

Blepharitis Information Sheet for Children

Blepharitis is a common inflammation of the eyelid margins which can affect children and adults. It is due to a low grade infection of the eyelid margin by skin bacteria. Blepharitis is not normally serious and complications are uncommon, especially when the advice regarding treatment is followed. Blepharitis is a chronic condition which can last many years. Although there is no cure, there are a range of treatments that can control the symptoms. The most important one is to establish a daily eye-cleaning routine.

Symptoms of blepharitis in children

Most children with blepharitis will have repeated episodes and then have long periods of time with no symptoms until they outgrow the problem.

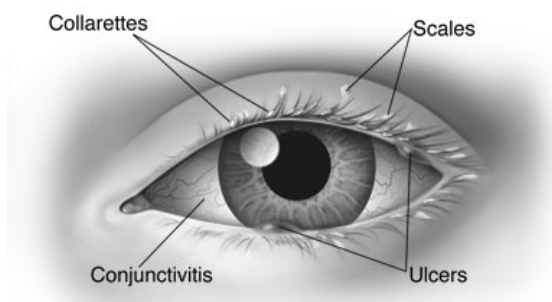
Symptoms tend to affect both eyes and include:

- itchy, sore red eyelids,
- crists and debris on the eyelashes,
- a burning, gritty sensation in the eyes,
- sensitivity to bright lights
- red eyes

Causes of blepharitis

There are two types of blepharitis:

- **anterior blepharitis** - this is when the inflammation affects the outside front edge of your eyelids, where your eyelashes are connected, and
- **posterior blepharitis (meibomianitis)** - this is when the inflammation affects the inside front edge of your eyelids, where they come into contact with your eye.

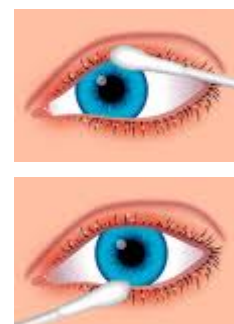


Treating blepharitis in Children

Eye hygiene

Developing a regular routine of eye hygiene is essential in the treatment of blepharitis. It is important that you clean your child's eyelids every night, whether or not he/she is experiencing any symptoms. You should consider it part of your daily routine, like showering or brushing your teeth. Effective eye hygiene will reduce both the severity and frequency of symptoms.

- Apply a warm compress (cloths or cotton wool warmed with hot water and a few drops of baby shampoo) to your child's closed eyelids for five minutes. Gently rub the compress over the closed eyelids for two to three minutes, and then repeat. This will help loosen any crusting.
- If your child will tolerate it, dip some cotton buds into a mixture of well diluted baby shampoo (2 drops to an egg cup full of water). Then gently sweep the cotton bud across his /her eyelash line on the lid margins, top and bottom.
- Apply antibiotic ointment (if advised) with a clean finger tip to your child's lid margins after cleaning them



Antibiotic tablets

In some circumstances, you may be given oral antibiotics for your child to take once a day. Most blepharitis responds to the antibiotic well after 2-4 weeks, although the 2-3 month course should be completed.

Side effects of oral antibiotics are rare because the dose used is relatively low, and the condition will usually resolve quickly. Side effects include:

- nausea,
- vomiting,
- stomach aches,
- diarrhoea, and
- (in women) yeast infections, such as thrush.

Complications of blepharitis

Serious complications of blepharitis are unusual but some children do develop:

Meibomian Cyst

A Meibomian cyst is swelling that occurs in the eyelid. Cysts occur when a Meibomian oil glands get inflamed as a result of blepharitis. They are normally painless, unless they get infected, in which case oral antibiotics may be needed. Early treatment with hot compresses can help the cyst drain. As soon as you notice your child has a cyst:



- apply hot compresses three times a day. Soak a clean flannel in hand hot water with several drops of baby shampoo in it. Apply to the cyst and re-soak and apply the compress as necessary for about 10 minutes.
- Apply antibiotic cream to the lid margin after the hot compress for 1 week: chloramphenicol ointment is available over the counter at your pharmacy

If a cyst persists and becomes chronic, it may need to be removed with a simple operation. Older children (teenagers) will often cope with this under local anaesthetic but smaller children usually need a brief general anaesthetic for the procedure.

Styes

A sty is a painful swelling that develops due to bacterial infection of an eyelash follicle (located at the base of an eyelash). These can be treated in the same way as Meibomian cysts and usually resolve within a week.

Staphylococcal hypersensitivity and keratitis

This is an uncommon but sometimes serious complication of anterior blepharitis. In children, the front part of the eye (the cornea and conjunctiva) can become very sensitive to the staphylococcus bacteria that grow on the eyelid margins in blepharitis. This can lead to corneal ulcers and scarring, which can reduce the child's vision. Symptoms that a child might develop are:

- Painful and watery eye(s)
- Intense sensitivity to light
- Reduction in vision

If your child develops these symptoms, he/she should be seen by an ophthalmologist. Lid hygiene will be advised and oral antibiotics and steroid drops may be prescribed to treat the keratitis.