Managing the infected eyelid

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Background

Lid ‘infections’ are a very common presentation in primary care

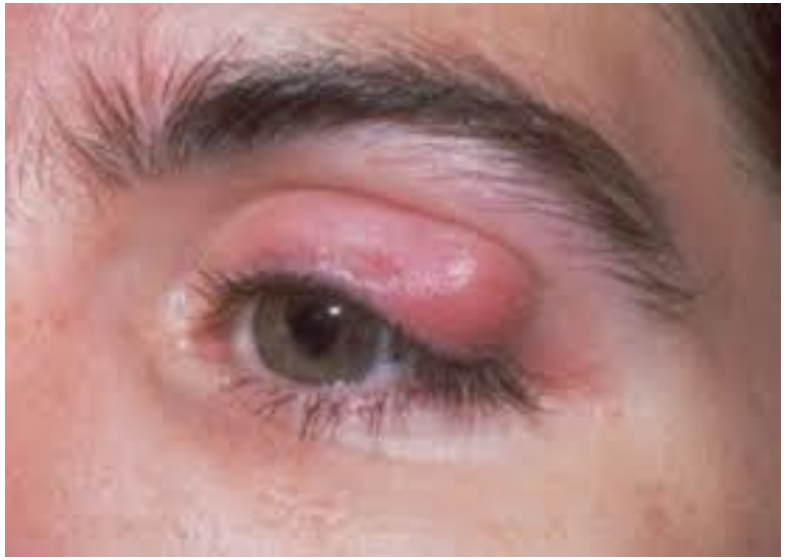
Affect all ages

Prompt treatment can prevent escalation

Presentations

Localised swelling of 1 MG

- Warm compress
- Massage
- +/- Oc Maxitrol



Localised swelling of 1 MG
+ some surrounding cellulitis

- Warm compress
- Massage
- +/- Oc Maxitrol
- +/- Delayed PO ABx

Oc Maxitrol Ointment – to lid – BD – up to 2 weeks

PO Co-Amoxiclav 625mg TDS for 7 days

Presentations

Frank periocular cellulitis
No orbital signs

- PO ABx (Co-Amox)
- Monitor

Chemosis
Ophthalmoplegia
High IOP
Reduced ON Function

- IV Abx
- Admission
- Scan
- D/W Adnexal + ENT

Discussion

What is the role of topical antibiotics (e.g. chloramphenicol)?
Role:
•Broad-spectrum coverage
•Useful for mild anterior lid margin infection or blepharoconjunctivitis
Limitations:
•Poor penetration into deeper lid tissue
•Limited value in cellulitis
Adverse reactions:
•Local irritation or allergy
•Very rare risk of aplastic anaemia
Takeaway:
Often overused and not helpful for deeper infections

What is the role of combination steroid/antibiotic (e.g. Maxitrol)?
Role:
•Reduces inflammation (steroid)
•Provides antibacterial cover
When appropriate:
•Inflamed lid lesions with significant swelling
Risks:
•Raised IOP
•Delayed healing
•Neomycin allergy (common)
Key point:
Often used more for anti-inflammatory effect than antimicrobial

When do you escalate to oral antibiotics?
Answer:
•Spreading erythema
•Preseptal cellulitis
•Systemic symptoms
•Failure of conservative treatment
Options:
•Co-amoxiclav
•If penicillin allergy: doxycycline or clarithromycin

Why co-amoxiclav?
Role:
•Covers staph, strep, and anaerobes
Adverse reactions:
•GI upset
•Diarrhoea
•Allergy
Takeaway:
Good broad-spectrum choice for periocular infection

What about doxycycline – where does it fit?
Role:
•Anti-inflammatory and antibacterial
•Useful in meibomian gland dysfunction and recurrent disease
Adverse effects:
•Photosensitivity
•GI upset
•Avoid in pregnancy and children
Takeaway:
Better for chronic/recurrent cases than acute infection

Discussion

What are the red flags for orbital cellulitis?

Answer:
•Reduced vision
•Painful or restricted eye movements
•Diplopia
•Proptosis
•RAPD or colour desaturation
Action:
Immediate referral for IV antibiotics and imaging

Why are children higher risk?

Answer:
•Orbital septum not fully developed
•Infection spreads more easily
Takeaway:
Lower threshold for referral

What is the biggest prescribing mistake?

Answer:
•Overprescribing topical antibiotics
•Missing orbital cellulitis
•Using steroid combinations without clear indication

Key prescribing insight

Match treatment to depth of infection:
•Surface → hygiene ± topical
•Lid margin → topical ± anti-inflammatory
•Preseptal → oral antibiotics
•Orbital → IV treatment and urgent referral

Discussion

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