CONDITION

Tarsal cyst

A tarsal cyst is a firm eyelid lump caused by a blocked oil gland.

WHAT IT IS
Blocked eyelid oil gland forming a firm lump

BODY SYSTEM
Eyes and eyelids

MAIN SYMPTOMS
Eyelid lump, swelling, tenderness, blurred vision

WHAT CAUSES IT
Blocked meibomian gland with inflammation

HOW IT IS DIAGNOSED
Eyelid examination, sometimes tissue testing

MAIN TREATMENT
Warm compresses, eyelid care, or minor procedure

CAN IT BE CURED?
Yes - most resolve or are removed

IS IT AN EMERGENCY?
Sometimes - vision loss or severe eye pain

LONG-TERM OUTLOOK
Usually resolves, but some recur

Overview

A tarsal cyst is a lump within the eyelid caused by a blocked oil gland. Clinicians often call it a chalazion. The word "tarsal" refers to the firm supporting tissue inside the eyelid, not the bones in the foot.

The eyelids contain meibomian glands. These glands release an oily substance that helps stop tears from drying too quickly. If a gland opening becomes blocked, oil can collect inside it and trigger inflammation. This produces a rounded, firm swelling.

Despite its name, a tarsal cyst is not always a true fluid-filled cyst. It is usually an area of inflammation around trapped oily material. It is not cancerous and is usually not caused by an infection.

Tarsal cysts are common in both upper and lower eyelids. Most are harmless and gradually

settle, although this can take several weeks or longer. A large cyst may press on the eye and temporarily blur vision. A persistent, unusual, or repeatedly returning lump needs an eye examination because other eyelid conditions can look similar.

Symptoms

A tarsal cyst usually starts as a small area of eyelid swelling. It may be tender or red at first, then become a firm, less painful lump.

Possible symptoms include:

The lump may be easier to feel through the skin than to see. From the inner surface of the eyelid, it may appear as a red, grey, or yellowish area.

A tarsal cyst differs from a stye. A stye is usually a painful infection near an eyelash or eyelid gland. A tarsal cyst is generally deeper, firmer, and less painful. However, the two can look similar during the early stages.

A simple tarsal cyst should not cause severe eye pain, marked sensitivity to light, loss of vision, or difficulty moving the eye. These symptoms need prompt medical assessment.

- A rounded lump within the upper or lower eyelid
- Local swelling, redness, or mild tenderness
- A heavy or uncomfortable feeling in the eyelid
- Watering or mild irritation of the eye
- Temporary blurred vision if the lump presses on the eye

Causes and risk factors

A tarsal cyst develops when the opening of a meibomian gland becomes blocked. Oil remains trapped in the eyelid and irritates the surrounding tissue.

The blockage may happen without a clear reason. It does not mean that your eyelids are dirty, and the cyst itself is not contagious.

Factors that can make tarsal cysts more likely include:

Rubbing the eyes or leaving eye makeup on may irritate the eyelids, but these are not always the direct cause. A person can develop a cyst even with careful eyelid hygiene.

A lump that repeatedly forms in exactly the same place may have another cause. Although serious eyelid conditions are uncommon, persistent or unusual lumps should be examined

rather than repeatedly treated at home.

- Blepharitis: long-term inflammation along the eyelid edges
- Meibomian gland dysfunction: oil glands that become blocked or produce unusually thick oil
- Rosacea: a condition that can affect facial skin, eyes, and eyelids
- Seborrhoeic dermatitis: an inflammatory skin condition that causes greasy or flaky skin
- A previous tarsal cyst

Diagnosis

A healthcare professional can usually diagnose a tarsal cyst by examining your eyelid. They may look at the skin, eyelashes, eyelid edge, and surface of the eye. The eyelid may be gently turned over to see the lump from the inside.

You may be asked how long the lump has been present, whether it is painful, and whether you have had similar lumps before. Tell the clinician about changes in vision, bleeding, loss of eyelashes, or a lump that keeps returning in one spot.

Scans and blood tests are not usually needed.

If the lump looks unusual, does not improve, or repeatedly returns in the same location, an ophthalmologist may recommend removing a small amount of tissue for testing. This is called a biopsy. It allows a laboratory to check for other eyelid conditions, including rare tumours that can resemble a tarsal cyst.

Treatment and management

Many tarsal cysts settle without a procedure. Improvement is often gradual rather than immediate.

A warm compress can help soften the trapped oil. Place a clean cloth soaked in comfortably warm water over the closed eyelid. It should not be hot enough to burn. Rewarm the cloth as needed, then gently massage the eyelid toward the eyelashes if this is comfortable.

Regular eyelid cleaning may help if you also have blepharitis or blocked oil glands. Follow any eyelid-care instructions given by your optometrist, pharmacist, GP, or eye specialist.

Do not squeeze, pierce, or cut the lump. This can injure the eyelid or introduce infection. Avoid wearing eye makeup over an inflamed lump, and take care with contact lenses if the eye feels

irritated.

Antibiotics like amoxicillin or doxycycline do not usually clear a tarsal cyst because it is mainly caused by blockage and inflammation, not bacteria. They may be considered if there are signs of a separate infection or significant blepharitis.

If the cyst remains troublesome, affects vision, or does not settle, an eye specialist may offer treatment such as:

These are usually minor procedures using local anaesthetic to numb the eyelid. Treatment choices depend on the cyst's position, size, appearance, and your individual circumstances. Children may need different arrangements if they cannot remain still during a procedure.

A procedure often reduces the lump, but some swelling can remain while the eyelid heals. A cyst can also return or another one can develop elsewhere.

- Incision and curettage: opening the cyst from inside the eyelid and removing its contents
- Steroid injection: injecting anti-inflammatory medicine into selected cysts

Complications

Most tarsal cysts do not cause lasting problems.

A large upper-eyelid cyst can press on the front of the eye and temporarily alter its shape. This may cause blurred or distorted vision. In young children, ongoing visual blur can interfere with normal sight development, so a large or persistent cyst should be assessed.

The cyst can occasionally become infected. Increasing pain, warmth, redness, or discharge may suggest infection. Redness spreading beyond the lump may indicate cellulitis, an infection of the surrounding skin.

Procedures can cause bruising, bleeding, swelling, infection, or scarring, although serious complications are uncommon. Steroid injections can sometimes lighten the nearby skin or leave a small pale area.

The main concern with a persistent or recurrent lump is misidentification. Some eyelid growths can resemble a tarsal cyst. Warning features include loss of eyelashes, bleeding, an irregular surface, ongoing ulceration, or repeated growth in the same place.

Prevention

Not every tarsal cyst can be prevented. Oil glands may become blocked even when you take good care of your eyelids.

If you have blepharitis, rosacea, or meibomian gland dysfunction, managing that condition may reduce repeated blockages. Recommended eyelid care may include warm compresses and gentle cleaning of the eyelid edges.

You can also reduce avoidable irritation by removing eye makeup before sleep, replacing eye cosmetics as advised by their manufacturer, and washing your hands before touching your eyes or handling contact lenses.

These steps may lower the chance of recurrence, but they cannot guarantee that another cyst will not form.

Living with it and what to expect

A tarsal cyst may become less sore within days but remain as a firm lump for several weeks. Some take a few months to disappear completely. The size may change during this time.

Most people can continue their usual activities. The cyst is not contagious, so you do not need to avoid work, school, or contact with other people. You may prefer not to use contact lenses or eye makeup while the eyelid is swollen or irritated.

Vision should return to normal once pressure from a large cyst is relieved. A small residual lump does not always mean treatment has failed; inflammation can take time to settle after the gland has emptied.

Some people develop repeated cysts, particularly if they have ongoing eyelid inflammation. Long-term eyelid care may help, but recurrence is still possible. A new lump in a different location is usually another blocked gland rather than the original cyst spreading.

Arrange follow-up if the lump is not gradually improving, is affecting sight, or keeps returning. Recurrent lumps in the same spot may need specialist examination or tissue testing.

When to get medical help

Arrange a routine appointment with an optometrist, GP, or eye-care professional if:

Seek urgent medical advice if swelling or redness is rapidly spreading around the eye, particularly with fever or increasing pain. This may be a sign of infection that needs treatment.

Seek emergency care for sudden loss of vision, severe eye pain, difficulty moving the eye, a bulging eye, or severe illness with swelling around the eye. These symptoms are not typical of a simple tarsal cyst.

- The lump lasts for several weeks without improving
- It is large, uncomfortable, or affecting your vision
- You are unsure whether it is a tarsal cyst
- Cysts keep developing, especially in the same place
- The lump bleeds, forms an ulcer, looks irregular, or causes eyelash loss
- A child has a large or persistent eyelid lump

Common questions

Is a tarsal cyst the same as a stye?

No. A stye is usually an acute, painful infection near an eyelash or eyelid gland. A tarsal cyst is a blocked oil gland that forms a deeper, firmer lump. An early cyst can still be red and tender, so the difference may not be obvious at first.

Can I pop a tarsal cyst?

No. Squeezing or piercing it can damage the eyelid, cause bleeding, or introduce infection. Warm compresses and gentle massage are safer. A cyst that needs draining should be treated by an eye-care professional.

How long does a tarsal cyst take to go away?

Some improve within a few weeks, while others remain for several months. A lump that is not gradually becoming smaller, affects vision, or keeps returning should be assessed.

Is a tarsal cyst contagious?

No. It results from a blocked eyelid oil gland and cannot be passed to another person. If there is a separate eye infection, follow the hygiene advice given for that infection.

Can a tarsal cyst be cancerous?

An ordinary tarsal cyst is not cancer. Rare eyelid tumours can sometimes look like one, which is why a persistent, unusual, bleeding, or repeatedly returning lump may need a biopsy.

Will I need surgery?

Most people do not. A minor procedure may be offered if the cyst remains large, uncomfortable, or visually troublesome despite conservative care. The specialist will explain the options and possible risks.

Sources

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