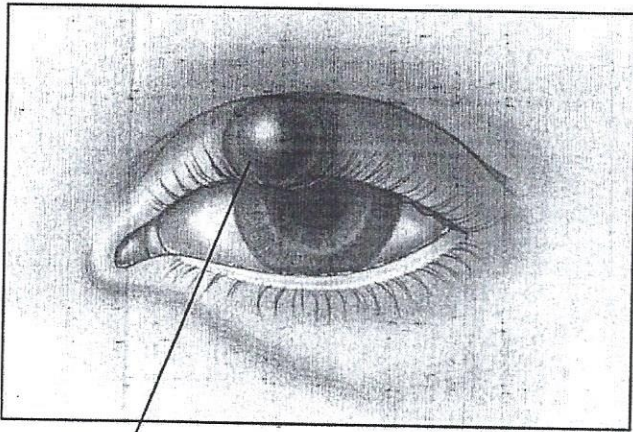


Chalazion

The term chalazion (pronounced kuh-LAY-zee-un) comes from a Greek word meaning small lump.

A chalazion is an enlargement of an oil producing gland in the eyelid called the meibomian gland. It forms when the gland opening becomes clogged with oil secretions. It is not caused by an infection from bacteria and it is not cancerous.



A chalazion is an enlargement of an oil-producing gland in the eyelid.

What is the difference between a chalazion and a sty?

A chalazion is sometimes confused with a sty, which also appears as a lump on the eyelid. A sty is a red, sore lump near the edge of the eyelid caused by an infected eyelash follicle.

Initially, a chalazion may resemble a sty, but it usually grows larger, sometimes as large as a pea. Chalazia also tend to develop farther from the edge of the eyelid than styes.

How is a chalazion treated?

About 25% of chalazia have no symptoms and will disappear without any treatment. Sometimes, however, a chalazion may become red, swollen and tender. A larger chalazion may also cause blurred vision by distorting the shape of the eye. Occasionally, a chalazion can cause the entire eyelid to swell suddenly.

Symptoms are treated with one or more of the following methods:

Warm compresses. Warm compresses help to clear the clogged gland. Soak a clean washcloth in hot water and apply the cloth to the lid for 10 -15 minutes, three or four times a day until the chalazion is gone. You should repeatedly soak the cloth in hot water to maintain adequate heat.

Antibiotic ointments. An antibiotic ointment may be prescribed if bacteria infect the chalazion.

Steroid injections. A steroid (cortisone) injection is sometimes used to reduce inflammation of a chalazion.

Surgical removal. If a large chalazion does not respond to other treatments and/or affects vision, your ophthalmologist (Eye M.D.) may drain it surgically. The procedure is usually performed under local anesthesia in your ophthalmologist's office.

A chalazion usually responds well to treatment, although some people are prone to recurrences. If a chalazion recurs in the same place, your ophthalmologist may suggest a biopsy to rule out more serious problems.