoiding getting these into the eyes). The long-term treatment is to identify and avoid exposure to the source of the irritation.

ECTROPION

Ectropion occurs when the lower lid of the eye moves away from the globe and no longer makes contact. This results in symptoms of tearing, discomfort, redness, irritation and dryness.

The most common cause of ectropion is an age-dependent loss of lid muscle tone. It also may be caused by scarring due to chronic lid disease, trauma, surgery or paralysis of the lid muscles (Bell's palsy).

Treatment is aimed at reducing dryness and discomfort with artificial tears and ointments, or applying soft contact lenses to protect the cornea.

Surgery may be necessary to tighten up the loose muscles and skin, resolving the problem.

ENTROPION (TRICHIASIS)

Trichiasis is an uncomfortable condition caused when one or more of the lashes turn inward and touch the globe of the eyeball or rub against the cornea (cap of the eye).

The most common cause of trichiasis is from misdirected lashes due to chronic eyelid infection (blepharitis). When blepharitis is present, lashes grow the wrong way.

Lid scarring, trauma and diseases of the conjunctiva (clear membrane of the eye) may cause the lid margin to roll inward (entropion).

Treatment involves removal of the offending lashes with tweezers. The lashes are firmly grasped at the base and plucked out. Clipping the lashes is not recommended. This provides temporary relief but the lashes will usually grow back in 4-6 weeks.

Destruction of the lash follicle is the only permanent solution. Electrolysis, cryo-surgery or laser cauterization may be used to permanently destroy the follicles, but recurrence is possible.

GRAVES' DISEASE

Graves' disease is due to an overactive thyroid gland (hyperthyroidism) causing weight loss, insomnia, heat intolerance and hyperactivity. The disease causes exophthalmos (bulging of the eyes) and ophthalmoplegia (limitation of eye movement). As the disease worsens, the connective tissue in the muscles increases, pushing the eye forward. Closing the lids becomes more difficult, because of lack of space in the orbit. Exposure and dryness of the front surface of the eye (cornea) occur. Muscles gradually lose their full range of movement.

Initial eye symptoms of Graves' disease include dryness, discomfort, and forward protrusion of the eyes. A goiter (swollen area in the neck) may be present. Advanced eye problems from Graves' include corneal problems, double vision, increased eye pressure (glaucoma) and eventual loss of sight.

Primary treatment of Graves' disease involves treating the hyperthyroidism. Medical management with drugs usually provides adequate control. Eye surgery and radiation of the thyroid may be necessary in more advanced cases.

HORDEOLUM

Hordeolum or sty is a common acute localized infection of an eyelid gland. The lid becomes red, swollen and tender.

Treatment consists of warm compresses applied for 5-10 minutes, three to four times a day. Antibiotic drops or ointments do not directly affect hordeola but they are useful in preventing secondary infection. Oral antibiotics are used for styes that are resistant to standard treatment or when infection spreads to adjacent tissues.

Surgical removal and expression of the contents is seldom required.

PTOSIS

Ptosis is a drooping of the upper eyelid. It may be present from birth or, more commonly, is age related. It may occur secondary to thyroid disease, myasthenia gravis or muscular disorders such as myotonic dystrophy or a progressive loss of eye muscle function (external ophthalmoplegia).

When the ptosis affects the persons appearance or vision to an intolerable degree, surgical intervention is recommended.