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DIAGNOSIS AND TREATMENT OF CHALAZION

A chalazion or sty appears as a small lump of the eyelid and is caused by blockage of one of the oil glands of the eyelid called a meibomian gland. The meibomian gland is a special type of tear gland that secretes an oily fluid that prevents the surface of the eye from drying. When this gland becomes blocked it enlarges and may become infected. A meibomian gland can become blocked by injury, makeup (especially eyeliner), minor infections, rubbing of the eyes, or dietary factors that alter the composition of their oily secretions.

Chalazion are not serious and will not usually endanger the eye. In the early stages, there may be considerable redness and swelling. At this stage a chalazion will occasionally come to a head and drain spontaneously.

There are several general ways that chalazion are treated:

- 1) Treatment with warm compresses and an antibiotic eye medication will often accelerate resolution of a chalazion. A warm compress consists of a washcloth with clean tap water held gently over the affected eyelid for about ten minutes at least three times a day. Warm compresses will soften the chalazion and promote drainage. Massaging the chalazion between your fingers will help encourage drainage. The antibiotic eyedrops is used four times a day for a minimum of five days.
- 2) Injection with medication. A straightforward injection of a steroid-antibiotic combination into the chalazion is often very effective for dissolving small chalazion. The eyelid injection may be done in the office with minimal discomfort. An injection of medication to dissolve chalazion may be supplemented with an antibiotic drop for large or very inflamed chalazion.
- 3) Drainage. This is an office procedure with sterile instruments and a local anesthetic. A small incision is placed in the chalazion and a special device is used to drain the contents of the chalazion. This procedure may be a bit uncomfortable, but may be useful for chalazion that does not completely respond to medication, warm compresses, and massage. Drainage is more effective for soft chalazion with fluid than hard chalazion with scar tissue. Fluid drained from a chalazion is not usually sent for tissue analysis. Even with drainage, there is no guarantee that a chalazion may not recur or completely resolve.

4) Excision. Surgical removal is usually done for chalazion that are solid and that do not completely respond to other treatment methods. Depending on circumstances, this procedure is performed in the office or at the local surgery center using a local anesthetic. The chalazion is excised and usually sent for biopsy or tissue analysis. A biopsy helps establish the diagnosis and aids in determining if any additional treatment is needed.

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