DON'T "LUMP" ALL LID LESIONS TOGETHER

Be thorough in creating your differential diagnosis.

BY JACOB LANG, OD, FAAO

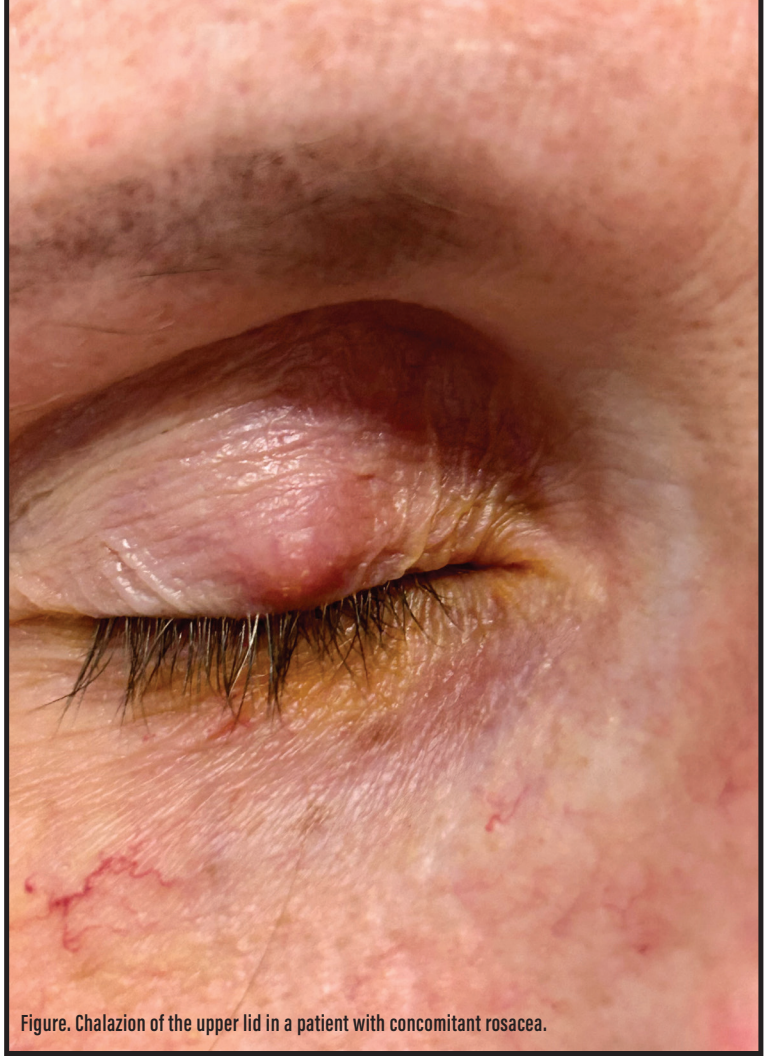

Figure. Chalazion of the upper lid in a patient with concomitant rosacea.

The term *chalazion* is of Greek origin, meaning hailstone, small lump, or pimple.[1] In eye care, a chalazion (Figure) is a chronic cyst of lipogranulomatous material possibly caused by the obstruction of a sebaceous gland of the eyelid (ie, meibomian gland or gland of Zeis).[1] Risk factors of chalazia include blepharitis, dry eye disease, eyelid dermatitis, rosacea, and conjunctivitis.[1]

For such a common ocular pathology, it's surprising we still don't completely understand the pathophysiology of chalazia. Does a bacterial component alter the lipid composition of meibomian secretions and trigger an inflammatory response? What activates the lipogranulomatous inflammation that causes chalazia? As more attention is focused on the ocular surface and meibomian glands, researchers may find answers to these and other questions about lid lumps.

A VARIETY OF LUMPS

Not all lid lumps are chalazia. Clinicians must also be on the watch for neoplasms, such as sebaceous, basal, or squamous cell carcinoma, which should be included in the differential diagnosis of chalazia, especially when lesions are recurrent in the same location or have atypical features.[1] Infectious etiologies, including herpes simplex virus, varicella zoster virus, molluscum contagiosum, leishmaniasis, sarcoidosis, and tuberculosis, can also mimic chalazia.[1]

Of note, eye care clinicians observed an increased incidence of chalazia during the COVID-19 pandemic, and some hypothesized that this uptick could be related to mask wear. Silkiss et al reported on this observation, alluding to a multifactorial nature of chalazion development.[2] The proposed factors include exacerbation of dry eye disease, meibomian oil hardening, poor lid hygiene, and airflow direction changes leading to oral microbiota contacting the eyelids.[2]

MANAGEMENT

There is little statistically significant evidence supporting the effectiveness of many common treatments for chalazia, especially comparative efficacy, at this time.[1] Possible chalazion treatment options include hot compresses and other thermal treatments (eg, Systane iLux MGD Treatment System [Alcon], TearCare System [Sight Sciences], TearScience LipiFlow Thermal Pulsation System [Johnson & Johnson Vision]), topical antibiotics and/or steroids, oral antibiotics and/or steroids, probiotics, intralesional injection of corticosteroids or 5-fluorouracil, incision and curettage, tea tree oil wipes, and light therapy (ie, intense pulsed light or low-level light therapy). ■

1. Kim ES, Afshin EE, Elahi E. The lowly chalazion. *Surv Ophthalmol*. 2023;68(4):784-793.
2. Silkiss RZ, Paap MK, Ugradar S. Increased incidence of chalazion associated with face mask wear during the COVID-19 pandemic. *Am J Ophthalmol Case Rep*. 2021;22:101032.

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