Chalazion (Meibomian cyst)

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) (GRADE*: Level of evidence=low; Strength of recommendation=strong)
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* Ben Simon GJ, Rosen N, Rosner M, Spierer A. Intralesional triamcinolone acetonide injection versus incision and curettage for primary chalazia: a prospective, randomized study. Am J Ophthalmol. 2011;151(4):714-8 Goawalla A, Lee V. A prospective randomized treatment study

	comparing three treatment options for chalazia: triamcinolone acetonide injections, incision and curettage and treatment with hot compresses. Clin Exp Ophthalmol. 2007;35(8):706-12 Perry HD, Serniuk RA. Conservative treatment of chalazia Ophthalmology 1980;87(3):218-21 Santa Cruz CS, Culotta T, Cohen EJ, Rapuano CJ. Chalazion-induced hyperopia as a cause of decreased vision. Ophthalmic Surg Lasers. 1997;28(8):683-4

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.