Treatment:
- Local and systemic antibiotics and warm compresses.
- DCR after acute infection is controlled.

Differential diagnosis:
1. Sebaceous cyst
2. Adenoma and adenocarcinoma of Tarsal gland
3. Tuberculoma
4. Gumma

Treatment:
Essentially surgical but initially medical.
Incision + curettage (vertical incision in the conjunctival side).

Abscess in zies gland.

Treatment:
Horizontal incision in the skin.

Associated with trachiasis

Senile ectropion
Lateral displacement or tilting of the lens due to partial rupture of zonules

Causes:

1) Associated with Systemic Diseases:
   - Marfan’s syndrome, upward displacement
   - Homocystinuria, inferior displacement
   - Weill–Marchesani syndrome, small spherical lens up & out displacement

2) Acquired: Trauma, hypermature cataract, high myopia, uveitis

Complications:
   - Iridocyclitis
   - Cataract
   - 2ry glaucoma
   - Dislocation

Treatment:
   - If clear & no complications → Glasses
   - If no improvement or comp. → Lens extraction

---

Type 1 hypersensitivity, mast cells.
Most common among boys aged 5 to 20
Usually the palpebral conjunctiva of the upper eyelid is involved. (Palpebral form)
Cobblestone papillae are present, chiefly in the upper tarsal conjunctiva.
Raised white limbal deposits of eosinophils (Trantas' dots) may be seen. (Limbal form)
They may associated with sterile corneal ulceration, known as a shield ulcer.

Types:
   - Progressive
   - Stationary
   - Recurrent

Never regress.

Treatment: Excision with autograft.