



April 2007

International Council of Ophthalmology/
International Federation of Ophthalmological Societies

ICO International Clinical Guidelines

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)**
- 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) **(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 ophthalmic surgery and trauma, including radiation and chemical trauma) **(A:III)**
- Systemic history (e.g., dermatological diseases, such as acne, rosacea and eczema and medications such as isotretinoin) **(A:III)**

Initial Physical Exam

- Visual acuity **(A:III)**
- External examination
 - Skin **(A:III)**
 - Eyelids **(A:I)**
- Slit-lamp biomicroscopy
 - Tear film **(A:III)**
 - Anterior eyelid margin **(A:III)**
 - Eyelashes **(A:III)**

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- Posterior eyelid margin (A:III)
- Tarsal conjunctiva (A:III)
- Bulbar conjunctiva (A:III)
- Cornea (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 chalazion 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 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 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)

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)

* Adapted from the [American Academy of Ophthalmology Summary Benchmarks, November 2006 \(www.aao.org\)](http://www.aao.org)

(For more ICO International Clinical Guidelines, see www.icoph.org/guide)

Preface to the Guidelines:

International Clinical Guidelines are prepared and distributed by the International Council of Ophthalmology on behalf of the International Federation of Ophthalmological Societies.

These Guidelines are to serve a supportive and educational role for ophthalmologists worldwide. These guidelines are intended to improve the quality of eye care for patients. They have been adapted in many cases from similar documents (Benchmarks of Care) created by the American Academy of Ophthalmology based on their Preferred Practice Patterns.

While it is tempting to equate these to Standards, it is impossible and inappropriate to do so. The multiple circumstances of geography, equipment availability, patient variation and practice settings preclude a single standard.

Guidelines on the other hand are a clear statement of expectations. These include comments of the preferred level of performance assuming conditions that allow the use of optimum equipment, pharmaceuticals and/or surgical circumstances.

Thus, a basic expectation is created and if the situation is optimum, the optimum facets of diagnosis, treatment and follow up may be employed. Excellent, appropriate and successful care can also be provided where optimum conditions do not exist.

Simply following the Guidelines does not guarantee a successful outcome. It is understood that, given the uniqueness of a patient and his or her particular circumstance, physician judgment must be employed. This can result in a modification in application of a guideline in individual situations.

Medical experience has been relied upon in the preparation of these guidelines, and they are whenever possible, evidence-based. This means these Guidelines are based on the latest available scientific information. The ICO is committed to provide updates of these guidelines on a regular basis (approximately every two to three years).

(Also see the Introduction to the ICO International Clinical Guidelines at www.icoph.org/guide/guideintro.html and the list of other Guidelines at www.icoph.org/guide/guidelist.html.)