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Course Title: *Eyelid and Orbital Disease for the Optometrist: Clinical Evaluation, Treatment, and Referral Management*

I. Introduction and Clinical Relevance (5 minutes)

A. The Role of the Optometrist in Oculoplastic Disease

- Frequency of eyelid and periocular complaints in primary eye care
- Importance of early recognition and triage
- Impact of delayed diagnosis on visual outcomes and systemic morbidity

Discussion:

- Common referral patterns and diagnostic challenges in community optometric practice

II. Eyelid Lesions: Diagnosis, Treatment, and Referral (20 minutes)

A. Initial Evaluation of Eyelid Lesions

1. Key History Elements

- Duration and rate of growth
- Prior treatment response
- Recurrence history
- Pain, bleeding, crusting, lash loss

2. Clinical Examination

- External inspection
- Slit lamp evaluation
- Eyelid architecture assessment
- Lash integrity
- Margin distortion
- Vascular abnormalities

B. Common Benign Eyelid Lesions

1. Chalazion

Pathophysiology

- Meibomian gland obstruction and granulomatous inflammation

Clinical Features

- Firm, painless nodule
- Typically localized away from lash line

Conservative Management

- Warm compresses
- Lid massage
- Lid hygiene
- Topical antibiotic/steroid combinations when indicated

Indications for Referral

- Persistence after conservative therapy
- Recurrent lesions
- Atypical appearance

2. Hordeolum

Clinical Features

- Acute tenderness
- Erythema and edema

Initial Treatment

- Warm compresses
- Topical antibiotic ointment when indicated

Referral Considerations

- Preseptal cellulitis concern
- Failure to improve

3. Benign Lesions Commonly Seen in Optometric Practice

- Papilloma
- Seborrheic keratosis
- Inclusion cyst
- Nevus

Discussion of:

- Typical appearance
- Observation vs referral

C. Malignant Eyelid Lesions

1. Basal Cell Carcinoma

Epidemiology

- Most common eyelid malignancy

Clinical Features

- Pearly rolled borders
- Central ulceration
- Telangiectasia

Common Locations

- Lower eyelid
- Medial canthus

2. Squamous Cell Carcinoma

Clinical Features

- Hyperkeratotic lesion
- Irregular borders
- Rapid progression

Clinical Importance

- Greater invasive potential than basal cell carcinoma

3. Sebaceous Carcinoma

Importance

- Frequently missed diagnosis

Common Presentations

- Recurrent chalazion
- Chronic unilateral blepharitis
- Diffuse eyelid thickening

High-Risk Features

- Madarosis
- Multifocal appearance
- Persistent inflammation despite therapy

D. Clinical Red Flags Suggesting Malignancy

- Recurrent lesion in same location
- Loss of eyelashes
- Distortion of eyelid architecture
- Ulceration or bleeding
- Persistent unilateral inflammation

- Poor response to standard treatment

E. Biopsy and Referral Considerations

- Timing of referral
- Importance of not delaying suspicious lesions
- Communication with oculoplastic specialists

F. Case-Based Discussion

Clinical image:

- Recurrent upper lid “chalazion”

Discussion:

- Diagnostic delay in sebaceous carcinoma
- Management pearls for optometric practice

III. Ptosis: Clinical Evaluation and Management (10 minutes)

A. Classification of Ptosis

1. Aponeurotic Ptosis

- Age-related levator dehiscence
- High eyelid crease
- Good levator function

2. Mechanical Ptosis

- Eyelid masses
- Dermatochalasis
- Edema

3. Neurogenic Ptosis

Third Cranial Nerve Palsy

- Ptosis with ophthalmoplegia
- Possible pupillary involvement

Horner Syndrome

- Mild ptosis
- Ipsilateral miosis

4. Myogenic Ptosis

Myasthenia Gravis

- Variability throughout the day
- Fatigability
- Diplopia

B. Clinical Examination

- Margin reflex distance (MRD1)
- Levator function testing
- Pupillary examination
- Extraocular motility testing
- Evaluation for variability

C. Office-Based Evaluation Pearls

“What can be done in 60 seconds?”

- Compare pupils
- Check motility
- Review old photos
- Assess variability

D. Indications for Imaging or Urgent Referral

- Acute onset ptosis
- Ptosis associated with diplopia

- Pupillary abnormalities
- Associated headache or pain

E. Case-Based Discussion

Patient with unilateral ptosis and diplopia

Discussion:

- Distinguishing emergent from non-emergent causes

IV. Epiphora: Evaluation and Treatment (12 minutes)

A. Overview of Lacrimal Anatomy

- Tear production
- Punctal drainage
- Nasolacrimal drainage system

B. Differential Diagnosis of Epiphora

1. Ocular Surface Disease

Reflex Tearing

- Dry eye disease
- Blepharitis
- Exposure

Clinical Features

- Fluctuating tearing
- Burning and irritation

2. Nasolacrimal Duct Obstruction

Clinical Features

- Constant tearing
- Elevated tear lake
- Recurrent discharge

3. Eyelid Malposition

- Ectropion
- Entropion
- Punctal eversion

C. Office-Based Evaluation

- Dye disappearance testing
- Tear lake assessment
- Punctal examination
- Eyelid position evaluation

D. Initial Treatment Strategies

Ocular Surface Disease

- Artificial tears
- Lid hygiene
- Anti-inflammatory therapy when indicated

Blepharitis Management

- Warm compresses
- Lid scrubs

E. Indications for Referral

- Persistent tearing despite treatment
- Suspicion of nasolacrimal obstruction
- Structural eyelid abnormalities

F. Case-Based Discussion

Patient with chronic tearing and elevated tear lake

Discussion:

- Differentiating ocular surface disease from obstruction

V. Orbital Disease: Recognition and Emergent Management (8 minutes)

A. Clinical Signs Suggesting Orbital Disease

- Proptosis
- Diplopia
- Pain with eye movement
- Vision changes
- Resistance to retropulsion

B. Differential Diagnosis

1. Orbital Cellulitis

Clinical Features

- Fever
- Painful ophthalmoplegia
- Decreased vision

Management Principles

- Emergent referral
- Need for imaging and IV antibiotics

2. Idiopathic Orbital Inflammation

Clinical Features

- Painful orbital swelling
- Diplopia

3. Orbital Tumors

Clinical Features

- Progressive painless proptosis
- Globe displacement

C. Imaging Considerations

- When CT imaging is preferred
- Role of MRI in orbital disease

D. Emergent Referral Criteria

- Vision loss
- Rapid onset proptosis
- Painful ophthalmoplegia
- Suspected orbital infection

E. Case-Based Discussion

Painful unilateral proptosis

Discussion:

- Emergency management principles

VI. Referral Management and Co-Management (3 minutes)

A. Conditions Requiring Urgent Referral

- Suspected malignancy
- Neurogenic ptosis
- Orbital disease
- Vision-threatening conditions

B. Routine Referral Conditions

- Dermatochalasis
- Benign lesions

- Chronic tearing

C. Communication Pearls

- Key clinical details to include in referrals
- Setting patient expectations regarding urgency

VII. Summary and Key Clinical Pearls (2 minutes)

- Recurrent lesions require further evaluation
- Ptosis with diplopia is never routine
- Most tearing is ocular surface related, but persistent tearing warrants further workup
- Painful proptosis is an emergency until proven otherwise
- Early referral improves outcomes