



## Patient information leaflet

### Ingrowing eyelashes (trichiasis)

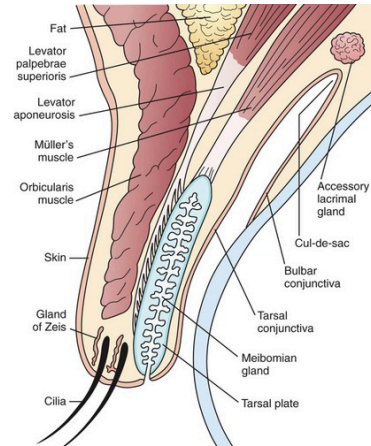
Trichiasis is an acquired condition in which eyelashes emerge from their normal position but curve backwards towards the eye. It may be idiopathic (that is of unknown cause) or secondary to longstanding inflammation of the eyelids.

Distichiasis occurs when an extra row of eyelashes emerge from the meibomian (oil) gland openings along the eyelid margin.

Aberrant lashes may also emerge from the tarsus, the cartilage in the lower part of the eyelid responsible for giving the eyelid structure and stability. They usually result from chronic inflammatory conditions of the eyelids such as blepharitis, Stevens Johnson syndrome and chemical burns.

Mis-directed lashes may rub against the eye and are a frequent cause of ocular irritation. They may also cause conjunctival and corneal abrasions, infection and scarring.

Aberrant lashes and eyelid malposition should be corrected in order to improve ocular comfort and to prevent complications arising from lashes abrading the eye surface. Treatment options include: epilation though this is a temporary measure since the eyelashes usually regrow within a few weeks; electrolysis works well for removing a few lashes but may require more than one treatment session for permanent lash removal; cryotherapy is a freezing treatment that may result in eyelid thinning, depigmentation of the skin, loss of adjacent normal lashes and persistent fine lanugo hairs that may continue to abrade the cornea; photoablation with laser which ablates the eyelash follicles; and surgery which may include localised surgical excision of the aberrant lashes or repositioning of the anterior (uppermost) layer of the eyelid relative to the posterior eyelid layer.



Section through the upper lid