



PATIENT INFORMATION

SIMPLY
speaking

Common Eye Diseases

Eyelid Infections

The eyelids are embedded with microscopic tear glands and hair follicles arranged in a linear row at the lid margins. Bacteria that normally inhabit the skin may seep into the hair follicles and glands or into breaks in the skin of the eyelids and cause infections which can manifest in different ways.

Blepharitis

A mild but usually recurrent infection of the oil glands of the eyelids that results in itching, slight swelling, heaviness, or redness of lid margins, often times accompanied by flakes on the lashes, wounds at the corners of the eyes, and sticky secretions especially on waking. The eyes may also become reddish particularly the parts adjacent to the lid margins. Most cases are irritating because of the secretions and tearing and can resolve by simple lid hygiene, that is, thorough cleaning of the skin of the lids and lashes with mild soap or shampoo and rinsing with water. Hormonal changes and age cause the oil in these glands to harden and become waxy predisposing older women to recurrence. Some cases can be severe and stubborn requiring creams or ointments augmented by oral antibiotics to facilitate the drainage of clogged secretions within the oil glands.

Styes (See Photo)

A round, tender swelling of a portion of the eyelids usually denotes an infection of one of the glands or follicles. Pus accumulates within the glands or follicles, expanding in size producing pain and redness over the infected area. Many times, the stye or "kuliti" resolves without treatment but it might continue to grow until the pus bursts through the skin causing an unsightly dimpled scar. The medical term for a stye is a hordeolum.



At other times, the infection dies or smolders with the pus entrapped within the gland leaving a firm, painless, round nodule in the eyelid that may or may not disappear with time. This mass is called a chalazion.

Lid Abscess

An infection by very virulent bacteria or in very immuno-compromised individuals can lead to involvement of the entire eyelid producing a warm, tender, soft swelling of the lid. This is potentially dangerous and even fatal if the infection finds its way into deeper tissue and, by passing through the veins draining the lids, into the brain.

Treatment

All these infections can be treated with antibiotics. Antibiotics delivered by drops or ointment cannot penetrate the glands or follicles; these only serve to kill the surrounding bacteria. If necessary as in lid abscesses, antibiotics are given orally for several days to weeks.

Anti-inflammatory agents generally in the form of topical steroid ointments or drops reduce swelling and pain but cannot be used for prolonged periods due to the risk of glaucoma or cataract formation. Warm compress also works.

In some instances, the pus is drained by incising over a hordeolum, chalazion, or lid abscess and scraping off all purulent material with a small spoon-like curette. Surgical treatment is accompanied by the use of antibiotics.

Prevention takes the form of intensive lid hygiene with antibiotic scrubbing of the lashes and avoiding rubbing of the eyes.