Cold Bad for Blepharitis

In a study conducted by Arita et al, published in JAMA Ophthalmology, the authors show that the surface temperature in the tarsal conjunctiva is decreased in patients with obstructive meibomian gland dysfunction (MGD) and that decreased temperature in the tarsal conjunctiva may play a role in meibomian gland obstruction. In their randomized controlled study, it was shown that the mean surface temperatures of the upper and lower tarsal conjunctivae were significantly lower in patients with obstructive MGD (32.4°C [0.7°C] and 32.7°C [1.1°C], respectively) than in control subjects (34.3°C [0.6°C] and 34.3°C [0.6°C], respectively). [See invivo photo showing the eyelid temperature.] Furthermore, preliminary experiment showed decreased blood flow in eyelids of patients with obstructive MGD. They suggest that decreased conjunctival temperature increases the viscosity of the meibum and induces obstructive MGD, and impeded blood flow might lead to the decreased conjunctival temperature in patients with obstructive MGD.

The old “routine” treatment of MGD with warm compress seems very appropriate!

Oral Azithromycin for Blepharitis

A recent study by Greene et al, published in JAMA Ophthalmology 2014, evaluated the efficacy of oral azithromycin for treatment of meibomitis in patients with history of failure to other treatments. Topical azithromycin ophthalmic solution (AzaSite) has been shown to be efficacious in treating anterior and posterior blepharitis. Pulsed oral azithromycin has been reported to improve ocular signs and symptoms in patients with papulopustular rosacea. In the current study, Azithromycin was dosed as 1g orally once per week for 3 weeks. (A single 1-g oral dose results in high conjunctival tissue and tear fluid concentrations that persist for at least 14 days.) 75% of patients reported symptomatic improvement at follow up appointments. This study supports oral azithromycin as being efficacious in treating symptomatic meibomitis, particularly in patients who have had failure of other commonly prescribed interventions.

I have personally used this regimen in patients with moderate to severe blepharitis with excellent results.

Plastic surgery boosts happiness, self-esteem for those “without unreasonable expectations”.

In a new European study, researchers found that post-op, plastic surgery patients generally report a boost in self-confidence and enjoyment of life. Researchers from Ruhr Universitat and the University of Basel examined the psychological effects of plastic surgery on nearly 550 patients (87% female). They compared 544 first-time surgery patients with two other groups; people from who had previously wanted plastic surgery and then decided against it and 1,000 people from the general population who said they had never been interested in such operations. Preoperatively researchers saw no significant difference among the groups in terms of life satisfaction and depressiveness. Only 12% of the respondents who opted for plastic surgery expected it to do the impossible -- to solve their problems or to transform them into a new person.

In this study, the psychologists tested the patients before surgery, as well as 3, 6 and 12 months afterwards. Compared to those who had chosen not to have plastic surgery, the patients who opted for surgery “felt healthier, were less anxious, had developed more self-esteem and found the operated body feature in particular, but also their body as a whole, more attractive,” the researchers wrote. “No adverse effects were observed.”

The researchers concluded that plastic surgery patients feel better about themselves after surgery; specifically in those patients without “unreasonable expectations” prior to surgery. Reference: Journal of Clinic Psychological Science