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Letters



Comments on Chalazion

I enjoyed your thorough review of chalazion ("Chalazion Management: Evidence and Questions," Pearls, September). After more than 25 years as an ophthalmic plastic subspecialist, I have a few empiric comments.

1. Every "chalazion" I have seen that ultimately proved to be a neoplasm

was atypical in appearance (and I often suspected basal cell carcinoma or the like upon initial presentation). Routine pathology on routine chalazia is the one lesion, in my practice, that has had a 0% yield (over the course of many hundreds of cases, over many years). As the authors point out, biopsy/pathology is very important for any "suspicious" chalazion.

2. The authors quote an approximately 87% success rate for chalazia incision and curettage (I&C). In a referral practice, the large percentage of chalazia I&C "failures" I see are due to residual inflammatory material (arising within the tarsal plate/meibomian glands) that has migrated anteriorly into the subcutaneous tissues. When a patient presents primarily with this type of multiplanar chalazion, I routinely combine an internal incision and drainage (I&D) with a small external horizontally oriented pretarsal skin incision to perform a concomitant external I&D. These combined incisions all heal very well and yield a success rate of over 87%.

3. Some chalazia are largely soft and gelatinous, while others are more than 75% thick and solid. In these latter cases, I routinely per-

form (with sharp Westcott scissors) careful excision of much of the chalazion pseudo-

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capsule. This is a common finding in many chronic nonresolving chalazia (i.e., present for greater than 6 months' duration), such that a very thick, exuberant pseudocapsule is quite typical. I do not usually use corticosteroid injections, and generally reserve this for chronic, red lid margin inflammation and chronic granulation tissue that would be difficult (or harmful) to excise.

I congratulate the authors on comprehensively summarizing the topic of chalazion, and respectfully submit my additional thoughts on this topic.

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