Hordeolum Or Stye

**Definition**
Acute infection of a hair follicle of an eyelash, a Zeis (sebaceous) gland or a Moll (apocrine sweat) gland of the eyelid.

**Cause**
Bacterial infection (*Staphylococcus aureus*).

**History**
- Pain
- Swelling of eyelid
- Redness of eyelid
- Vision not affected
- Similar eyelid infection in the past

**Physical Findings**
- Localized redness and swelling of eyelid
- Mild conjunctival injection
- Possible purulent drainage along the lid margin
- Acutely tender

**Differential Diagnosis**
- Chalazion
- Blepharitis
- Dacryocystitis
- Orbital cellulitis

**Complications**
- Conjunctivitis

**Diagnostic Tests**
- Swab any drainage for culture and sensitivity

**Management**

**Goals Of Treatment**
- Relieve symptoms
- Prevent spread of infection to other eye structures

**Appropriate Consultation**
Usually not necessary for simple stye.

**Nonpharmacologic Interventions**
Apply warm, moist compresses qid.

**Client Education**
- Stress importance of not squeezing the hordeolum
- Teach the client eyelid hygiene: wash lid with mild soap and water; use a separate area of washcloth for each eye
- Stress importance of washing hands to prevent spread of infection
- Recommend avoidance of cosmetics during acute phase (current eye cosmetics should be discarded because they may harbor bacteria and cause recurrent infection)
- Client should not wear contact lenses until infection clears
- Counsel client about appropriate use of medications (dose, frequency, application)
- Stress importance of follow-up if symptoms do not improve with treatment or if inflammation extends to involve the periorbital tissues

**Pharmacologic Interventions**
gentamicin ointment (*C class* drug), qid for 10 days
Antibiotic eye drops can be used, but they require more frequent dosing, every 3-4 hours, and are generally less effective.

**Monitoring and Follow-Up**
Follow up in 3-4 days if symptoms do not respond; follow up sooner if infection spreads.

**Referral**
Consult a physician if the lesion does not respond to therapy or if there is evidence of infection of the periorbital soft tissue.