

# Chronic blepharitis

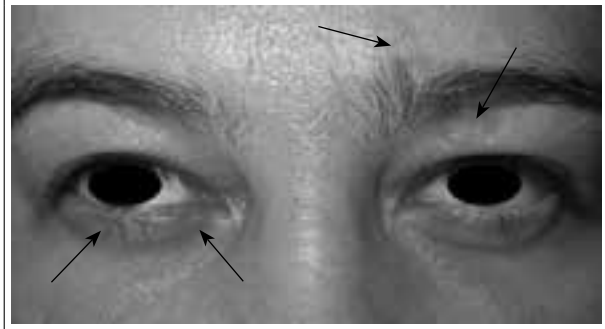
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## CASE REPORT

A 35-year-old woman sought medical advice for an asymptomatic lesion of the lower right eyelid, which had been present for one year and was refractory to topical antifungals and antibiotics, and dermocorticosteroids. The lesion involved the whole eyelid, was erythematous, oedematous, and atrophic at its inner part (*figure 1*). She also reported other cutaneous lesions including one erythematous lesion with an atrophic centre on the upper left eyelid, and one smooth erythematous plaque above the left eyebrow, which had developed three months previously (*figure 1*). Physical examination was otherwise unremarkable. Routine blood examination including blood cell count, serum creatinine, urinalysis, and liver function tests were normal or negative.

**Figure 1.** Erythematous oedema of the whole lower right eyelid with atrophy at the inner part, an annular lesion with an atrophic centre below the left eyebrow related to discoid lupus erythematosus, and erythematous oedematous plaque above the left eyebrow due to lupus erythematosus tumidus



## WHAT IS YOUR DIAGNOSIS?

See page 263 for the answer to this photo quiz.

## DIAGNOSIS

The diagnosis of lupus blepharitis was suggested clinically because of the typical skin lesions of discoid lupus erythematosus (LE) involving the upper left eyelid and of LE tumidus of the forehead, both confirmed by cutaneous biopsy. The search for antinuclear, anti-DNA, anti-extractable nuclear antigen antibodies was negative. Topical tacrolimus was ineffective, but hydroxychloroquine resulted in a dramatic improvement in all the lesions within three months.

Blepharitis is an inflammatory condition of the eyelid margin, anatomically subdivided into posterior and anterior variants. Posterior blepharitis is related to dysfunction of the meibomian glands.<sup>1</sup> Common causes of anterior blepharitis, involving the lashes and associated oil glands, are infections and inflammatory conditions (e.g. rosacea, psoriasis, atopic dermatitis).<sup>1</sup>

Chronic cutaneous LE is subdivided into different entities including discoid LE and LE tumidus mainly on sun-exposed areas, which may be associated with or develop organ and system involvement.<sup>2</sup> Discoid LE is the most common form of chronic cutaneous LE, characterised by erythematous, scaly, atrophic or oedematous lesions located primarily in sun-exposed areas, including the scalp, face, ears, and arms. Skin biopsy shows a hyperkeratotic or atrophic epidermis depending on the stage of the disease, vacuolar alteration of the basal layer, and a superficial and deep, perivascular and periadnexal lymphocytic infiltrate. Involvement of the eyelid with a

predilection for the external and inferior portions of the eyelid has been reported; diagnosis is often delayed.<sup>3,4</sup> LE tumidus mainly affects sun-exposed sites and is characterised by non-scarring, erythematous, swollen, urticaria-like bumps and plaques with histologically no surface changes, but dermal infiltrate in a perivascular and periadnexal distribution and abundant interstitial mucin deposition. Lupus blepharitis should therefore be considered as a possible diagnosis in chronic blepharitis refractory to medical management and eyelid hygiene. The diagnosis requires biopsy then and treatment consists of topical corticosteroids or tacrolimus, and antimalarial drugs associated with photoprotection. Early diagnosis and appropriate treatment should prevent complications such as permanent scarring, disorganisation of the mucocutaneous junction, and symblepharon formation.<sup>4</sup>

## REFERENCES

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