

**TABLE 2 DESCRIPTION OF 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 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.

Adapted with permission from the American Academy of Ophthalmology Basic and Clinical Science Course Subcommittee. Basic Clinical and Science Course. External Disease and Cornea: Section 8, 2013-2014. Table 3-9. San Francisco: American Academy of Ophthalmology, 2013.

\* Also consider herpes simplex virus.