

Chronic Anterior Blepharitis

SUMMARY: You have crusts and debris collecting on the edges of your eyelids and at the base of your lashes. This accumulation of skin oil, skin flakes, and skin germs has been building up for years. It is a result of your body chemistry and the types of bacteria that you have been exposed to. This material causes irritation and **MUST BE REMOVED DAILY** to **REDUCE** --- NOT cure --- the chronic, recurrent inflammation that causes the scratchy/itchy/burning from which you suffer. If you also have dry eyes, you lack the cleansing effect of normal tear production that washes away the irritants.

DETAILS: The skin germs (Staph epidermitis and some Staph aureus) grow on the lid edges and produce chemical toxins that flow into the tears and act like toxic-waste-producing factories, chronically irritating the ocular surface. These toxins soak into the conjunctiva (membrane covering the white of the eye) and the cornea (clear window in front of the colored iris and pupil) and act as an antigen which stimulates your body to produce antibodies. The antigen/antibody reaction causes even more inflammation, including small ulcers at the edge of the cornea. This can be considered as having an allergic reaction to the toxins produced by the skin germs. It's not technically an "infection," but an infestation of the lids with the germs. When the germs grow down into the hair follicles, a small abscess or "stye" can form. When the germs grow in the long oil glands of the lids, causing them to obstruct and rupture, the body forms a lump or cyst around the leaking oil which is called a chalazion.

There is **NO CURE** for chronic anterior blepharitis. It cannot be completely stopped except by eliminating all the germs in your skin, follicles, and oil glands, which is impossible. Also, while it is annoying both physically and cosmetically, it will not affect your vision. The goal is to reduce symptoms and flare-ups.

TREATMENT

Treatment should be thought of as **LONG-TERM CONTROL**, requiring **DAILY MAINTENANCE**. This condition is like any other chronic condition such as plaque on your teeth and chronic dandruff, which require long-term daily treatment, like brushing your teeth or shampooing your hair.

Treatment consists of a number of tasks that are more complex for more severe conditions. We recommend several different treatments in the first few weeks followed by **LONG TERM** maintenance activity which should be done **DAILY**.

Ladies please note: Mascara and eyeliner both provide food for bacteria. Bacteria also grow in the containers.

Minimum **DAILY** maintenance (forever):

1. 5-minute warm soak with a clean washcloth.

2. Scrubbing the edges of the lids to remove the crusts. This can be done with your fingernail COVERED with one layer of washcloth or a FIRM cotton-tipped applicator which can be ordered from a pharmacy (most applicators like Q-tips have too much cotton and are not firm enough to scrape off the crusts).
3. Artificial tears if necessary to wash away toxins.
4. COMPLETELY remove mascara and eyeliner DAILY. This means scrubbing along the edges of the lids until there is no more color on the cotton tip.
5. Some patients will need to use a dandruff shampoo (such as Head&Shoulders or Selsun Blue) if their blepharitis is associated with seborrhea of the scalp.

First 3 months or more:

Doxycycline oral therapy twice or once daily to internally cleanse the oil glands and hair follicles if your situation requires it.

First 2-4 weeks:

Antibiotic/detergent cleanser (such as Sterilid or Ocusoft Lid Cleanser applied to lid edges to help reduce germ count and soften crusts before scrubbing lids.

First 1-2 weeks:

Apply antibiotic or antibiotic/steroid ointment to the lid edges at night to reduce bacteria count, soften crusts for easier removal in the morning, and soothe the lid margins which may become sore from the scrubbing.

Important:

Notice that ointments and medications are used only for short periods, and the major activity after things are under control is mechanical removal of the daily accumulation of crusts and germs. Also, since some cases involved the “allergy to toxins” condition mentioned above, patients may have a “flare-up” of redness or irritation periodically.

Reasons for treatment “failure”

1. Patients feel better and stop daily maintenance, thinking they are “cured.” This is like saying “I brushed my teeth for a month, but after I stopped, the plaque returned.” There is no cure for this condition, only long-term maintenance.
2. Patients cut corners, stop daily scrubs, and rely on the “magic ointment” to make things better when lids flare up. Relying on the steroid/antibiotic ointment without the treatment is like blowing away the smoke instead of putting out the fire. The key to control is repeated mechanical removal of the crusts, just like the key to avoid cavities is to repeatedly brush your teeth to remove sugars and plaque.
3. Patients get complacent and don’t clean down to the base of the lashes thereby allowing crusts to collect at the lid edge where the lashes emerge from skin.
4. Patient’s dry-eye condition worsens or patient stops using artificial tears.

Sterilid lid cleanser – Theratears – <http://www.theratears.com/sterilid.php>

Available at local pharmacies and supermarkets

Ocusoft Plus Lid Scrub/Cleanser – <http://www.ocusoft.com>

Available for purchase in our office