Aetiology
Blockage of Meibomian gland duct with retention and stagnation of secretion
May occur spontaneously or follow an acute hordeolum (internal)

Predisposing factors
Chronic blepharitis
Rosacea
Seborrhoeic dermatitis
Pregnancy
Diabetes mellitus

Symptoms
Painless lid lump
Usually single; sometimes multiple
May be recurrent
May rupture through the skin
(Sometimes) blurred vision from induced astigmatism

Signs
Well-defined, 2-8mm diameter subcutaneous nodule in tarsal plate
Lid eversion may show external conjunctival granuloma
Induced astigmatism/hyperopia may cause change in refraction
May be associated blepharitis

Differential diagnosis
Hordeolum (external or internal)
Sebaceous cyst of skin
Meibomian gland carcinoma (consider if lesion recurrent)

Management by Optometrist
Practitioners should recognise their limitations and where necessary seek further advice or refer the patient elsewhere

Non pharmacological
Usually (up to 80%) resolves spontaneously (may take weeks or months)
If persistent, large, recurrent or causing corneal distortion then refer for management by ophthalmologist
Regular lid hygiene for blepharitis (see Clinical Management Guideline on Blepharitis)

Pharmacological
None (but see Clinical Management Guideline on Hordeolum [internal])

Management Category
B2: alleviation/palliation: normally no referral
B1: routine referral to ophthalmologist if persistent or recurrent, if causing significant astigmatism or if cosmetically unacceptable

Possible management by Ophthalmologist
Incision and curettage where appropriate
Intra-lesion injection of steroid (may be preferred in children)
Trials have shown that intralesional triamcinolone injection may be as effective as incision and curettage in primary chalazia (see Evidence base)

Evidence base
*GRADE: Grading of Recommendations Assessment, Development and Evaluation (see http://www.gradeworkinggroup.org/index.htm)

Sources of evidence

Goawalla A, Lee V. A prospective randomized treatment study
Chalazion (Meibomian cyst)


Perry HD, Serniuk RA. Conservative treatment of chalazia Ophthalmology 1980;87(3):218-21


LAY SUMMARY

A chalazion, also known as a Meibomian cyst, is a common condition of the eyelid caused by blockage of the openings of the oil-producing Meibomian glands which are embedded in the lid. It is usually felt as a small firm lump in the upper or lower eyelid. The condition usually gets better without treatment. However if it does not settle on its own, it can be treated by a steroid injection or the cyst can be removed by a minor surgical procedure.