

INTRODUCTION

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Blepharitis means a subacute or chronic inflammation of the lid margins (Duke Elder, 1974).

Blepharitis is a common ocular condition that may often be neglected, it may be asymptomatic but it is important from the cosmetic point of view (Dunlap, 1978).

It is a difficult problem for both physician and patient. Much confusion has surrounded its aetiology, which often renders treatment futile or frustrating at best (Dougherty and Mc Culley, 1984).

As the lid margin is the meeting place of three layers, the cutaneous, the tarsal and the conjunctival, it tends to share in the affections of these layers.

The complexity of its glandular and follicular structures (sebaceous, meibomian, zeis glands and the sweat glands of moll and cilia) provides ready access and prolonged hospitality to invading organisms (Duke Elder, 1974).

It is a fact that, the lid margin acts as an extremity and circulatory disturbances as stasis often occurs. Another factor of importance in the development of blepharitis is that lashes act as receptacles for dust and bacteria providing favourable environment for infection.

The lid margins are sensitive to minor irritants both endogenous and exogenous and these cause hyperaemia and if irritation persists stasis occurs, metabolic products collect and autosensitization may result and in this favourable situation bacteria grow readily (Fedorukowicz, 1978).

Aim of Work

This study is carried out to investigate possible aetiological factors of blepharitis and to assess the most suitable mode of treatment.