CONDITION

Blepharitis

Learn about blepharitis, including eyelid irritation, common causes, diagnosis, eyelid care, medical treatments, complications, and when to seek urgent care.

WHAT IT IS
Inflammation along the eyelid edges

BODY SYSTEM
Eyes

MAIN SYMPTOMS
Burning, itching, crusting, gritty feeling

WHAT CAUSES IT
Oil-gland problems, skin conditions, microbes, inflammation

HOW IT IS DIAGNOSED
Eye and eyelid examination, sometimes slit lamp

MAIN TREATMENT
Ongoing eyelid care and symptom control

CAN IT BE CURED?
No, often persistent and recurring

IS IT AN EMERGENCY?
Sometimes, sudden major vision loss

LONG-TERM OUTLOOK
Often persistent with recurring flare-ups

Overview

Blepharitis is inflammation along the edges of the eyelids. It often affects both eyes and can cause burning, itching, crusting, or a gritty feeling. Symptoms may improve and then return over time.

There are two main types. Some people have features of both:

The meibomian glands produce oil that slows the evaporation of tears. When these glands become blocked or their oil changes in quality, the tear film may become unstable. This is called meibomian gland dysfunction and is a common cause of posterior blepharitis and dry-eye symptoms.

Blepharitis is usually not dangerous, but it can be uncomfortable and persistent. Ongoing

inflammation may contribute to dry eye, recurrent styes, eyelid cysts, or irritation of the eye's clear front surface, called the cornea. Treatment often focuses on controlling symptoms and preventing flare-ups rather than providing a one-time cure.

Blepharitis is not usually considered contagious. Bacteria normally live on the skin and eyelids, and an increased reaction to them may play a role. Good hand hygiene is still important, especially before touching the eyes or handling contact lenses.

- Anterior blepharitis affects the front edge of the eyelid, near the eyelashes.
- Posterior blepharitis affects the inner edge of the eyelid, where oil glands called meibomian glands open.

Symptoms

Symptoms can range from mild irritation to inflammation that interferes with reading, screen use, or contact lens wear. They may be worse in the morning because oils and debris collect along the eyelids overnight.

Common symptoms include:

A stye , also called a hordeolum, is a tender, inflamed lump caused by an infected or blocked eyelid gland. A chalazion is usually a less painful lump caused by a blocked oil gland.

Symptoms such as marked eye pain, a clear decrease in vision, strong light sensitivity, or severe redness are not typical of uncomplicated blepharitis. They can occur with corneal inflammation, infection, or another eye condition and need prompt assessment.

- Burning, stinging, itching, or soreness
- A gritty or sandy feeling
- Red or swollen eyelid edges
- Flakes or crusts around the eyelashes
- Eyelids that stick together on waking
- Watery eyes or, in some cases, dry eyes
- Sensitivity to light
- Blurred vision that improves after blinking
- Greasy-looking eyelid edges
- Contact lens discomfort

- Recurrent styes or chalazia

Causes and risk factors

Blepharitis does not have a single cause. It often develops through a combination of eyelid oil-gland problems, skin conditions, microbes, and inflammation.

Anterior blepharitis may be associated with an increased amount of bacteria around the eyelashes. The body's inflammatory response to these bacteria may contribute to redness and crusting. Seborrheic dermatitis can also cause greasy flakes along the eyelids, scalp, eyebrows, or sides of the nose.

Posterior blepharitis is commonly linked to meibomian gland dysfunction. The gland openings may become plugged, and the oil may become thick or cloudy. Without a healthy oil layer, tears evaporate more quickly and the eyes may feel dry or irritated.

Conditions and factors associated with blepharitis include:

Tiny organisms called Demodex mites can live in eyelash follicles and oil glands. Small numbers may cause no problems, but larger numbers can be associated with eyelid inflammation and sleeve-like debris around the base of the eyelashes. A clinician can determine whether Demodex is likely to be relevant; symptoms alone cannot confirm it.

Poor hygiene is not the only cause of blepharitis. People who clean their face and eyelids regularly can still develop it because skin conditions, gland function, and inflammation also matter.

- Rosacea , a condition that can cause facial flushing, bumps, visible blood vessels, and eye irritation
- Seborrheic dermatitis , which causes oily or flaky skin
- Dry-eye disease
- Allergies affecting the eyes or eyelids
- Contact lens wear
- Eyelid makeup or skin products that irritate the area
- Certain medicines that affect the skin or oil glands
- Age-related changes in meibomian gland function

Diagnosis

A primary care clinician, optometrist, or ophthalmologist may diagnose blepharitis by asking about symptoms and examining the eyes and eyelids. An ophthalmologist is a medical doctor who specializes in eye care.

The examination may look for redness, swelling, crusting, blocked oil-gland openings, missing or misdirected eyelashes, and changes in the tear film. The clinician may gently press on the eyelid to assess the oil coming from the meibomian glands.

A slit lamp may be used. This is a microscope with a bright, narrow light that gives a magnified view of the eyelids, tears, conjunctiva, and cornea. The conjunctiva is the thin tissue covering the white of the eye and the inside of the eyelids.

Testing is not always needed. In persistent, unusual, or treatment-resistant cases, a clinician may consider other causes. These can include an allergic reaction, infection, an immune-related condition, or, rarely, an eyelid growth that resembles chronic inflammation. A sample for laboratory testing or a biopsy is reserved for selected situations.

Because dry eye and blepharitis often occur together, the examination may include tests of tear production, tear evaporation, or staining of the eye's surface.

Treatment and management

Treatment depends on whether inflammation mainly involves the eyelashes, oil glands, skin, or eye surface. Many people need ongoing eyelid care, even after symptoms improve.

Warm compresses and eyelid care

Warm compresses can soften crusts and help thick oil move out of the meibomian glands. A clean cloth or reusable eye mask may be used. It should feel comfortably warm, not hot enough to burn the skin. Follow instructions from an eye-care professional about timing and frequency.

Gentle eyelid massage may be recommended after warming. Pressure should remain light because forceful rubbing can irritate the eyelid or eye.

Cleaning the eyelid edge can remove flakes, oils, makeup, and debris. Options include clean water, commercially prepared eyelid wipes, or a cleanser recommended by a clinician. Products should be kept out of the eye unless they are made for use on the eye surface. Harsh soaps, essential oils, and vigorous scrubbing can worsen irritation.

Wash hands before eyelid care. Use clean supplies and avoid sharing washcloths or eye makeup. During a flare, it may help to pause eye makeup and replace products that could be contaminated. Remove makeup fully before sleep.

Managing dryness and triggers

Lubricating eye drops, often called artificial tears, may reduce burning and grittiness when dry eye is present. Preservative-free products may be more comfortable for people who need drops frequently, but product choice should be discussed with a clinician or pharmacist.

Other practical steps may include taking breaks during prolonged screen use, blinking fully, avoiding smoke, and protecting the eyes from strong wind. A humidifier may help in a dry indoor environment.

Contact lenses may be less comfortable during a flare. A clinician may advise temporarily reducing or stopping lens wear. Seek advice before resuming lenses if the eye is red, painful, light-sensitive, or producing discharge.

Prescription treatment

Eyelid care alone does not control every case. Depending on the examination, a clinician may prescribe:

Steroid eye medicines can reduce inflammation but require professional supervision. Incorrect or prolonged use may raise eye pressure, contribute to cataracts, delay healing, or worsen some infections. Do not use leftover eye drops or another person's prescription.

Some clinics offer procedures intended to warm, massage, or clear blocked meibomian glands. Light-based treatments are also used in selected patients. Availability, evidence, cost, and expected benefit vary. These procedures are not a replacement for an individual eye examination.

- An antibiotic ointment or drop for bacterial involvement along the eyelid edge
- An oral antibiotic for selected cases of meibomian gland dysfunction or rosacea-related inflammation
- A short course of an anti-inflammatory eye medicine
- Treatment directed at Demodex when it is confirmed or strongly suspected
- Additional treatment for dry-eye disease or an associated skin condition

Complications

Most blepharitis complications can be treated, especially when they are recognized early. Possible problems include:

A damaged corneal surface may occasionally become infected or develop an ulcer. This is more serious than routine eyelid irritation.

Seek urgent, same-day eye care for new or worsening eye pain, significant light sensitivity,

persistent blurred or reduced vision, a very red eye, or a feeling that something is stuck in the eye. Contact lens wearers with pain or redness should remove the lenses and seek prompt advice because corneal infections can progress quickly.

Go to emergency care for sudden major vision loss, a chemical eye injury, a penetrating injury, or severe eye symptoms with rapidly increasing swelling, fever, or difficulty moving the eye.

- Chronic dry-eye symptoms
- Recurrent styes or chalazia
- Loss, breakage, or abnormal direction of eyelashes
- Scarring or changes in the eyelid edge
- Inflammation of the conjunctiva
- Irritation or inflammation of the cornea
- Difficulty wearing contact lenses

Follow up

Blepharitis often follows a long-term pattern. Routine follow-up may be useful if symptoms continue despite consistent eyelid care, repeatedly return, or make it difficult to use contact lenses. Follow-up also allows a clinician to check the cornea, tear film, eyelid glands, and response to treatment.

Arrange a non-emergency appointment if an eyelid lump lasts for several weeks, repeatedly develops in the same place, or causes eyelash loss. These findings often have a harmless explanation, but they should be examined.

If prescription eye medicine is used, follow the planned review schedule. Monitoring can be especially important with steroid drops or ointments. Do not extend a prescription course without medical advice.

Long-term management may involve a simple maintenance routine, with more frequent care during flare-ups. A clinician can help adjust that plan if it causes irritation or does not control symptoms.

Sources

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