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

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

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

- Primarily anterior blepharitis: **Staph; Seborrheic**
- (2) Primarily posterior blepharitis:
For each, state which form of blepharitis is associated: 
*Staph, MGD, Seborrheic, Rosacea, Demodex*
(some will have more than one answer)

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

- Primarily *anterior blepharitis*: Staph; Seborrheic
- Primarily *posterior blepharitis*: MGD; Rosacea

*In this context, to what do the terms anterior and posterior refer?*
For each, state which form of blepharitis is associated: 
*Staph, MGD, Seborrheic, Rosacea, Demodex* 
(some will have more than one answer)

- Primarily **anterior blepharitis**: Staph; Seborrheic
- Primarily **posterior blepharitis**: MGD; Rosacea

*In this context, to what do the terms anterior and posterior refer?*
To the portion of the lid margin primarily involved
For each, state which form of blepharitis is associated: 
**Staph, MGD, Seborrheic, Rosacea, Demodex**
(some will have more than one answer)

- Primarily **anterior blepharitis**: Staph; Seborrheic
- Primarily **posterior blepharitis**: MGD; Rosacea

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

- Primarily **anterior blepharitis**: Staph; Seborrheic
- Primarily **posterior blepharitis**: MGD; Rosacea

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

- Primarily anterior blepharitis: Staph; Seborrheic
- Primarily posterior blepharitis: **MGD;** Rosacea

*These terms are often used interchangeably*
For each, state which form of blepharitis is associated: *Staph, MGD, Seborrheic, Rosacea, Demodex* (some will have more than one answer)

- Primarily anterior blepharitis: *Staph; Seborrheic*
- Primarily posterior blepharitis: *MGD; Rosacea*
- Can be obstructive or nonobstructive:
For each, state which form of blepharitis is associated: 
**Staph, MGD, Seborrheic, Rosacea, Demodex** 
(some will have more than one answer)

- Primarily anterior blepharitis: Staph; Seborrheic
- Primarily posterior blepharitis: MGD; Rosacea
- Can be obstructive or nonobstructive: MGD
For each, state which form of blepharitis is associated: **Staph, MGD, Seborrheic, Rosacea, Demodex** (some will have more than one answer)

- Primarily anterior blepharitis: **Staph; Seborrheic**
- Primarily posterior blepharitis: **MGD; Rosacea**
- Can be obstructive or nonobstructive: **MGD**
- Characterized by excess sebum secretion:
Primarily anterior blepharitis: Staph; Seborrheic
Primarily posterior blepharitis: MGD; Rosacea
Can be obstructive or nonobstructive: MGD
Characterized by excess sebum secretion: Rosacea
For each, state which form of blepharitis is associated:  
**Staph, MGD, Seborrheic, Rosacea, Demodex**  
(some will have more than one answer)

- Primarily anterior blepharitis: Staph; Seborrheic
- Primarily posterior blepharitis: MGD; Rosacea
- Can be obstructive or nonobstructive: MGD
- Characterized by excess sebum secretion: Rosacea and seborrheic?

Surely **seborrheic** blepharitis is also characterized by excess sebum production?
For each, state which form of blepharitis is associated: 
**Staph, MGD, Seborrheic, Rosacea, Demodex**
(some will have more than one answer)

- Primarily anterior blepharitis: Staph; Seborrheic
- Primarily posterior blepharitis: MGD; Rosacea
- Can be obstructive or nonobstructive: MGD
- Characterized by excess sebum secretion: Rosacea and seborrheic? **NO!**

**Surely seborrheic blepharitis is also characterized by excess sebum production? You’d think so, but no. If anything, it involves excess meibum production**
For each, state which form of blepharitis is associated: 
*Staph, MGD, Seborrheic, Rosacea, Demodex*
(some will have more than one answer)

- Primarily anterior blepharitis: Staph; Seborrheic
- Primarily posterior blepharitis: MGD; Rosacea
- Can be obstructive or nonobstructive: MGD
- Characterized by excess sebum secretion: Rosacea
- Treat concurrent scalp disease:
For each, state which form of blepharitis is associated: *Staph, MGD, Seborrheic, Rosacea, Demodex* (some will have more than one answer)

- Primarily anterior blepharitis: Staph; Seborrheic
- Primarily posterior blepharitis: MGD; Rosacea
- Can be obstructive or nonobstructive: MGD
- Characterized by excess sebum secretion: Rosacea
- Treat concurrent scalp disease: Seborrheic
For each, state which form of blepharitis is associated: 
*Staph, MGD, Seborrheic, Rosacea, Demodex* 
(some will have more than one answer) 

- Primarily anterior blepharitis: Staph; Seborrheic 
- Primarily posterior blepharitis: MGD; Rosacea 
- Can be obstructive or nonobstructive: MGD 
- Characterized by excess sebum secretion: Rosacea 
- Treat concurrent scalp disease: Seborrheic 
- Scurf are *hard*:
For each, state which form of blepharitis is associated: **Staph, MGD, Seborrheic, Rosacea, Demodex** (some will have more than one answer)

- Primarily anterior blepharitis: Staph; Seborrheic
- Primarily posterior blepharitis: MGD; Rosacea
- Can be obstructive or nonobstructive: MGD
- Characterized by excess sebum secretion: Rosacea
- Treat concurrent scalp disease: Seborrheic
- Scurf are **hard**: Staph
For each, state which form of blepharitis is associated: 
**Staph, MGD, Seborrheic, Rosacea, Demodex** 
(some will have more than one answer)

- Primarily anterior blepharitis: Staph; Seborrheic
- Primarily posterior blepharitis: MGD; Rosacea
- Can be obstructive or nonobstructive: MGD
- Characterized by excess sebum secretion: Rosacea
- Treat concurrent scalp disease: Seborrheic

**What is scurf?**

Scurf are hard:

- Scurf
For each, state which form of blepharitis is associated: 

Staph, MGD, Seborrheic, Rosacea, Demodex
(some will have more than one answer)

- Primarily anterior blepharitis: Staph; Seborrheic
- Primarily posterior blepharitis: MGD; Rosacea
- Can be obstructive or nonobstructive: MGD
- Characterized by excess sebum secretion: Rosacea
- Treat concurrent scalp disease: Seborrheic

What is scurf?
Scaly crusting that adheres to the lashes
For each, state which form of blepharitis is associated: 
*Staph, MGD, Seborrheic, Rosacea, Demodex* 
(some will have more than one answer)

- Primarily anterior blepharitis: Staph; Seborrheic
- Primarily posterior blepharitis: MGD; Rosacea
- Can be obstructive or nonobstructive: MGD
- Characterized by excess sebum secretion: Rosacea
- Treat concurrent scalp disease: Seborrheic
- Scurf are *hard*: Staph
- Buzzword is *sleeves*:
For each, state which form of blepharitis is associated: *Staph, MGD, Seborrheic, Rosacea, Demodex* (some will have more than one answer)

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

- Primarily anterior blepharitis: Staph; Seborrheic
- Primarily posterior blepharitis: MGD; Rosacea
- 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

*In this context, what are sleeves?*
For each, state which form of blepharitis is associated: *Staph*, *MGD*, *Seborrheic*, *Rosacea*, *Demodex* (some will have more than one answer)

- Primarily anterior blepharitis: Staph; Seborrheic
- Primarily posterior blepharitis: MGD; Rosacea
- 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

**In this context, what are sleeves?**

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

For each, state which form of blepharitis is associated:

*Staph, MGD, Seborrheic, Rosacea, Demodex*  
(some will have more than one answer)

- Primarily anterior blepharitis: *Staph; Seborrheic*
- Primarily posterior blepharitis: *MGD; Rosacea*
- 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*

(3) May require PO doxy:

*(doxy = short for ‘doxycycline’)*
For each, state which form of blepharitis is associated: *Staph, MGD, Seborrheic, Rosacea, Demodex* (some will have more than one answer)

- Primarily anterior blepharitis: *Staph; Seborrheic*
- Primarily posterior blepharitis: *MGD; Rosacea*
- 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*

(3) May require PO doxy: *MGD; Seborrheic; Rosacea*
For each, state which form of blepharitis is associated: *Staph, MGD, Seborrheic, Rosacea, Demodex* (some will have more than one answer)

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

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

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

- Primarily anterior blepharitis: **Staph; Seborrheic**
- Primarily posterior blepharitis: **MGD; Rosacea**
- 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**
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- Primarily anterior blepharitis: Staph; Seborrheic
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- 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
- Slightly more common in females: Rosacea
- May have concurrent phlyctenulosis:
For each, state which form of blepharitis is associated: *Staph, MGD, Seborrheic, Rosacea, Demodex* (some will have more than one answer)

- Primarily anterior blepharitis: Staph; Seborrheic
- Primarily posterior blepharitis: MGD; Rosacea
- 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
- Slightly more common in females: Rosacea
- May have concurrent phlyctenulosis: Staph
For each, state which form of blepharitis is associated: *Staph, MGD, Seborrheic, Rosacea, Demodex* (some will have more than one answer)

- Primarily anterior blepharitis: *Staph, Seborrheic*
- Primarily posterior blepharitis: *MGD, Rosacea*
- Can be obstructive or nonobstructive: *MGD*
- What are phlyctenules?
- Present in ~100% of individuals >70: *Demodex*
- Slightly more common in females: *Rosacea*
- May have concurrent *phlyctenulosis*: *Staph*
For each, state which form of blepharitis is associated: **Staph, MGD, Seborrheic, Rosacea, Demodex** (some will have more than one answer)

- Primarily anterior blepharitis: Staph; Seborrheic
- Primarily posterior blepharitis: MGD; Rosacea
- Can be obstructive or nonobstructive: MGD
- What are phlyctenules?
  - Small grayish nodules, usually at the corneal limbus,
  - associated with localized engorgement of the vasculature
- Present in ~100% of individuals >70: Demodex
- Slightly more common in females: Rosacea
- May have concurrent *phlyctenulosis*: Staph

What is their cause?
- A Type IV inflammatory reaction to microbial antigens
For each, state which form of blepharitis is associated: 

**Staph, MGD, Seborrheic, Rosacea, Demodex**
(some will have more than one answer)

- Primarily anterior blepharitis: Staph; Seborrheic
- Primarily posterior blepharitis: MGD; Rosacea
- Can be obstructive or nonobstructive: MGD

**What are phlyctenules?**
- Small grayish nodules, usually at the corneal limbus,
  associated with localized engorgement of the vasculature

**What is their cause?**
- Present in ~100% of individuals >70: Demodex
- Slightly more common in females: Rosacea
- May have concurrent phlyctenulosis: Staph
For each, state which form of blepharitis is associated: Staph, MGD, Seborrheic, Rosacea, Demodex (some will have more than one answer)

- Primarily anterior blepharitis: Staph; Seborrheic
- Primarily posterior blepharitis: MGD; Rosacea
- Can be obstructive or nonobstructive: MGD
- **What are phlyctenules?**
  - Small grayish nodules, usually at the corneal limbus, associated with localized engorgement of the vasculature
- **What is their cause?**
  - A Type IV inflammatory reaction to microbial antigens
- Present in ~100% of individuals >70: Demodex
- Slightly more common in females: Rosacea
- May have concurrent phlyctenulosis: Staph
For each, state which form of blepharitis is associated: 

**Staph, MGD, Seborrheic, Rosacea, Demodex**

(some will have more than one answer)

- Primarily anterior blepharitis: Staph; Seborrheic
- Primarily posterior blepharitis: MGD; Rosacea
- Can be obstructive or nonobstructive: MGD

**What are phlyctenules?**
- Small grayish nodules, usually at the corneal limbus,
- associated with localized engorgement of the vasculature

**What is their cause?**
- A Type IV inflammatory reaction to **microbial antigens**
- Present in ~100% of individuals >70: Demodex
- Slightly more common in females: Rosacea
- May have concurrent **phlyctenulosis**: Staph
For each, state which form of blepharitis is associated: **Staph, MGD, Seborrheic, Rosacea, Demodex** (some will have more than one answer)

- Primarily anterior blepharitis: **Staph; Seborrheic**
- Primarily posterior blepharitis: **MGD; Rosacea**
- 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**
- Slightly more common in females: **Rosacea**
- May have concurrent phlyctenulosis: **Staph**

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

- Primarily anterior blepharitis: **Staph; Seborrheic**
- Primarily posterior blepharitis: **MGD; Rosacea**
- 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**
- Slightly more common in females: **Rosacea**
- May have concurrent phlyctenulosis: **Staph**
- (3) Associated with corneal findings: **Staph; Rosacea; MGD**
For each, state which form of blepharitis is associated:

- Staph, MGD, Seborrheic, Rosacea, Demodex  
  (some will have more than one answer)

- Primarily anterior blepharitis: Staph; Seborrheic
- Primarily posterior blepharitis: MGD; Rosacea
- 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
- Slightly more common in females: Rosacea
- May have concurrent phlyctenulosis: Staph
- Associated with corneal findings: Staph; Rosacea; MGD
- Consider metronidazole cream/ointment as treatment:
For each, state which form of blepharitis is associated:

**Staph, MGD, Seborrheic, Rosacea, Demodex**

(some will have more than one answer)

- Primarily anterior blepharitis: **Staph; Seborrheic**
- Primarily posterior blepharitis: **MGD; Rosacea**
- Can be obstructive or nonobstructive: **MGD**
- Characterized by excess sebum secretion: **Rosacea**
- Treat concurrent scalp disease: **Seborrheic**
- Scurf are **hard**: **Staph**
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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**
- Associated with corneal findings: **Staph; Rosacea; MGD**
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For each, state which form of blepharitis is associated: **Staph, MGD, Seborrheic, Rosacea, Demodex**
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- Primarily anterior blepharitis: *Staph; Seborrheic*
- Primarily posterior blepharitis: *MGD; Rosacea*
- 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*
- Slightly more common in females: *Rosacea*
- May have concurrent phlyctenulosis: *Staph*
- Associated with corneal findings: *Staph; Rosacea; MGD*
- Consider metronidazole cream/ointment as treatment: *Rosacea*
- May have lid margin ulcers:
Primarily anterior blepharitis: Staph; Seborrheic
Primarily posterior blepharitis: MGD; Rosacea
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
Slightly more common in females: Rosacea
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
For each, state which form of blepharitis is associated:

**Staph, MGD, Seborrheic, Rosacea, Demodex**

(some will have more than one answer)

- Primarily anterior blepharitis: Staph; Seborrheic
- Primarily posterior blepharitis: MGD; Rosacea
- 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
- Slightly more common in females: Rosacea
- 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

(2)

- Recurrent chalazia common:
A

For each, state which form of blepharitis is associated:

*Staph, MGD, Seborrheic, Rosacea, Demodex*

(some will have more than one answer)

- Primarily anterior blepharitis: *Staph; Seborrheic*
- Primarily posterior blepharitis: *MGD; Rosacea*
- 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*
- Slightly more common in females: *Rosacea*
- 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*

(2)

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

- Primarily anterior blepharitis: Staph; Seborrheic
- Primarily posterior blepharitis: MGD; Rosacea
- 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
- Slightly more common in females: Rosacea
- 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

(2) Conditions other than MGD that may have MGD as a component:
For each, state which form of blepharitis is associated: Staph, MGD, Seborrheic, Rosacea, Demodex (some will have more than one answer)

- Primarily anterior blepharitis: Staph; Seborrheic
- Primarily posterior blepharitis: MGD; Rosacea
- Can be obstructive or nonobstructive: MGD
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(2) Conditions other than MGD that may have MGD as a component: Rosacea; Seborrheic
Q

For each, state which form of blepharitis is associated:
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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, Seborrheic
- Symptoms usually worse in the AM:
For each, state which form of blepharitis is associated: Staph, MGD, Seborrheic, Rosacea, Demodex (some will have more than one answer)

- Primarily anterior blepharitis: Staph; Seborrheic
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For each, state which form of blepharitis is associated: 
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- **Symptoms usually worse in the AM: Staph**

*Why is Staph blepharitis worse in the morning?*
For each, state which form of blepharitis is associated:

- Staph, MGD, Seborrheic, Rosacea, Demodex
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- Primarily anterior blepharitis: Staph; Seborrheic
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- 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?
Because crusty material accumulates on the lid margin overnight, and is subsequently dumped onto the ocular surface upon awakening.
For each, state which form of blepharitis is associated:

**Staph, MGD, Seborrheic, Rosacea, Demodex**

(some will have more than one answer)

- Primarily anterior blepharitis: Staph; Seborrheic
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- Treat concurrent scalp disease: Seborrheic
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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
- Facial flush, especially with caffeine/EtOH intake:
For each, state which form of blepharitis is associated: Staph, MGD, Seborrheic, Rosacea, Demodex (some will have more than one answer)

- Primarily anterior blepharitis: Staph; Seborrheic
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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
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For each, state which form of blepharitis is associated: 

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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; Seborrheic
- Symptoms usually worse in the AM: Staph
- Facial flush, especially with caffeine/EtOH intake: Rosacea
- Scurf are greasy:
For each, state which form of blepharitis is associated: Staph, MGD, Seborrheic, Rosacea, Demodex (some will have more than one answer)

- Primarily anterior blepharitis: Staph; Seborrheic
- Primarily posterior blepharitis: MGD; Rosacea
- Can be obstructive or nonobstructive: MGD
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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; Seborrheic
- Symptoms usually worse in the AM: Staph
- Facial flush, especially with caffeine/EtOH intake: Rosacea
- Scurf are greasy: Seborrheic
For each, state which form of blepharitis is associated: 

*Staph, MGD, Seborrheic, Rosacea, Demodex*

(some will have more than one answer)

- Primarily anterior blepharitis: *Staph; Seborrheic*
- Primarily posterior blepharitis: *MGD; Rosacea*
- Can be obstructive or nonobstructive: *MGD*
- Characterized by excess sebum secretion: *Rosacea*
- Treat concurrent scalp disease: *Seborrheic*
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- May require PO doxy: *MGD; Seborrheic; Rosacea*
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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*
- Facial flush, especially with caffeine/EtOH intake: *Rosacea*
- Scurf are *greasy*: *Seborrheic*
- Corneal pannus can occur:
For each, state which form of blepharitis is associated: Staph, MGD, Seborrheic, Rosacea, Demodex
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- Primarily anterior blepharitis: Staph; Seborrheic
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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; Seborrheic
- Symptoms usually worse in the AM: Staph
- Facial flush, especially with caffeine/EtOH intake: Rosacea
- Scurf are **greasy**: Seborrheic
(2) Corneal pannus can occur: MGD; Rosacea
For each, state which form of blepharitis is associated:  
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- 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
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- Corneal pannus can occur: MGD; Rosacea
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For each, state which form of blepharitis is associated: **Staph, MGD, Seborrheic, Rosacea, Demodex**
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- Primarily anterior blepharitis: **Staph; Seborrheic**
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- Can be obstructive or nonobstructive: **MGD**
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- Scurf are **hard**: **Staph**
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- 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**
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We have classified seborrheic blepharitis as an anterior blepharitis, but MGD can be a component. How does MGD in seborrheic dz differ from that of rosacea?
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Doxycycline is often used to treat MGD.
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Doxycycline is often used to treat MGD.

**Side effects of doxy?**

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**Doxycycline** is often used to treat MGD.

**Side effects of doxy?**

--- Photosensitivity: patients should avoid prolonged exposure to sun.
--- GI upset: diarrhea is common.
--- and the classic eye-related side effect: pseudotumor cerebri—a headache…
We have classified seborrheic blepharitis as an anterior blepharitis, but MGD can be a component. How does MGD in seborrheic dz differ from that of rosacea? Seborrheic MGD tends to be nonobstructive—in fact, meibum production is usually increased. In contrast, MGD in rosacea is usually obstructive.

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Doxycycline is often used to treat MGD. How does it work?
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- Doxycycline is often used to treat MGD. How does it work? Doxy normalizes meibum production by blocking bacterial lipase activity. It also protects the ocular surface by inhibiting something-something-ase activity.
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Doxycycline is often used to treat MGD. How does it work? Doxy normalizes meibum production by blocking bacterial lipase activity. It also protects the ocular surface by inhibiting matrix metalloprotease (MMP) activity. Its antibiotic effects are probably only minimally contributory.
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Why treat MGD with warm compresses?
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Why treat MGD with warm compresses? The goal is to increase ambient lid temperature sufficient to surpass the melting point of the altered MG lipids, thereby breaking the MGD vicious cycle.
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Why treat MGD with warm compresses? The goal is to increase ambient lid temperature sufficient to surpass the melting point of the altered MG lipids, thereby breaking the MGD vicious cycle of:

- altered lipids $\rightarrow$ this happens first
- then this happens
- and finally, this
- altered lipids
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Why treat MGD with warm compresses? The goal is to increase ambient lid temperature sufficient to surpass the melting point of the altered MG lipids, thereby breaking the MGD vicious cycle of: altered lipids → plugging of the MG orifi → then this happens → and finally, this → altered lipids
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Why treat MGD with warm compresses? The goal is to increase ambient lid temperature sufficient to surpass the melting point of the altered MG lipids, thereby breaking the MGD vicious cycle of:

altered lipids $\rightarrow$ plugging of the MG orifi $\rightarrow$ stasis of lipid in the MGs $\rightarrow$ and finally, this $\rightarrow$ altered lipids
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Why treat MGD with warm compresses? The goal is to increase ambient lid temperature sufficient to surpass the melting point of the altered MG lipids, thereby breaking the MGD vicious cycle of:

altered lipids → plugging of the MG orifi → stasis of lipid in the MGs → enhanced bacterial colonization and overgrowth within MGs → altered lipids