Diabetes as a possible predisposer for blepharitis

(Blepharitis: current strategies for diagnosis and management. Vol. 43[2])

Dear Editor,

We read with interest Dr. Jackson’s study\(^1\) regarding current strategies for the diagnosis and management of blepharitis, and we would like to thank him for creating the opportunity to extend the discussion on that issue.

The pathophysiology of blepharitis is a versatile interaction of various factors. Blepharitis predominantly involving lashes and skin tends to be staphylococcal and (or) seborrheic in nature, whereas involvement of the meibomian glands may be either seborrhoeic, obstructive, or a combination of both. On the other hand, some studies have examined diabetes as a risk factor for endophthalmitis following cataract surgery, although the results are in debate.\(^2,3\)

Diabetes is now quickly emerging as one of the biggest health catastrophes the world has ever witnessed. There is considerable evidence that some cases with diabetes have an augmented risk of bacterial infections, including pneumonia, urinary infection, wound infection, and bacteremia.\(^4\)

In vitro evaluation has shown that hyperglycemia can impair a range of functions in neutrophils and macrophages, including chemotaxis, adherence, phagocytosis, and intracellular killing of microorganisms, all of which may be important in limiting invasion by bacteria.\(^5\)

So far, there is no evidence to suggest that diabetes has a detrimental effect on the pathophysiology of blepharitis. Therefore, given the above facts, it is tempting to speculate that diabetes may be a possible predisposer of blepharitis. Clinical studies on this subject are warranted.

REFERENCES


Hasan Ghasemi, Reza Gharebaghi, Fatemeh Heidary
Shahed University, Tehran, Iran

Correspondence to Fatemeh Heidary, MD: heidary@sbmu.ac.ir

Correspondence to Fridbert Jonasson, MD: fridbert@landspitali.is

Correspondence to Arsaell Arnarsson, MD: arsaell.arnarsson@landspitali.is

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