

MEIBOMIAN GLAND DYSFUNCTIONS RELATED WITH OCULAR SURFACE PATHOLOGY

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Meibomian Glands are the sebum producing glands located in both, the upper and lower eyelids, in number about 25-30. The secretion forms the external layer of the tear film, which prevents the evaporation of the water from the tear film.

The Meibomian glands are modified sebaceous glands. Meibomian gland secretion decreases with age and in normal subjects only 45 % of them are active.

The aim of the paper is to bring to attention the correlation between MGD and the ocular surface disorders.

Meibomian gland dysfunction (MGD) is a condition of Meibomian gland obstruction and is frequently associated with many ocular diseases. We will present the pathology of ocular surface related with dysfunction of meibomian glands like, posterior blepharitis or meibomitis, chalazion, acnee rosacea, meibomian keratoconjunctivitis, evaporative dry eye syndrom, discomfort in contact lens wearers, ocular penphigoid etc.

MGD is a very frequent chronic condition in the general population, but yet often overlooked in ophthalmic practice with the result of an important number of patients who are not really cured and satisfied.

The patients with lid margin diseases should be always examined closely to evaluate connection with MGD, because complications of MGD are common and may involve severe ocular surface damage.

DIAGNOSTIC IMAGING OF DRY EYE AND TEAR FILM

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The ocular surface is a dynamic complex system restoring the high quality of the optical elements of the ocular surface, nourishing the conjunctiva and cornea, and providing lubrication for frequent blinking. In the last two decades, the tear film dynamics attained high interest due to its clinical importance, including corneal refractive surgery and the very common dry eye complaints, also in connection with working in front of a computer screen.

The diagnosis of the dry eye disease is developing fast and there are many new high tech imaging modalities for the examination of the anterior eye segment in this respect and there are many dynamic examination methods allowing to follow the quick changes in time e.g. in the tear film lipid layer thickness or in the surface irregularities of the outermost optical elements of the eye.

The lecture will show the methodology and clinical performance of these new dynamic imaging modalities and will demonstrate their scientific importance and possible application in the future everyday clinical practice.