

SUMMARY

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The first part of this thesis begins with a chapter on the anatomy of the lid margin followed by a review of ophthalmic literature as regards classification of blepharitis, normal and pathogenic flora of the lid margin and conjunctiva, aetiology of different types of blepharitis, pathology, clinical picture, complications and treatment of blepharitis.

The second part of this thesis includes a clinical study of 130 patients suffering from blepharitis and 100 controls attending the ophthalmic out patient clinic of Benha University Hospital.

The study includes full history, routine ophthalmic examination starting with eye lids as regarding swelling, scales, crusts, ulcers and meibomian gland orificed.

Examination of the conjunctiva was also done for discharge, cornea for punctate staining and lacrimal sac for regurgitation.

Visual acuity and refraction were done for all cases and controls.

130 patients included in the study were classified clinically into 5 main groups, and they were found to be :

- 29 cases with seborrhoeic blepharitis
- 19 cases with ulcerative blepharitis
- 58 cases with mixed blepharitis
- 24 cases with angular blepharitis
- and cases due to other causes were 0.

Bacterial study was done for all the cases and controls including collection of samples from the lid margin by cotton wiled swabs and inoculation of the material on plates of nutrient agar, blood agar and Mac Conkey's agar. Culture was done for 48 hours.

Identification of the organisms was done by :

- * examination of their colonies as regarding morphology, size, pigment production and hemolysis on blood agar.
- * gram stained film.
- * different fermentation and biochemical reactions.

In vitro antibiotic sensitivity tests were done for staphylococcus aureus, Moraxella and streptococcal isolates. Fungal study for all cases and controls was done including collection of lid margin specimens and inoculation in plates containing sabouraud's dextrose agar and identification of colonies under the microscope.

The study includes also a comparison between the efficacy of selenium compounds and hydrocortisone in the treatment of seborrhoeic blepharitis.

The study revealed that mixed seborrhoeic staphylococcal blepharitis is the commonest type 44.6% of all cases studied, and patients with seborrhoeic blepharitis represented 22.3%.

The study showed that blepharitis is prevalent among children and adolescents. 58.5% of patients were under the age of 20 years. 30.8% were under the age 10 years and 27.7% were between the age of (10-<20) years.

As regarding sex distribution there is no predominance of either sex 47.7% in males and 52.3% in females.

The study also showed that dust chemical fumes are important predisposing causes of blepharitis.

The study reveals that no significant difference between cases and controls as regarding refractive errors.

The study shows high percentage of staphylococcus aureus isolation from cases with ulcerative blepharitis 36.8% and high incidence of moraxella isolation from cases with angular blepharitis 29.2%.

The overall frequency of moraxella isolation is high compared with controls 29.2% in patients, 16% in controls.

From the study it appears that there is no detectable difference in fungus isolation from both patients and

controls, and there is no one case of blepharitis due to peduculosis.

From the antibiotic sensitivity tests it appears that staphylococcus aureus is highly sensitive to bacitricin and moraxella is highly sensitive to both tetracycline and chloramphenicol.

The study also shows that Selenium compounds proved to be superior to steroids in the treatment of seborrhoeic blepharitis.