

WHEN TO TREAT DISTICHIASIS

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MRS Holborn's eight-month-old Jack Russell terrier "Kiddo" is presented to you with a slightly blinky and runny left eye.

On being questioned, Mrs Holborn reports both Kiddo's eyes are often wet and that, especially in the evenings, he sits in front of his owners with squinty eyes. A close examination by yourself confirms Kiddo's left eye shows evidence of chronic epiphora in the form of tear staining from the medial canthus, and that there is moderate blepharospasm present. There does not seem to be tear staining in the right eye, but Kiddo is also slightly "winky" on this side. When using a bright light source, you can spy the presence of multiple eyelashes, which seem to emerge from the centre of the lid margin, out of the meibomian gland openings on all four eyelids. No ulceration is present and Kiddo's eyelid conformation is otherwise normal.

Question

You feel pretty certain the eyelashes on the lid margin represent distichia. Are they to blame for Kiddo's ocular irritation and, if so, what treatment options are available?

Answer

The management of distichiasis is indeed tricky, both with regards to deciding whether the aberrant lashes are the true cause of the observed ocular irritation and also with regards to achieving

permanent removal of the offending lashes with one treatment.

Distichiasis is an incidental finding in many dogs and the number of aberrant lashes present does not necessarily correlate with the intensity of clinical signs. For example, breeds like the cocker spaniel may have multiple fine distichia on all four lids but affected dogs may never show any obvious signs of ocular irritation such as blepharospasm, epiphora or indeed corneal pathology. However, in other patients, even the presence of one or two distichia can be associated with marked clinical signs including severe corneal ulceration. It may be the nature of the lashes – soft and pliable versus stubby – is a more important factor in deciding whether your patient will show clinical signs.

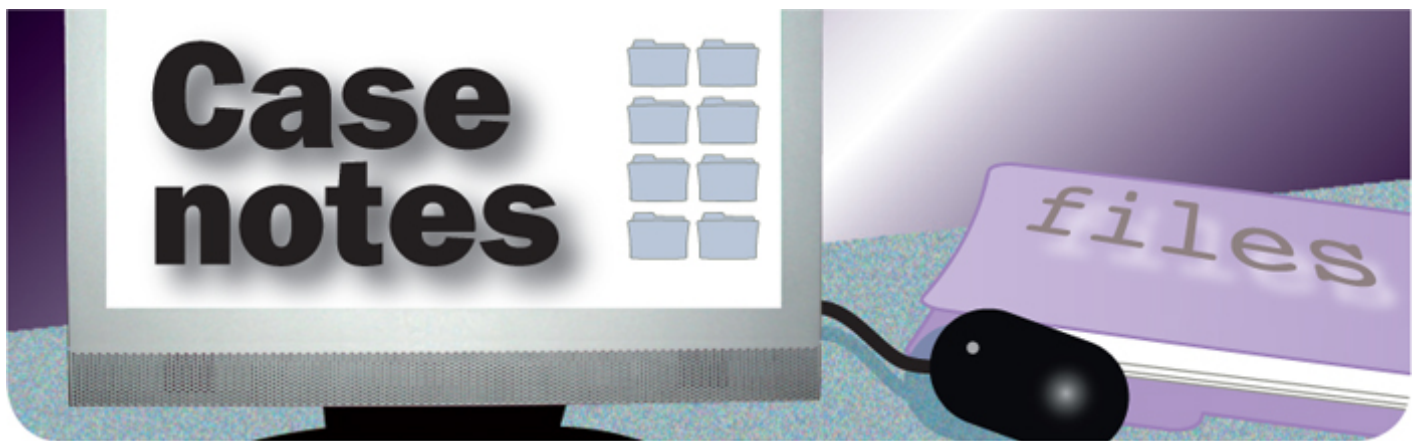
As a rule of thumb, it can be considered that if distichia cause a clinical problem, they do so from early puppyhood onwards. If an older patient that has no history of ocular irritation throughout its life suddenly presents with ocular irritation and corneal surface disease (for example, with a non-healing superficial corneal erosion), it is prudent to not assume the presence of distichiasis as the main cause of this ocular irritation, but to merely regard the aberrant lashes as a contributing factor. As such, the patient's age or the presence of an eyelid mass, which has only recently occurred, are more likely significant causes of the corneal ulcer in this situation. Overall, other causes of ocular irritation (dry eye, ectopic cilia, entropion) must be considered and ruled out in both young and aged patients.

The manual epilation of the eyelashes (either in the cooperative conscious patient or under sedation) can be performed as a diagnostic procedure to see whether the clinical signs resolve following removal of the distichia (this assumes all the distichia are properly removed, as persistent irritation could be the result of an imperfectly removed stub of distichiasis hair). If irritation persists, a further search for another cause or referral to an eye specialist is indicated. Care must also be taken to educate the client so he or she understands the manual removal of the lashes is only of a temporary nature – and that further “permanent” treatment will be required should the epilation confirm the distichia to be the cause of the problem.

Treatment for distichiasis is difficult, as most treatment options do not allow removal of all offending lashes with one procedure. Intermittent manual epilation by the owner, surgical excision, cryotherapy and electrolysis are all available options and only the surgical excision of the root of the aberrant lashes has the potential to remove all unwanted lashes once and for all with one procedure. However, as the follicle of the distichia is usually associated with the meibomian gland, loss of meibomian gland contribution to the pre-corneal tear film, with resultant tear film instability, may occur following surgical management of extensive cases. Electrolysis may also damage meibomian gland function and result in lid scarring, and cryotherapy may be required repeatedly and can lead to loss of periocular pigmentation.

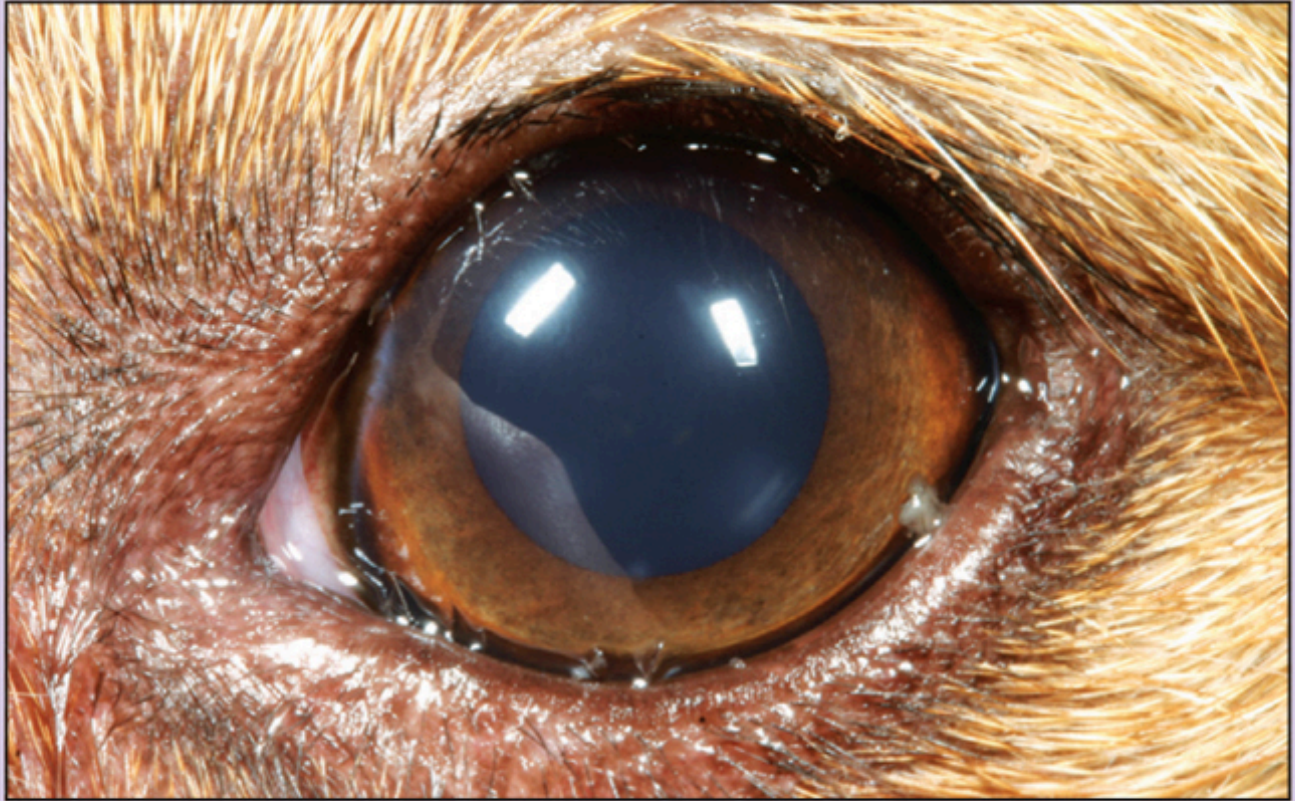
Take-home message

When identifying distichiasis in a patient with ocular irritation, carefully consider whether the aberrant lashes truly are the cause of the clinical signs. The fact multiple treatment options exist for the management of distichiasis suggests none are perfect. Referral to a veterinary ophthalmologist is usually indicated to review the case and to decide which patients would benefit from treatment of distichiasis and which are the most appropriate treatment options for the case in hand. In Kiddo's case, no other causes for the irritation were found and Kiddo improved markedly for a short time after manual epilation of the distichia. He was therefore treated with cryotherapy and his clinical signs resolved.



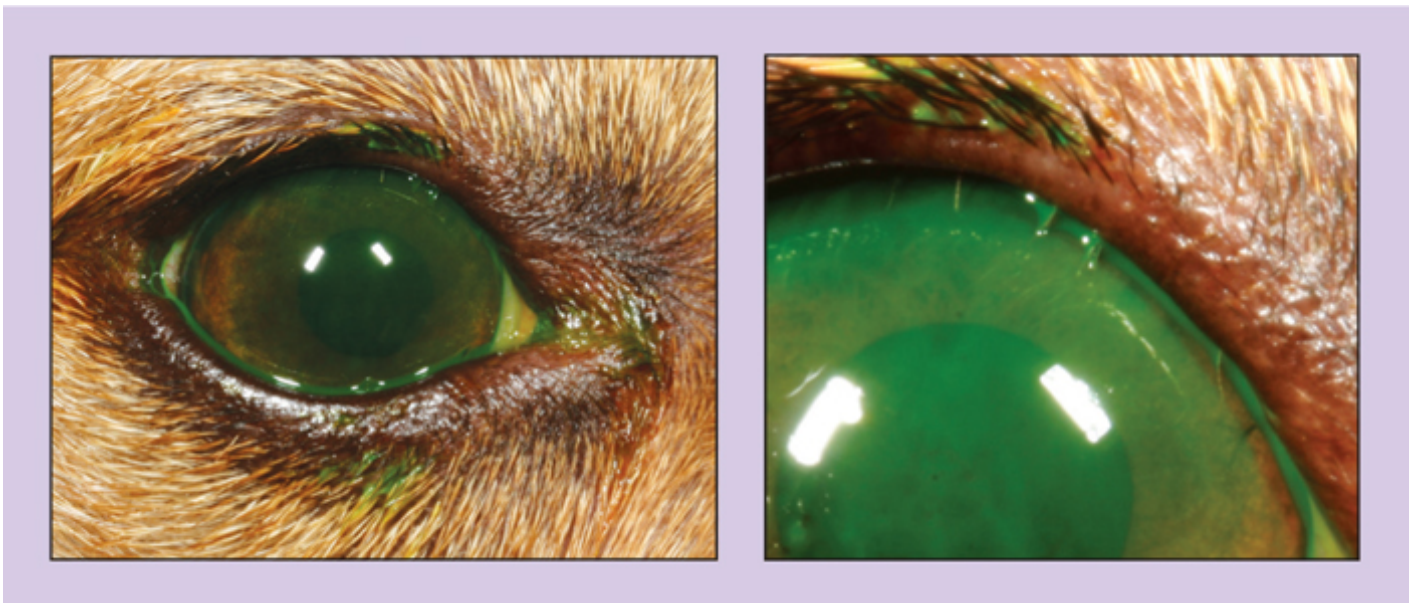


Above: Kiddo's left eye with a slightly narrowed palpebral fissure, obvious epiphora and tear staining. Kiddo's right eye is dry, but also does not appear fully open.



Close ups of the left eye. Multiple fine distichia can be seen on upper and lower lid. The lashes can

be highlighted with the use of fluorescein. Note the good corneal surface health as evidenced by the bright flash artefacts (Purkinje images) and absence of fluorescein uptake.



Distichia also present on the right upper (see magnified view) and lower lids, but only minimal wetting of the periocular area on this side.