
ABOUT YOUR DIAGNOSIS

Chalazia and hordeolums are lesions that occur in the eyelid and are commonly referred to as a “stye.” These occur when oil glands in the eyelid become clogged, creating a lump or pustule similar to a boil in the skin. These are quite common, and patients will often have multiple chalazia/hordeolums during a several-month period. There are a number of treatments for chalazia and hordeolums, and they can virtually always be eliminated.

LIVING WITH YOUR DIAGNOSIS

The signs and symptoms of a chalazion/ hordeolum are a painful, swollen lump in the eyelid. After this has been present for some time, the pain may decrease and patients will still be left with a rubbery-to-firm lump in the lid. The chalazion/ hordeolum can cause local pain in the eyelid, pus on the eyeball, and distorted vision. In addition, these lumps are often cosmetically unappealing.

TREATMENT

Approximately 80% of chalazia/hordeolums will resolve during a 4- to 6-week period when treated just with warm compresses. If there is just a small, isolated lump and the rest of the eyelid is normal, antibiotic drops and ointments are not necessary to treat these lid lesions. If, however, the entire lid becomes inflamed, it may be necessary to use antibiotics. If the chalazion/hordeolum does not resolve with warm compresses, it can be treated with a steroid injection. This will often allow the swelling to resolve during the next several weeks. In African Americans and individuals with darkly pigmented skin, the steroid injection can cause abnormal lightening of the skin and therefore is often contraindicated. If the chalazion/hordeolum does not go away with conservative treatment, then surgical excision can be performed. This is a brief in-office procedure that can be done under local anesthesia.

THE DOS

Warm compresses are the mainstay of treatment for this condition. The more patients use these, the greater the chance that the lid bumps will go away on their own. To apply the warm compress, patients should take a washcloth and run it under warm water. The cloth is then applied for 5–10 minutes. It is best to avoid using very hot water because this can irritate the sensitive skin around the eye. The water should just be warm enough so it is comfortable. Patients can apply these compresses four or five times a day or even more frequently.

THE DO NOTS

Patients should avoid directly squeezing or manipulating the lid lesions because this can cause greater irritation.

WHEN TO CALL YOUR DOCTOR

You should call your doctor if the lesions appear to be increasing in size, if pain from the lesions is worsening, or if the entire eyelid and surrounding skin are becoming red. In addition, if the lid lesions do not resolve with conservative treatment during a 4- to 6-week period, then they are unlikely to go away on their own. At this point, either a steroid injection and/or excision could be considered.

ADDITIONAL NOTES:
