



Blepharitis (Initial and Follow-up Evaluation)

(Ratings: A: Most important, B: Moderately important, C: Relevant but not critical

Strength of Evidence: I: Strong, II: Substantial but lacks some of I, III: consensus of expert opinion in absence of evidence for I & II)

Initial Exam History

- Ocular symptoms and signs **(A:III)**
- Time of day when symptoms are worse **(A:III)**
- Duration of symptoms **(A:III)**
- Unilateral or bilateral presentation **(A:III)**
- Exacerbating conditions (e.g., smoke, allergens, wind, contact lens, low humidity, retinoids, diet, alcohol consumption, eye makeup) **(A:III)**
- Symptoms related to systemic diseases (e.g., rosacea, allergy) **(A:III)**
- Current and previous systemic and topical medications **(A:III)**
- Recent exposure to an infected individual (e.g., pediculosis) **(C:III)**
- Ocular history (e.g., previous intraocular and eyelid surgery, local trauma, including mechanical, thermal, chemical, and radiation injury) **(A:III)**
- Systemic history (e.g., dermatological diseases, such as rosacea, atopic disease, and herpes zoster ophthalmicus) **(A:III)**

Initial Physical Exam

- Visual acuity **(A:III)**
- External examination
 - Skin **(A:III)**
 - Eyelids **(A:III)**
- Slit-lamp biomicroscopy
 - Tear film **(A:III)**
 - Anterior eyelid margin **(A:III)**
 - Eyelashes **(A:III)**
 - Posterior eyelid margin **(A:III)**
 - Tarsal conjunctiva **(A:III)**
 - Bulbar conjunctiva **(A:III)**
 - Cornea **(A:III)**
- Measurement of IOP **(A:III)**

Diagnostic Tests

- Cultures may be indicated for patients with recurrent anterior blepharitis with severe inflammation as well as for patients who are not responding to therapy. **(A:III)**
- Biopsy of the eyelid to exclude the possibility of carcinoma may be indicated in cases of marked asymmetry, resistance to therapy or unifocal recurrent chalazia that do not respond well to therapy. **(A:II)**

- Consult with the pathologist prior to obtaining the biopsy if sebaceous cell carcinoma is suspected. **(A:II)**

Care Management

- Treat patients with blepharitis initially with a regimen of warm compress and eyelid hygiene. **(A:III)**
- For patients with staphylococcal blepharitis, a topical antibiotic such as erythromycin can be prescribed to be applied one or more times daily or at bedtime on the eyelids for one or more weeks. **(A:III)**
- For patients with meibomian gland dysfunction, whose chronic symptoms and signs are not adequately controlled with eyelid hygiene, oral tetracyclines can be prescribed. **(A:III)**
- A brief course of topical corticosteroids may be helpful for eyelid or ocular surface inflammation. The minimal effective dose of corticosteroids should be utilized and long-term corticosteroid therapy should be avoided if possible. **(A:III)**

Follow-up Evaluation

- Follow-up visits should include:
 - Interval history **(A:III)**
 - Visual acuity **(A:III)**
 - External exam **(A:III)**
 - Slit-lamp biomicroscopy **(A:III)**
- If corticosteroid therapy is prescribed, re-evaluate patient within a few weeks to determine the response to therapy, measure intraocular pressure, and assess treatment compliance **(A:III)**

Patient Education

- Counsel patients about the chronicity and recurrence of the disease process. **(A:III)**
- Inform patients that symptoms can frequently be improved but are rarely eliminated. **(A:III)**
- Advise patient that if warm compress and eyelid hygiene treatment is effective, symptoms often recur if treatment is stopped so may be necessary long term **(A:III)**

* Adapted from the American Academy of Ophthalmology Summary Benchmarks, November 2010 (www.aao.org)