INTRADUCTAL MEIBOMIAN GLAND PROBING RELIEVES SYMPTOMS OF OBSTRUCTIVE MEIBOMIAN GLAND DYSFUNCTION

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RESULTS: 20 of 25 patients complained of pre-treatment lid tenderness or soreness which was immediately relieved with probing. At one month post procedure, 90% of these 20 patients continued to have decreased tenderness or soreness.

OTHER UNSOLICITED COMMENTS INCLUDED:
• 40% (8) NOTED INCREASED LUBRICATION.
• 25% (5) NOTED LESS FRICTION OR IMPROVED LID BLINKING COMFORT.
• 15% (3) NOTED A DECREASE NEED FOR ARTIFICIAL TEARS.
• 10% (2) NOTED DECREASED LIGHT SENSITIVITY.
• 10% (2) NOTED INCREASED VISION.

THE REMAINING 5 patients had no specific complaints of lid margin congestion. These 5 patients made the following unsolicited comments post probing:
• 40% (2) NOTED INCREASED LUBRICATION.
• 40% (2) NOTED DECREASED GUMMINESS AND FILMINESS.
• 20% (1) NOTED INCREASED VISION.

BACKGROUND: MEIBOMIAN GLAND DISEASE IS ARGUABLY THE MOST COMMON CAUSE OF DRY EYE AND HAS CERTAINLY BEEN THE MOST CHALLENGING TO TREAT. TRADITIONAL THERAPIES HAVE FAILED TO CONSISTENTLY PROVIDE EFFECTIVE RESULTS LEADING TO ONGOING SUFFERING AND FRUSTRATION FOR PATIENTS AND PHYSICIANS ALIKE.

METHODS: A PATENT PENDING METHOD AND DISPOSABLE INSTRUMENT WITH STAINLESS STEEL TIP WERE USED TO PERFORM INTRADUCTAL PROBING OF 25 CONSECUTIVE PATIENTS WITH OBSTRUCTIVE MGD.

METHODS

PURPOSE: WE HAVE TAKEN A RETROSPECTIVE LOOK AT THE EFFICACY OF A NEW INVASIVE APPROACH TO TREAT SYMPTOMATIC OBSTRUCTIVE MGD.

PURPOSE

FINDINGS: SUGGESTION OF INTRADUCTAL FIBROTIC AND NEOVASCULAR MEMBRANES WERE FREQUENTLY IDENTIFIED. THESE WERE ABLE TO BE OPENED UP BY PROBING ALLOWING SEQUESTERED PLUG OF MEIBUM TO ESCAPE.

TECHNIQUE:
WE HAVE 2, 4, AND 6 MM STAINLESS STEEL STERILE SOLID WIRE PROBE CANNULAS AVAILABLE WITH ATTACHABLE ERGONOMIC HANDLE.

CONCLUSIONS:
INTRADUCTAL PROBING.

CONCLUSIONS

IS AN EXAMPLE OF A PLUG OF MEIBUM FRIED UP FROM BEHIND A NEOVASCULAR MEMBRANE. NOTICE THE MEIBUM BEING RELEASED ADHERENT TO THE PROBE AND A DROP OF HEME AT THE ORIFICE.

DR. LIPID INTERFEROMETRY: BELOW IS A DR1 LIPID INTERFEROMETRY COURTESY OF DR. SCHEFFER TSENG SHOWING VIEWS BEFORE AND AFTER PROBING. NOTE THE DRAMATIC INCREASE IN TEAR FILM BROWN AND BLUE LIPID AFTER PROBING.

CLINICAL PHOTOS:
BELOW IS A BEFORE AND AFTER PHOTO SHOWING LESS DEEP LID MARGIN REDNESS, LESS PROMINENT SUPERFICIAL VESSELS AND REDUCED ORIFICE POUTING. TOGETHER THESE FINDINGS SUGGEST REDUCED CONGESTION CORRELATING WITH THE IMMEDIATE AND DRAMATIC REDUCTION IN TENDERNESS.

CONCLUSIONS

MEIBOMIAN GLAND INTRADUCTAL PROBING.

CONCLUSIONS: INTRADUCTAL FIBROTIC AND NEOVASCULAR CHANGES MAY EXPLAIN THE PERSISTENCE OF OBSTRUCTIVE MGD DESPITE EXHAUSTIVE THERAPIES DIRECTED AT THE LID MARGIN AND ORIFICE. THESE FINDINGS SUGGEST REDUCED INFLAMMATORY SYMPTOMS OF OBSTRUCTIVE MGD.

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DISCLOSURE: PATENT PENDING.
COMMERCIAL RELATIONSHIP: RHEIN MEDICAL