

overlap. In addition, patients with associated conditions such as aqueous deficiency can present with similar clinical features.

TABLE 2 CLINICAL FEATURES OF BLEPHARITIS BY CATEGORY

Feature	Anterior Eyelid		Posterior Eyelid
	Staphylococcal	Seborrheic	Meibomian Gland Dysfunction
Eyelash loss	Frequent	Rare	—
Eyelash misdirection	Frequent	Rare	May occur with long-standing disease
Eyelid deposits	Matted, hard scales/collarettes	Oily or greasy	Excess lipid, foamy discharge
Eyelid ulceration*	With severe exacerbations	—	—
Eyelid scarring	May occur	—	May occur with long-standing disease
Chalazia	Rare	Rare	Occasional to frequent, sometimes multiple
Hordeolum	May occur	—	—
Conjunctiva	Mild to moderate injection; phlyctenules may occur	Mild injection	Mild to moderate injection; papillary reaction of tarsal conjunctiva
Aqueous tear deficiency	Frequent	Frequent	Frequent
Cornea	Inferior punctate epithelial erosions, peripheral/marginal infiltrates (typically at 10, 2, 4, or 8 o'clock), scarring, neovascularization and pannus, thinning, phlyctenules	Inferior punctate epithelial erosions	Inferior and superior punctate epithelial erosions, fine infiltrates superiorly and inferiorly, scarring, neovascularization and pannus, ulceration
Dermatologic disease	Atopy rarely	Seborrheic dermatitis	Rosacea

NOTE: A dash (—) in the column indicates that the feature is not found for the specific type of blepharitis.

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* Also consider herpes simplex virus.

MANAGEMENT

Detection

Detection and appropriate treatment can reduce signs and symptoms of blepharitis, and in severe cases it can prevent permanent structural damage and possible vision loss. This is particularly important in children, in whom chronic blepharokeratoconjunctivitis is often unrecognized and can be more severe. It should be suspected in a child with recurrent conjunctivitis, keratitis, neovascularization, eyelid inflammation, hordeolum, chalazia, corneal opacification, and amblyopia.^{26, 50, 52, 53, 75} The presentation can be asymmetric and is often confused with herpetic disease.

Tear film break-up time using fluorescein is significantly shorter in patients with MGD, even if aqueous tear production is normal.⁷⁶ This suggests that meibomian gland secretions are important in maintaining a stable preocular tear film. The overlap of clinical features of the various forms of chronic blepharitis and the variable association of all forms with tear dysfunction⁴ underscore the complexity of the relationship between blepharitis and tear