CONDITION

Chalazion

Learn what causes chalazia, how they differ from styes, which home-care measures may help, and when an eyelid lump needs medical attention.

WHAT IT IS
Inflamed lump from a blocked eyelid oil gland

BODY SYSTEM
Eyes and eyelids

MAIN SYMPTOMS
Firm eyelid lump, swelling, redness, mild tenderness

WHAT CAUSES IT
Blocked oil gland causing inflammation

HOW IT IS DIAGNOSED
Eyelid examination

MAIN TREATMENT
Warm compresses and eyelid care

CAN IT BE CURED?
Yes, most clear without a procedure

IS IT AN EMERGENCY?
Sometimes, reduced vision or painful eye movement

LONG-TERM OUTLOOK
Most resolve without lasting harm but may recur

Overview

A chalazion is a firm lump that forms when an oil gland in the eyelid becomes blocked and inflamed. The plural is chalazia. These lumps can occur on the upper or lower eyelid and may develop in adults or children.

The eyelids contain meibomian glands, which produce oil that helps keep tears from drying too quickly. If one of these glands becomes blocked, oil can collect inside it. The surrounding tissue then becomes inflamed. A chalazion is usually not caused by an infection and is not contagious.

Chalazia are sometimes confused with styes. A stye, also called a hordeolum, is usually a painful infection near an eyelash or inside the eyelid. A chalazion may begin with tenderness, but it often becomes a less painful, firm lump farther from the eyelid edge. A stye can sometimes lead to a chalazion after the infection settles.

Most chalazia are harmless and gradually improve. However, a large lump can press on the eye and blur vision. Repeated, persistent, or unusual eyelid lumps should be examined because other eyelid conditions can occasionally look similar.

Symptoms

A chalazion often starts as a mildly sore, swollen area. Over several days, it may become a round, firm lump that is less tender. Its size can range from a small bump to a swelling that involves much of the eyelid.

Possible symptoms include:

A chalazion usually does not cause severe pain, fever, or major vision loss. Pus, marked tenderness, or redness centered at the eyelash line may point more toward a stye or another infection.

Symptoms alone cannot always identify the cause of an eyelid lump. An eye care professional can check whether it has the typical features of a chalazion.

- A firm lump in the upper or lower eyelid
- Localized eyelid swelling or redness
- Mild tenderness, especially early on
- A heavy feeling in the eyelid
- Watery eyes or mild eye irritation
- Blurred or distorted vision if the lump presses on the eye
- A red or gray area on the inner eyelid

Causes and risk factors

A chalazion develops when the opening of a meibomian gland becomes blocked. Oil remains trapped within the gland and triggers inflammation. This is sometimes called a granulomatous reaction, meaning that immune cells gather around material the body cannot easily clear.

Some people develop a single chalazion without an obvious reason. Others have conditions that make the eyelid oils thicker or cause ongoing inflammation around the gland openings.

Factors associated with chalazia include:

Chalazia are not usually caused by poor hygiene. They also do not spread from one person to another.

A recurrent lump does not automatically mean there is a serious problem. However, a lesion that repeatedly appears in the same place, causes loss of eyelashes, bleeds, or has an irregular appearance needs medical assessment. Rarely, an eyelid tumor-particularly sebaceous carcinoma-can resemble a persistent chalazion.

- Blepharitis: Long-term inflammation along the eyelid edges, often with crusting, burning, or irritation
- Meibomian gland dysfunction: Poor flow or altered quality of oil from the eyelid glands
- Rosacea: A condition that can cause facial redness and inflammation of the eyes and eyelids
- Seborrheic dermatitis: A skin condition that causes greasy or flaky areas, including around the eyebrows and eyelids
- A history of previous chalazia
- Frequent rubbing or touching of the eyes
- Incomplete removal of eye makeup

Diagnosis

A clinician usually diagnoses a chalazion by asking about the symptoms and examining the eyelid. An optometrist or ophthalmologist may look at the outside of the eyelid and gently turn it over to inspect the inner surface.

The examination may assess:

Routine imaging and laboratory tests are usually unnecessary. If a lump is persistent, recurrent in the same location, or has unusual features, an ophthalmologist may recommend a biopsy. During a biopsy, a small tissue sample is examined under a microscope to identify the cause and rule out an eyelid tumor.

Children with a large chalazion may need their vision checked. Pressure on the eye can temporarily change its shape and cause astigmatism, which means light does not focus evenly. If this continues in a young child, it can interfere with normal visual development.

- The lump's location, size, and consistency
- Whether it is painful, draining, or attached to nearby tissue
- The eyelid edges and meibomian gland openings
- Eyelashes and surrounding skin

- Vision and the surface of the eye
- Signs of blepharitis, rosacea, a stye, or spreading infection

Treatment and management

Treatment depends on the chalazion's size, duration, symptoms, and effect on vision. Many small chalazia clear without a procedure, although improvement may take several weeks and sometimes longer.

Warm compresses and eyelid care

Warm compresses are commonly used as the first step. Heat may soften thickened oil and help the blocked gland drain.

The American Academy of Ophthalmology describes applying a comfortably warm compress for about 10 to 15 minutes at a time, three to five times a day. The cloth may need to be rewarmed during use. It should feel warm, not hot enough to burn the skin.

After warming the eyelid, gentle massage toward the eyelashes may help move oil toward the gland opening. Pressure should remain light. A chalazion should not be squeezed, punctured, or popped because this can injure the eyelid and increase inflammation or infection risk.

If blepharitis is present, a clinician may suggest regular eyelid cleaning. This can involve a warm compress followed by gentle cleaning of the eyelid edges with a product intended for eyelid care. The best approach depends on the person's skin and eye condition.

Eye makeup and contact lenses may be uncomfortable while the eyelid is inflamed. Avoiding them until irritation improves can also reduce handling of the affected area.

Medicines

Antibiotic drops or ointments do not usually make an uncomplicated chalazion disappear because the lump is generally inflammatory rather than infectious. Antibiotics may be appropriate if there is a separate bacterial infection or significant associated eyelid inflammation. A clinician should decide whether they are needed.

People with ongoing meibomian gland dysfunction or rosacea may need treatment aimed at the underlying condition. This can include a longer-term eyelid-care plan or prescription medicine. The choice depends on age, pregnancy status, other medical conditions, and the pattern of eye or skin disease.

Steroid injection

An ophthalmologist may inject a corticosteroid medicine into or near a persistent chalazion. The medicine reduces inflammation and may shrink the lump. It is often considered when

home care has not worked or when avoiding an incision would be helpful.

Possible effects include temporary lightening or thinning of nearby skin. Other complications, such as increased eye pressure or injury to surrounding structures, are uncommon but should be discussed before treatment.

Incision and curettage

A large, bothersome, or persistent chalazion may be treated with incision and curettage. The clinician numbs the eyelid, makes a small opening-often on the inner surface-and removes the inflamed material. Because the opening is usually inside the eyelid, a visible skin scar is often avoided.

Adults commonly have this procedure with local anesthetic. Young children may need sedation or general anesthesia so that the procedure can be performed safely. The ophthalmologist may send removed tissue for laboratory examination if the lesion is recurrent or atypical.

No procedure guarantees that another chalazion will not form. Managing blepharitis or meibomian gland dysfunction may help reduce recurrence.

Complications

Most chalazia resolve without lasting harm. Possible complications include:

In young children, prolonged blurred vision in one eye can contribute to amblyopia, sometimes called "lazy eye." A large or persistent chalazion in a child therefore deserves timely evaluation, especially if the child seems to favor one eye or has difficulty seeing.

Complications from treatment are not common but can include bleeding, infection, scarring, skin color changes, or recurrence. An ophthalmologist can explain the expected benefits and risks of a proposed procedure.

- Ongoing eyelid swelling or cosmetic concern
- Temporary blurred vision from pressure on the eye
- Astigmatism caused by a large upper-eyelid lesion
- Drooping of the eyelid from its weight or swelling
- Secondary infection, which is uncommon
- Recurrence after home care, injection, or surgery

Follow up

Routine follow-up is appropriate if a chalazion is not clearly improving after several weeks of consistent warm compresses, keeps returning, becomes large, or affects vision. An appointment is also reasonable when the diagnosis is uncertain or eyelid inflammation occurs often.

Arrange prompt medical assessment for a lump that:

Seek urgent same-day care for rapidly worsening redness or swelling, significant tenderness, pus-like drainage, or fever. These symptoms may indicate an infection that needs treatment.

Seek emergency care for reduced vision, pain when moving the eye, difficulty moving the eye, a bulging eye, severe swelling around the eye, or severe illness. These are not typical features of a simple chalazion and can occur with infection involving deeper tissues around the eye.

After an injection or surgical procedure, follow the eye specialist's instructions. Contact the treating clinician if pain or swelling is worsening rather than settling, bleeding does not stop, or vision changes.

- Repeatedly returns in the same location
- Causes eyelashes to fall out
- Bleeds, forms an open sore, or has an irregular surface
- Continues to enlarge
- Causes persistent vision changes
- Occurs with widespread eyelid redness or increasing pain

Sources

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