Daily red eye & eyelid lesions

Inflammation and tumours

- 2-5% GP consultations ophthalmic in nature
- Red eye most common Ophthalmic presentation
- 70% of primary care red eye consist of:
 - Bacterial, viral and allergic conjunctivitis
 - Episcleritis
 - Subconjunctival haemorrhage

Other causes of red eye

- Keratitis
- Scleritis
- Acute glaucoma
- Foreign body trauma
- Chemical burns
- Orbital cellulitis

- 16-36% of diagnoses are accurate
- 12% of misdiagnosed have adverse outcomes

- After death, loss of vision is feared more than any other long term health condition
- A cause of depression
- Two thirds of working age are unemployed

NICE 'Red Eye' Clinical Knowledge Summary

- Doctor must always document the history and findings including negative findings of:
 - Visual acuity
 - Pain
 - Photophobia
 - Unilateral or bilateral
- If any red flag is present then a same day specialist referral should be made

- Refer any person with a red eye who wears contact lenses urgently to ophthalmology to exclude corneal ulcer.
- Refer any person with a high-velocity injury immediately to the emergency eye service. Imaging of the orbit is needed to check for intraocular foreign body.
- For people with chemical eye injury immediately irrigate the eye with water or 0.9% saline, and arrange urgent transfer for ophthalmology assessment.
- Refer any serious, and potentially sight-threatening case

Bacterial conjunctivitis

Visual acuity - normal



- Pain discomfort, no pain on eye movement
- Photophobia none
- Unilateral or bilateral unilateral then bilateral

Viral conjunctivitis





- Pain discomfort, no pain on eye movement
- Photophobia none
- Unilateral or bilateral bilateral

Allergic conjunctivitis

Visual acuity - normal



- Pain discomfort, no pain on eye movement
- Photophobia none
- Unilateral or bilateral bilateral (unilateral gardeners)

Episcleritis

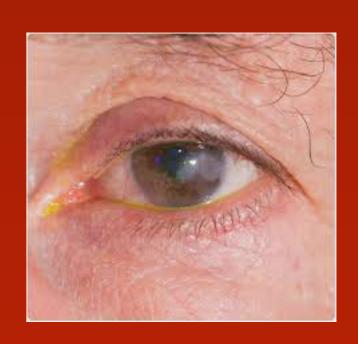
Visual acuity - normal



- Pain discomfort, no pain on eye movement
- Photophobia none
- Unilateral or bilateral unilateral

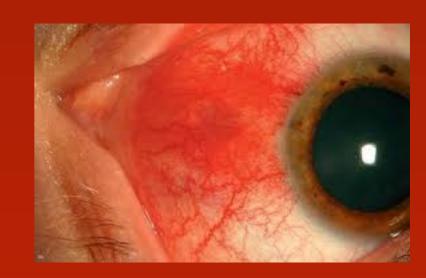
Keratitis

- Visual acuity normal or reduced
- Pain painful (or painless)
- Photophobia yes
- Unilateral or bilateral unilateral



Scleritis

- Visual acuity normal or reduced
- Pain painful cannot sleep
- Photophobia occasional
- Unilateral or bilateral unilateral



Clinical

Episcleritis

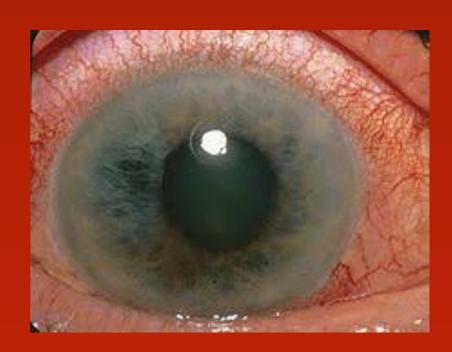
- Abrupt -Days to weeks . Insidious over
- · Redness without irritation
- Mild ocular discomfort -Burning, FB sensation, irritation
- Localized

Scleritis

- several days
- Pain, tenderness to palpation, radiate
- Worse at night+awake

Acute glaucoma

- Visual acuity reduced
- Pain painful
- Photophobia no
- Unilateral or bilateral unilateral



Foreign body trauma

- Visual acuity normal or reduced
- Pain painful
- Photophobia occasional
- Unilateral or bilateral unilateral



Orbital cellulitis

- Visual acuity normal or reduced
- Pain painful
- Photophobia no
- Unilateral or bilateral unilateral



Eyelid inflammation - blepharitis

- Inflammation of the lid margin (crusting/redness)
- Causes 'gritty' sensation
- Associated with styes and chalazia
- Improvement with warm compresses/lid hygeien/ artificial tears

Blepharitis types

- Anterior
- Posterior

Anterior blepharitis

- Scales on eyelashes
- Hyperaemic lid margin
- Commonly caused by bacteria



Posterior blepharitis

- Involves meibomianglands poster lidmargin
- Problems with oil glands in eyelid



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Eyelid lumps

Stye/External Hordeolum

- Painful tender red bump at the base of an eyelash
- Due to infected hair follicle at the base of an eyelash
- Most cases self limiting



Stye/External hordeolum

Internal hordeolum

- Abscess of meibomian gland
- Painful
- May respond to hot flannels
- Incision may be necessary



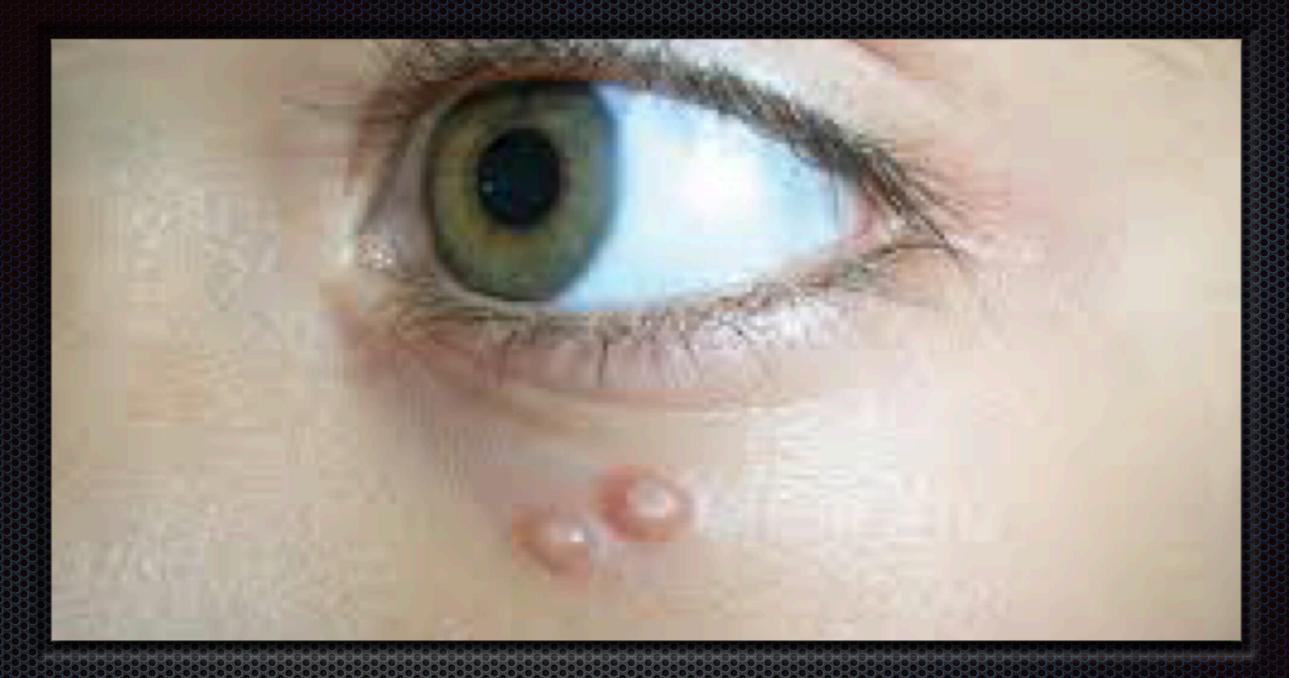
Chalazion

- Granuloma within the tarsal plate due to obstructed meibomian gland
- Painless
- May resolve with hot flannels
- Surgery after 6 months



Molluscum contagiosa

- Pox virus infection of skin and mucous membranes
- Umbilicated lesion on lid margin
- Can cause constant unilateral conjunctivitis
- Requires referral for excision



Molluscum

Xanthelasma

- Lipid containing lesions
- Hyperlipidaemiaassociation checklipids
- No longer for NHS removal

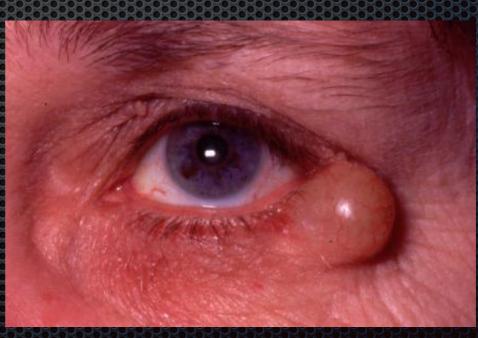


Eyelid cysts

Cyst of Moll

- Benign adenoma of the sweat glands
- Hidrocystomas may require surgical excision if interferes with vision





Cyst of Zeiss

- Arise from glands of Zeiss
- Oilyy sebaceous material



Sebaceous cyst

Intradermal creamy plaques



Bengin tumours

Papilloma

- Common in middle aged and elderly
- Form secondary to pox virus
- Shaved if persistent



Actinic keratosis

- Premalignant squamous lesion
- Develops in pre exposed sun areas
- More common in lower lid
- Refer to exclude malignancy



Naevi

Refer if cornea, caruncle or palpebral conjunctiva involved





Keratoacanthoma

- Low grade skin tumour
- Resembles squamous cell carcinoma
- Promt definitive surgery recommended



Haemangioma

- Strawberry naevus
- Ptosis
- Astigmatism
- Propanolol
- Cardiac failure



Malignant eyelid tumours

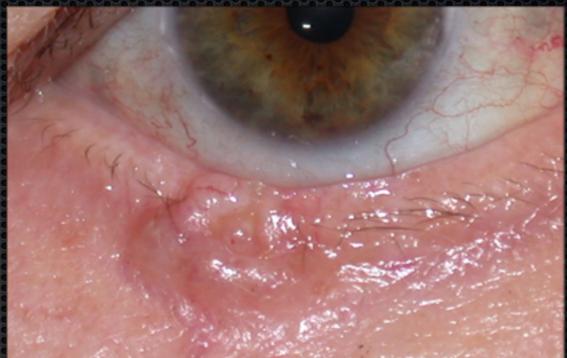
Basal cell carcinoma Squamous cell carcinoma Melanoma

Kapsi sarcoma

Basal cell carcinoma

- Most common eyelid malignant
- Most common on lower eyelid and medial cants
- Pearly lacerating lesion
- Treated with surgery, cryotherapy, radiation, topical therapy







Squamous cell carcinoma

- Metastatic potential
- De novo or from actinic keratosis
- Bowens disease
- Less common than BCC



Thyroid eye disease

- Eyelid retraction
- Proptosis
- Painful red eyes
- Double vision
- Reduction in vision







Quick overview of eyelid lumps and bumps Some guidance on what not to refer Guidance on what to refer

Any concerns - ahmad.aziz@nhs.net