Clinical & Refractive Optometry is pleased to present this continuing education (CE) article by Dr. Ron Melton and Dr. Randall Thomas entitled **Contact Blepharodermatitis.** In order to obtain a 1-hour Council of Optometric Practitioner Education (COPE) approved CE credit, please refer to page 25 for complete instructions.

Contact Blepharodermatitis

Ron Melton, OD; Randall Thomas, OD

Subjective

A 34-year-old female presented with a one-week history of moderate itching and redness to the eyelids (Fig. 1). The patient had tried over-the-counter diphenhydramine (Benadryl) which had given her little relief. She had no known allergies.

Objective

- VA: OU 6/6 (20/20)
- Lids: 2+ erythema to the skin of the lower lids and slight superior involvement. Mild dryness to the affected skin tissues
- Conjunctiva, cornea uninvolved

Assessment

- Contact blepharodermatitis, etiology unknown

Plan

- Attempt to identify source of the allergen
- Prescribed treatment is to apply fluorometholone 0.1% ophthalmic ointment lightly to the affected eyelid tissues b.i.d., and then heavier at bedtime. Also continue the diphenhydramine at bedtime and cool compresses during the day if symptoms warrant
- Recheck in four days: the erythema has resolved completely (Fig. 2)

Comments: The mainstay of therapy for contact blepharodermatitis is a steroid ophthalmic ointment. Alternatives to fluorometholone ophthalmic ointment are sodium sulfacetamide/steroid combination ointments, where the sodium sulfacetamide plays no therapeutic role. However, these combinations are a good source for prednisolone, which has a moderate level of anti-inflammatory activity. Over the last few years 0.1% triamcinolone cream has

R. Melton, R. Thomas — Adjunct faculty members at the Pennsylvania, Pacific University and SUNY Colleges of Optometry; Consultants to the American Optometric Association and Fellows of the American Academy of Optometry; both are in clinical practice in North Carolina. Recipients of the Glaucoma Educators of the Year Award presented by the American Academy of Optometry.

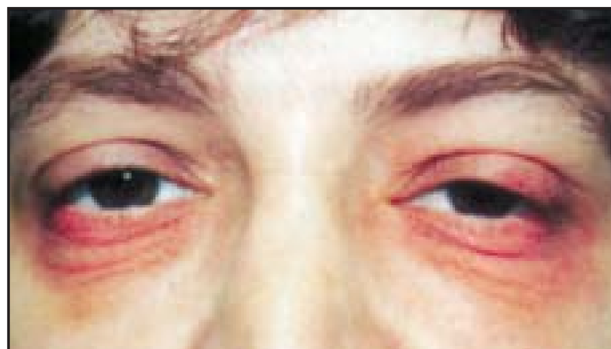

Fig. 1 This classic expression of contact blepharodermatitis has itching as its main symptomatic finding.

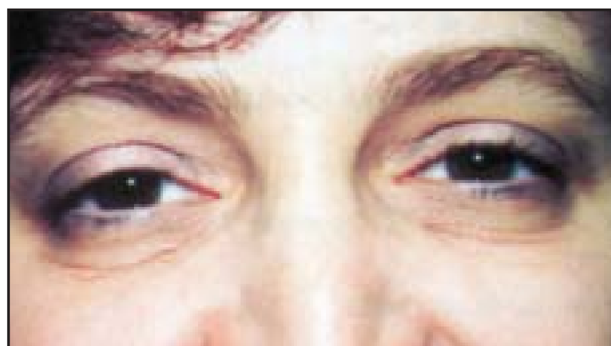

Fig. 2 A few days of topical corticosteroid therapy (usually fluorometholone ointment or 0.1% triamcinolone cream), results in rapid restoration to normal.

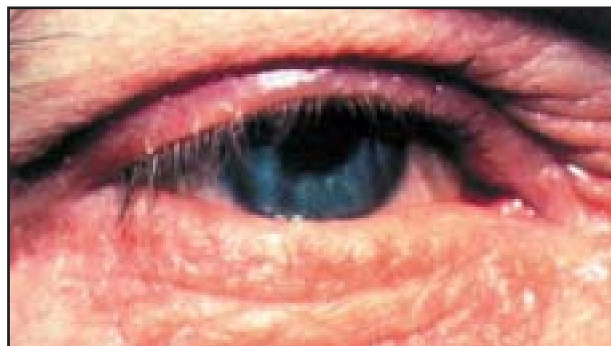

Fig. 3 This is an example of the classic neomycin type IV delayed hypersensitivity reaction, an iatrogenic contact blepharodermatitis expression.

become our most prescribed therapy for this clinical disorder. If the above regimen does not control the contact blepharodermatitis or if the reaction is severe, then systemic steroids may be necessary to gain control. In this case, a 7- to 10-day tapering course of oral prednisone starting with 30 or 40 mg would be appropriate therapy. Common contraindications to oral prednisone include a history of peptic ulcer or diabetes.

If the contact blepharodermatitis persists or becomes recurrent, then allergy testing is indicated in an attempt to determine the possible causative agent.

General Observations

- The skin of the eyelids is very delicate and any toxic substance, especially coupled with the patient's rubbing, can cause a reactive, inflammatory blepharodermatitis. The upper lids are particularly predisposed to manifesting this clinical entity. Poison oak or ivy, cosmetics, shampoos, certain ophthalmic medicines, and other chemical causes are common (Fig. 3). Chronic rubbing of the lids because of itchy, irritated skin can aggravate the condition
- Continuous weeping or drainage of ocular fluids at the lateral canthus can cause maceration of those skin tissues. This is a similar situation to contact dermatitis and can be managed similarly. It is a common expression of angular blepharitis
- In all cases, it is important to try to determine the primary cause. It is important to caution your patients against touching and rubbing the skin around the eyes, since this can further irritate these tissues
- Since these conditions represent essentially an inflammatory dermatitis, corticosteroids are the mainstay of treating the acute presentation. Cold compresses also help bring relief and resolution of the inflammation

Medical Treatment

- An assortment of ophthalmic medicines are available in ointment form that work well. The drugs below all contain 10% sodium sulfacetamide and prednisolone in various strengths. Pure prednisone is not available in ointment form. The sodium sulfacetamide plays no role in therapy
  - Blephamide 0.20% (Allergan)
  - Vasocidin 0.50% (Novartis)
  - Metimyd 0.50% (Schering)
- Generic preparations are available for all of these ointments
- Only one ointment is available as a pure ophthalmic corticosteroid
  - fluorometholone 0.1% (Allergan)
- Application two to three times lightly by day and liberally at bedtime, with tapering as resolution occurs normally brings relief in a day or two and complete healing in four to six days
- 0.1% triamcinolone cream is a non-ophthalmic, very inexpensive alternative to FML ophthalmic ointment and is our drug-of-choice in most inflammatory/allergic eyelid disorders.

Disclaimer: *Not every detail of every case is discussed, rather the key clinical findings are described. For example, if nothing is said about the corneal status, you should assume that the cornea is normal, etc. When vision is recorded, it should be assumed to be best corrected or pinholed. Regarding therapy, we show how we treated the particular case. Given that medicine is an art, as well as a science, therapy will — and often does — vary with each unique patient presentation depending on severity, known drug allergies, prior treatment, response to therapy, etc.*

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QUESTIONNAIRE

Contact Blepharodermatitis

Ron Melton, OD; Randall Thomas, OD

1. The patient presented with a recent history of:
   - ❏ dry eye
   - ❏ corneal edema
   - ❏ itching and redness of the eye
   - ❏ an allergic ocular reaction to a known allergen

2. Which one of the following is **TRUE**?
   - ❏ The patient reported significant improvement following the use of Benadryl
   - ❏ The patient had not tried Benadryl
   - ❏ The patient reported only little relief with Benadryl
   - ❏ The patient was overusing Benadryl

3. Which of the following is **TRUE**?
   - ❏ The patient had significant dryness to the affected skin tissues
   - ❏ The patient had mild dryness to the affected skin tissues
   - ❏ There was no conjunctiva involvement
   - ❏ There was no cornea involvement

4. Which of the following is **TRUE**?
   - ❏ The lower lid is particularly predisposed to manifesting blepharodermatitis
   - ❏ The upper eyelid is particularly predisposed to manifesting blepharodermatitis
   - ❏ Both the upper and lower eyelids are predisposed to manifesting blepharodermatitis
   - ❏ Neither the lower nor the upper eyelid is predisposed to manifesting blepharodermatitis

5. Which one of the following is **FALSE**?
   - ❑ Rubbing the eyelid can not cause a reactive, inflammatory blepharodermatitis
   - ❑ Rubbing the eyelids is part of the patient's subjective reporting
   - ❑ Prescribed medication can diminish the symptoms
   - ❑ The etiology of the condition was not yet determined

6. Which one of the following statements is **TRUE**?
   - ❑ The plan is to prescribe fluoromethalone
   - ❑ The plan is to increase the fluoromethalone at bedtime
   - ❑ The plan calls for the use of cool compresses during the day
   - ❑ All of the above

7. Which one of the following statements is **TRUE**?
   - ❑ The erythema resolved completely in four days
   - ❑ Cool compresses were not suggested by the practitioner
   - ❑ The erythema did not clear up for two weeks following the patient's first visit
   - ❑ The plan did not call for a determination of the etiology of the condition

8. Which one of the following statements is **FALSE**?
   - ❑ Therapy consisted of applying a steroidal ophthalmic ointment
   - ❑ Fluoromethalone ointment is not used for contact blepharodermatitis
   - ❑ Sodium sulfacetamide/steroid combination is an alternative to fluoromethalone
   - ❑ In combination sodium sulfacetamide/steroid therapy, the sulfacetamide performs no therapeutic role for the underlying inflammation

9. Which of the following statements is **TRUE**?
   - ❑ Prednisolone cream is not indicated for contact blepharodermatitis
   - ❑ Sodium sulfacetamide plays a role in therapy
   - ❑ Hot compresses bring relief and resolution of the inflammation
   - ❑ Triamcinolone cream 0.1% is the drug-of-choice in most inflammatory/allergic eyelid disorders

10. Which one of the following statements is **FALSE**?
    - ❑ Triamcinolone cream is a very expensive alternative to FML ointment
    - ❑ Continuous weeping or drainage of ocular fluids can cause maceration of the ocular skin tissues
    - ❑ If contact blephardomermatitis persists, allergy testing is indicated
    - ❑ Corticosteroids are the mainstay of treating the acute presentation of inflammatory dermatitis