Chalazion

the royal victorian eye and ear hospital

Disclaimer

SEE ALSO: blepharitis, preseptal cellulitis

DESCRIPTION – An area of focal inflammation within the eyelid due to obstruction of a meibomian gland

HOW TO ASSESS

Red Flags:

- Consider sebaceous cell carcinoma in older patients with recurrent/non-resolving lesion
- Beware associated preseptal cellulitis requiring systemic antibiotics

On History:

- Symptoms: eyelid lump, swelling and tenderness
- History of blepharitis, rosacea and seborrheic dermatitis
- May be past history of chalazia

On Examination:

- Vision may be affected due to induced refractive change/astigmatism from lid lesion (uncommon)
- Eyelid swelling, focal tenderness. There may be associated preseptal cellulitis
- Well-defined nodule in eyelid (evert lid to rule out other causes). Early in presentation, a nodule may not be apparent
- Associated blepharitis, rosacea or seborrheic dermatitis

Differential diagnosis:

- Preseptal cellulitis from other causes
- Sebaceous cell carcinoma
- Herpetic disease involving the lid
- Dacrocystitis (if lesion is located infero-medially)

ACUTE MANAGEMENT:

- Advise patient on frequent warm compresses and lid hygiene for blepharitis
  - Many chalazia will resolve with this management
- If discharging anteriorly, consider Chloramphenicol 1% eye ointment to lesion TDS for 5-7 days
- No oral antibiotics required unless concerned about preseptal cellulitis
- Rarely, consider early incision/drainage if large chalazion, vision affected, patient in extreme discomfort
- Incision & Drainage (I&D) should not be done in ED with rare exception.
- Patient presenting with chalazion non resolving despite treatment for 2/12 may be booked and consented from Emergency Department directly to Day Surgery Treatment Room (DSTR) for I&D.

DISCHARGE INSTRUCTIONS:

- Warm compresses (3 minutes) QID, reheating clean flannel/facewasher as it cools
- Gentle, frequent lid massage: rolling fingers over lids toward lid margins to express meibomian secretions
- Blepharitis lid hygiene: may be needed long term
- Advise patient to **NOT** attempt to open or drain lesion themselves as can result in scarring and infection
- Give patient copy of Chalazion and Blepharitis Factsheets

FOLLOW UP:

- Review by General Practitioner (GP) in 4-8 weeks
- If non resolving chalazion despite treatment for 2/12, GP to refer to RVEEH Outpatients
  (Note: chronic/recurring chalazia non responsive to warm compresses is a Category 2 appointment 2-6 weeks as per Primary Care Referral Guidelines)
- Advise patient to return if signs of preseptal cellulitis or if condition worsens

REFERENCES:

Wills Eye Manual 6th edition, Lippincott Williams and Wilkins, 2012

Oxford Handbook of Ophthalmology, Oxford University Press, 2006

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Evidence Table

Author/s	Title	Source	Level of Evidence (I – VII)	Comments
	Wills Eye Manual 6th edition, Lippincott Williams and Wilkins, 2012		VII	
	Oxford Handbook of Ophthalmology, Oxford University Press, 2006		VII	

The Hierarchy of Evidence

The Hierarchy of evidence is based on summaries from the National Health and Medical Research Council (2009), the Oxford Centre for Evidence-based Medicine Levels of Evidence (2011) and Melynk and Fineout-Overholt (2011).

I Evidence obtained from a systematic review of all relevant randomised control trials.

II Evidence obtained from at least one well designed randomised control trial.

III Evidence obtained from well-designed controlled trials without randomisation.

IV Evidence obtained from well designed cohort studies, case control studies, interrupted time series with a control group, historically controlled studies, interrupted time series without a control group or with case series.

V Evidence obtained from systematic reviews of descriptive and qualitative studies.

VI Evidence obtained from single descriptive and qualitative studies.

VII Expert opinion from clinician, authorities and/or reports of expert committees or based on physiology.

CPG Suite General Disclaimer

These CPGs were written for use in the RVEEH speciality Emergency Department. They should be used under the guidance of an ENT or Ophthalmology registrar, and certain medications / procedures should only be undertaken by speciality registrars.

If you require clinical advice, please contact our admitting officer for assistance:
EYE: 03 9929 8033 ENT: 03 9929 8032