

For each, state which form of blepharitis is associated:
Staph, MGD, Seborrheic, Rosacea, Demodex
(some will have more than one answer)

Q

Number of answers



(2) ● Primarily anterior blepharitis:

MGD = meibomian gland disease

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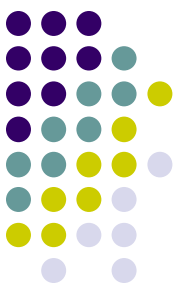
- (2) • Primarily anterior blepharitis: *Staph*; *Seborrheic*



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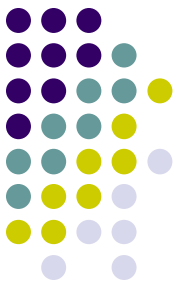
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- (2) • Primarily posterior blepharitis:

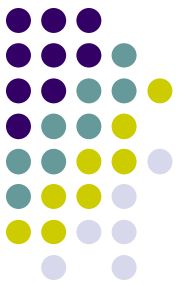


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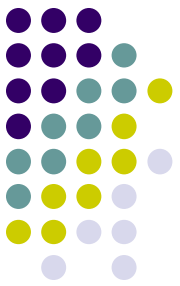


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In this context, to what do the terms anterior and posterior refer?

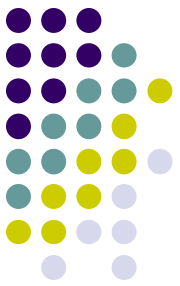


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In this context, to what do the terms anterior and posterior refer?
To the portion of the lid margin primarily involved



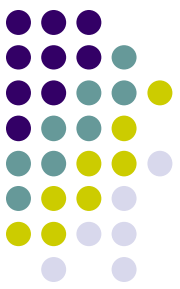
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*In this context, to what do the terms **anterior** and **posterior** refer?*
To the portion of the lid margin primarily involved

*What structures are affected in...
Anterior blepharitis?
Posterior blepharitis?*



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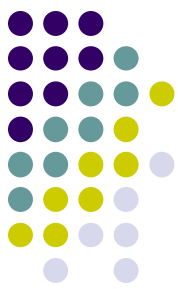
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*In this context, to what do the terms **anterior and posterior** refer?*
To the portion of the lid margin primarily involved

What structures are affected in...
*Anterior blepharitis? **The skin and lashes***
*Posterior blepharitis? **The meibomian glands***

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- Primarily anterior blepharitis: Staph; Seborrhic
- (2) • Primarily **posterior blepharitis; MGD;** Rosacea

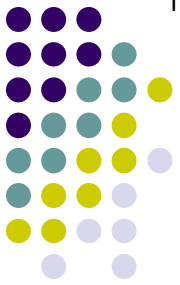


These terms are often used interchangeably

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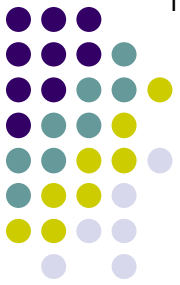
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- Can be obstructive or nonobstructive:



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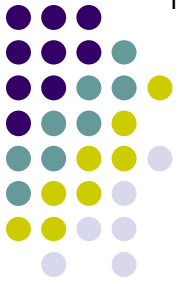
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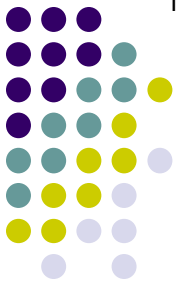
- Primarily anterior blepharitis: *Staph; Seborrhic*
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- Can be obstructive or nonobstructive: *MGD*
- Characterized by excess sebum secretion:



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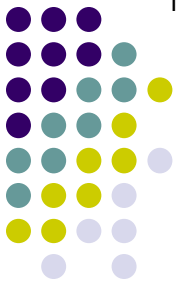


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- Characterized by excess sebum secretion: *Rosacea and seborrhic?*

Surely **seborrhic** blepharitis is also characterized by excess sebum production?

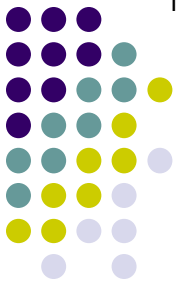


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- Can be obstructive or nonobstructive: MGD
- Characterized by excess sebum secretion: *Rosacea and seborrhic? NO!*

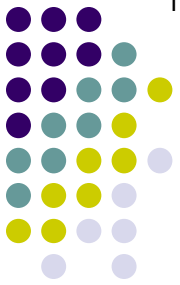
Surely **seborrhic** blepharitis is also characterized by excess sebum production? You'd think so, but no. If anything, it involves excess **meibum** production



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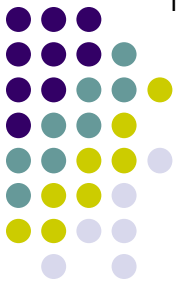
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- Treat concurrent scalp disease:



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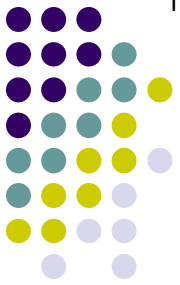
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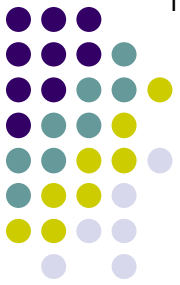
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- Treat concurrent scalp disease: *Seborrheic*
- Scurf are *hard*:

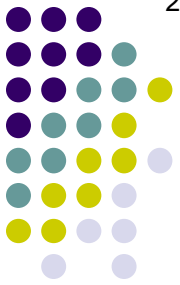


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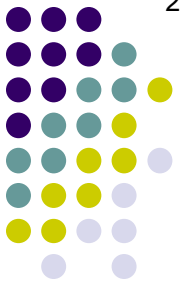


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What is scurf?



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Scurf

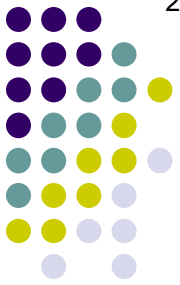
What is scurf?

Scaly crusting that adheres to the lashes

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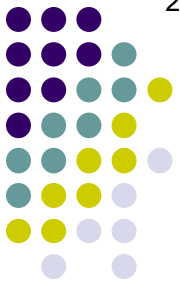
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- Scurf are *hard*: *Staph*
- Buzzword is **sleeves**:

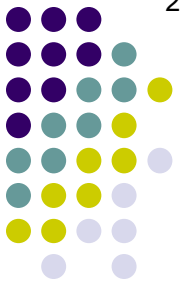


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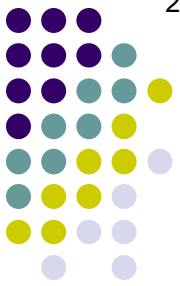


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- Scurf are *hard*: Staph
- Buzzword is **sleeves**: Demodex

In this context, what are sleeves?



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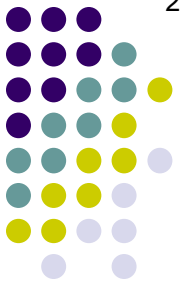
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Cylindrical aggregates of waxy material that adhere to the bases of lashes in individuals infested with *Demodex*

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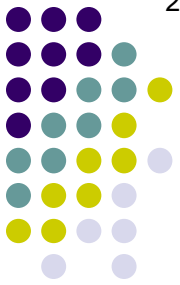
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- (3) ● May require PO doxy:
(doxy = short for 'doxycycline')



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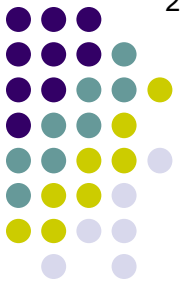
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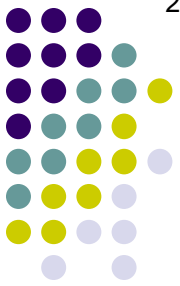
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- May require PO doxy: *MGD; Seborrhic; Rosacea*
- More common in younger patients:



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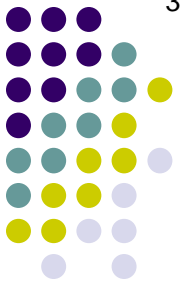
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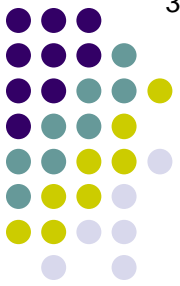
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- Buzzword is **sleeves**: *Demodex*
- May require PO doxy: *MGD; Seborrhic; Rosacea*
- More common in younger patients: *Staph*
- Present in ~100% of individuals >70:



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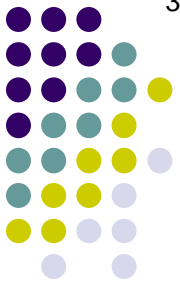
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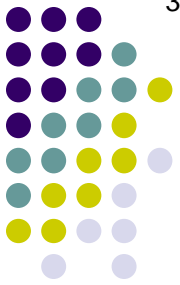
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- Slightly more common in females:



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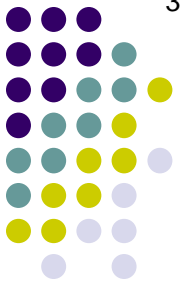
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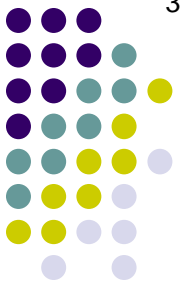
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- May have concurrent phlyctenulosis:

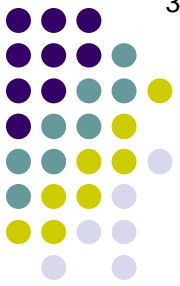


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- More common in younger patients: **Staph**
- Present in ~100% of individuals >70: **Demodex**
- Slightly more common in females: **Rosacea**
- May have concurrent phlyctenulosis: **Staph**

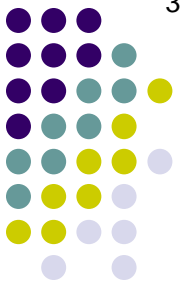




Q

For each, state which form of blepharitis is associated:
Staph, MGD, Seborrhic, Rosacea, Demodex
(some will have more than one answer)

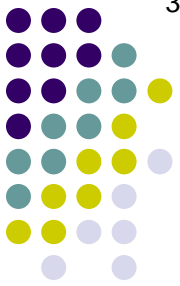
- Primarily anterior blepharitis: Staph; Seborrhic
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-
-
-
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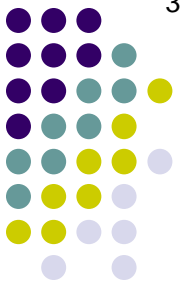
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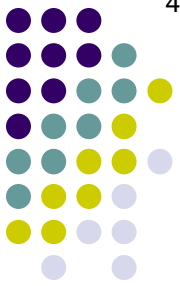
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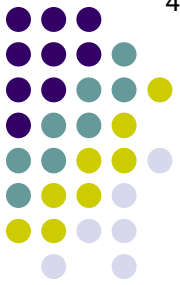
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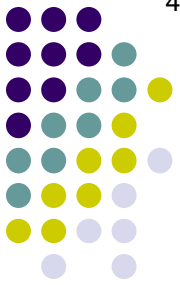
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- Scurf are *hard*: *Staph*
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- (3) ● Associated with corneal findings:



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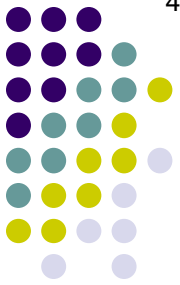
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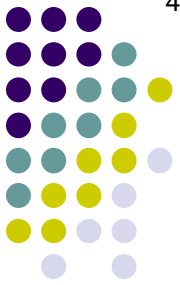
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- Associated with corneal findings: *Staph; Rosacea; MGD*
- Consider metronidazole cream/ointment as treatment:



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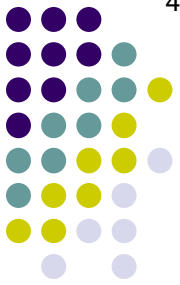
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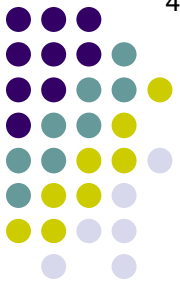
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- May have lid margin ulcers:



A

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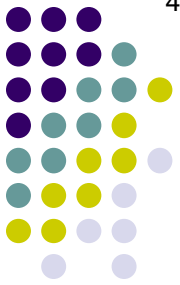
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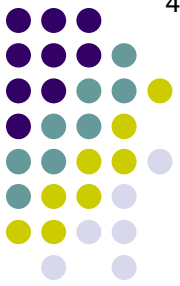


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- May have lid margin ulcers: *Staph*
- (2) ● Recurrent chalazia common:





A

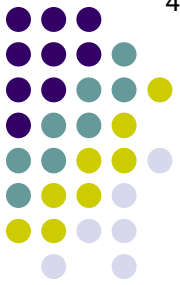
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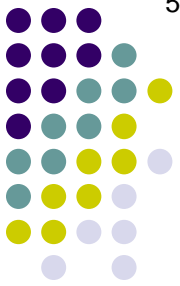
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Q

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- Recurrent chalazia common: *Rosacea; MGD*
- (2) ● Conditions other than MGD that may have MGD as a component:





A

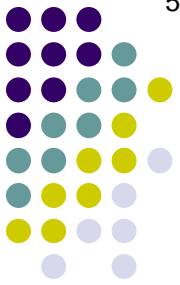
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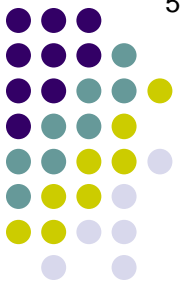
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- Consider metronidazole cream/ointment as treatment: *Rosacea*
- May have lid margin ulcers: *Staph*
- Recurrent chalazia common: *Rosacea; MGD*
- Conditions other than MGD that may have MGD as a component: *Rosacea; Seborrhic*
- Symptoms usually worse in the AM:

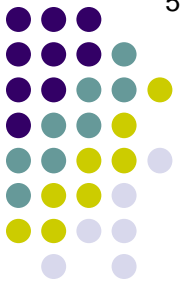


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- Associated with corneal findings: **Staph; Rosacea; MGD**
- Consider metronidazole cream/ointment as treatment: **Rosacea**
- May have lid margin ulcers: **Staph**
- Recurrent chalazia common: **Rosacea; MGD**
- Conditions other than MGD that may have MGD as a component: **Rosacea; Seborrhic**
- Symptoms usually worse in the AM: **Staph**



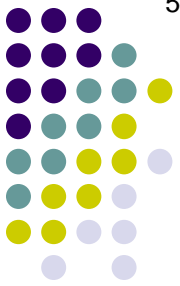


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- Can be obstructive or nonobstructive: MGD
- Characterized by excess sebum secretion: Rosacea
- Treat concurrent scalp disease: Seborrheic
- Scurf are *hard*: Staph
- Buzzword is **sleeves**: Demodex
- May require PO doxy: MGD; Seborrheic; Rosacea
- More common in younger patients: Staph
- Present in ~100% of individuals >70: Demodex
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- May have concurrent phlyctenulosis: Staph
- Associated with corneal findings: Staph; Rosacea; MGD
- Consider metronidazole cream/ointment as treatment: Rosacea
- May have lid margin ulcers: Staph
- Recurrent chalazia common: Rosacea; MGD
- Conditions other than MGD that may have MGD as a component: Rosacea; Seborrheic
- Symptoms usually **worse in the AM: Staph**

Why is Staph blepharitis worse in the morning?



A

For each, state which form of blepharitis is associated:
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- May have concurrent phlyctenulosis: Staph
- Associated with corneal findings: Staph; Rosacea; MGD
- Consider metronidazole cream/ointment as treatment: Rosacea
- May have lid margin ulcers: Staph
- Recurrent chalazia common: Rosacea; MGD
- Conditions other than MGD that may have MGD as a component: Rosacea; Seborrheic
- Symptoms usually **worse in the AM: Staph**

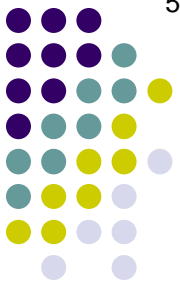
Why is Staph blepharitis worse in the morning?

Because crusty material accumulates on the lid margin overnight, and is subsequently dumped onto the ocular surface upon awakening

Q

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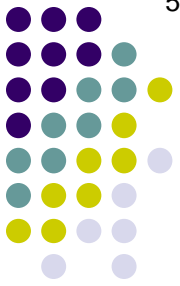
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- May have concurrent phlyctenulosis: **Staph**
- Associated with corneal findings: **Staph; Rosacea; MGD**
- Consider metronidazole cream/ointment as treatment: **Rosacea**
- May have lid margin ulcers: **Staph**
- Recurrent chalazia common: **Rosacea; MGD**
- Conditions other than MGD that may have MGD as a component: **Rosacea; Seborrhic**
- Symptoms usually worse in the AM: **Staph**
- Facial flush, especially with caffeine/EtOH intake:



A

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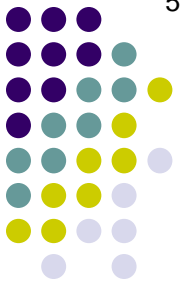
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- Symptoms usually worse in the AM: **Staph**
- Facial flush, especially with caffeine/EtOH intake: **Rosacea**



Q

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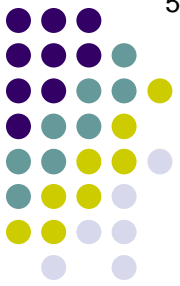
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A

For each, state which form of blepharitis is associated:
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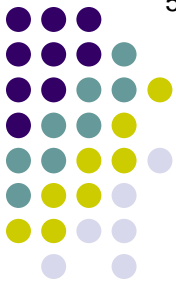
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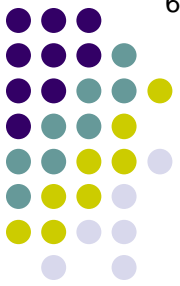


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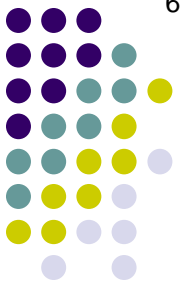
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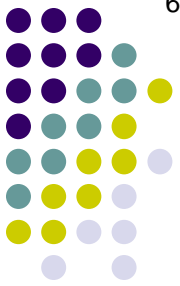
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A/Q



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two words

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- GI upset*: Diarrhea is common
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Q

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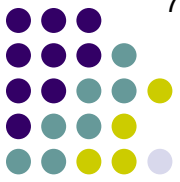
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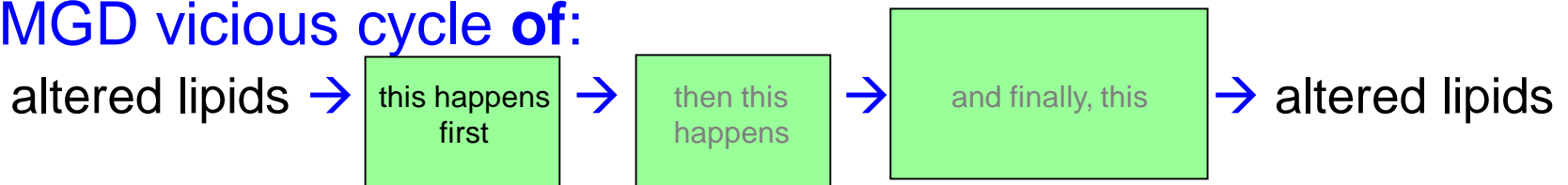
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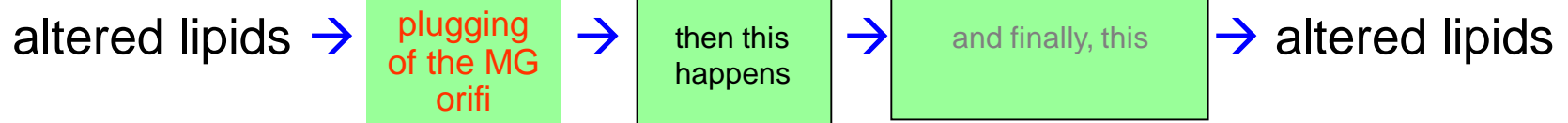


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