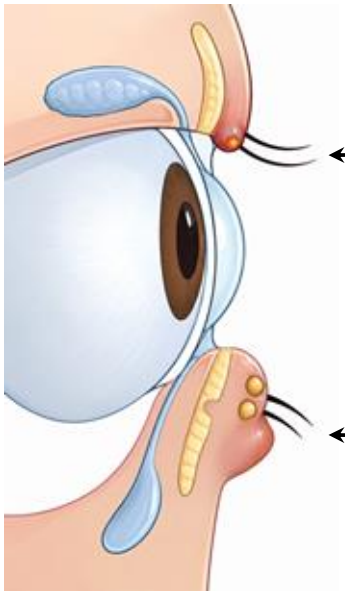
Approach to Chalazion and Stye

	CHALAZION	STYE / HORDEOLUM
Patho-physiology	Sterile obstruction of meibomian glands → lipogranuloma	Infection of: ▪ Meibomian gland (internal hordeolum) ▪ Lash follicle (external hordeolum)
Key Features	**Non-infectious** ("chill"-azion) Painless, slow growing	**Infectious** (~90% *Staph. aureus*) Acute, painful, tender
Clinical Features	▪ **Presentation:** red, swollen eyelid nodule ▪ **Risk Factors:** prior history, dry eye, blepharitis, rosacea, seborrheic dermatitis, diabetes ▪ **Diagnosis:** clinical	
Conservative	▪ **Warm Compresses:** 3-5x/day for 10-15 mins ▪ **Gentle Massage:** encourages gland opening and drainage ▪ **Lid Hygiene:** daily (lid scrubs or diluted baby shampoo) ▪ **Avoid:** squeezing/popping, eye makeup, contact lenses	
Medical Management	**Intralesional steroid injection** (triamcinolone acetonide) **Topical steroid ± antibiotic** if associated inflammation (e.g., tobramycin/dexamethasone)	**Topical antibiotics** (e.g., erythromycin ointment, tobramycin drops) **Systemic antibiotics** if severe, spreading, or refractory
Surgical	Incision and curettage	Incision and drainage



COMPLICATIONS

- **Orbital Cellulitis**
  Painful EOM, proptosis, ↓ vision, systemic symptoms (fever, lethargy)
- **Preseptal Cellulitis**
  Diffuse eyelid erythema/swelling, normal VA and EOM
- **Worsening / Refractory Lesions**
  Lesions that fail conservative management, block vision, or cause severe pain warrant ophthalmology referral

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Weilin Qiu (Medical Student, University of Alberta), Dr. Nawaaz Nathoo (Ophthalmologist, UBC) for www.pedscases.com