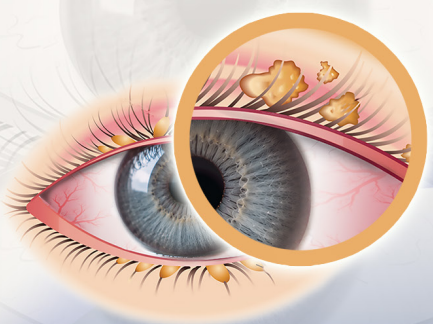




CRACK THE CASE:

A Case-Based Challenge on **DEMODEX BLEPHARITIS**



CASE BRIEFING FILE | INITIAL PRESENTATION

EVIDENCE FILE A

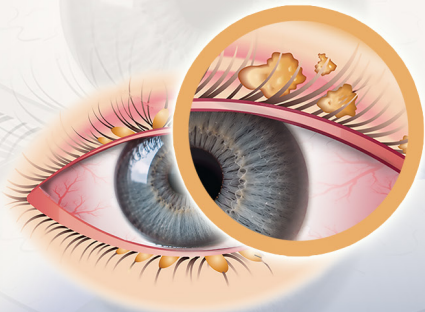
- 60-year-old female, new patient
- Visible facial rosacea
- Describes her vision as not being as good as she thinks it should be
- Describes having styes on her eyes about 2-3 times a year
- Has been occurring for the last 3-4 years
- She notes a visible "bump" she can see on her upper left eyelid
- Notes some dryness and discomfort
- Describes having more "sleep" in the corners of her eyes than she used to

DISCUSSION QUESTION

What ocular surface or eyelid conditions would you consider based on this patient's symptoms and history?

YOUR ANSWER

YOUR NOTES



CRACK THE CASE: A Case-Based Challenge on **DEMODEX BLEPHARITIS**



CLUE 1 | DIAGNOSTIC CHALLENGE

EVIDENCE FILE B

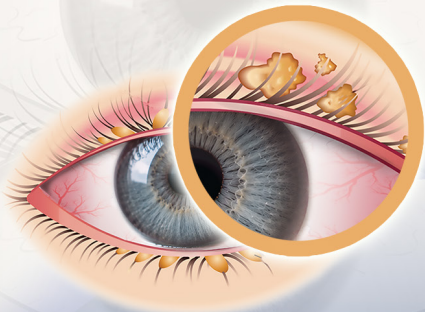
EXAM FINDING	RESULT
Lids/lashes	+3 collarettes, OU
Meibomian glands	50% dropout inferior lid OU; +2 MGD
Bulbar conjunctiva	+1 diffuse hyperemia
Palpebral conjunctiva	+1 diffuse hyperemia
Tear film	2-3 seconds OU
Cornea	+1 staining inferiorly
Anterior chamber	clear OU
Lens	+1 nuclear sclerosis

MGD = meibomian gland dysfunction; OU = both eyes.

DISCUSSION QUESTION

Which findings help distinguish *Demodex* blepharitis from other ocular surface conditions?

YOUR ANSWER



CRACK THE CASE: A Case-Based Challenge on **DEMODEX BLEPHARITIS**



CLUE 2 | MANAGEMENT CHALLENGE

EVIDENCE FILE C

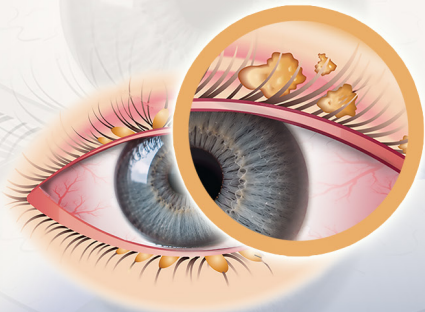
CASE DETAILS COMORBID FINDINGS

- Rosacea conjunctivitis
- Meibomian gland dysfunction
- *Demodex* blepharitis
- Keratoconjunctivitis sicca

DISCUSSION QUESTION

What treatment approach would you recommend?

YOUR ANSWER



CRACK THE CASE:

A Case-Based Challenge on **DEMODEX BLEPHARITIS**



CLUE 3 | RESIDUAL DISEASE CHALLENGE

EVIDENCE FILE D

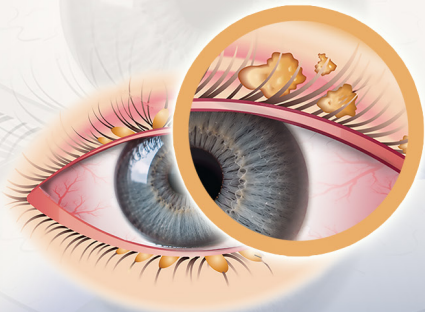
- Prescribed Lotilaner 0.25% bid for 42 days
- Performed a four-session IPL treatment
- Slit lamp examination shows collarettes are markedly reduced, and eyelid debris has improved
- The patient reports fluctuating changes in vision, dryness, and intermittent discomfort
- MGD findings persist, with poor meibum quality and reduced tear film stability
- Patient asks whether the medication worked; can she stop taking the drops?

DISCUSSION QUESTIONS

would you counsel this patient and set expectations regarding symptom resolution, treatment adherence, and completing prescribed therapeutic courses?

How would you adjust management based on her persistent comorbid MGD and dry eye symptoms?

YOUR ANSWER



CRACK THE CASE: A Case-Based Challenge on **DEMODEX BLEPHARITIS**



CLUE 4 – FINAL EVIDENCE CRACK THE CASE CHALLENGE

EVIDENCE FILE E

- The patient underwent direct thermal pulsation and MG evacuation
- Reassessment shows resolution of collarettes and reduced lid debris

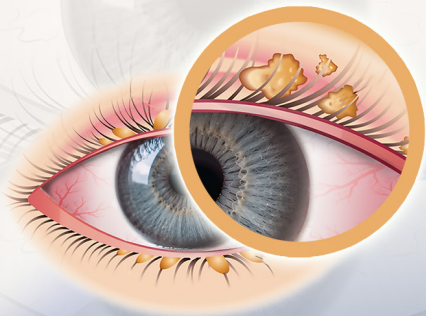
DISCUSSION QUESTIONS

What is your plan for ongoing longitudinal management of this patient's ocular surface disease?

What clinical pearl is most important to take back to practice?

YOUR ANSWER

CRACK THE CASE: A Case-Based Challenge on **DEMODEX BLEPHARITIS**



CASE CLOSED | CASE CLOSED DEBRIEF

Faculty debrief and key teaching points from the full case

- *Demodex* blepharitis is common and often underrecognized, particularly in patients with chronic or recurrent ocular surface symptoms
- Slit-lamp examination is essential for diagnosis; have the patient look down to better visualize the pathognomonic sign of *Demodex* blepharitis, collarettes at the lash base
- *Demodex* blepharitis can overlap with other ocular surface conditions, including dry eye, MGD, rosacea, allergic conjunctivitis, and recurrent chalazia
- Multiple treatment options exist – management should address the underlying mite infestation, not just nonspecific inflammation or lid debris
- Lotilaner ophthalmic solution 0.25% is FDA-approved and should be considered when selecting targeted, mechanism-directed therapy
- Comorbid ocular surface disease requires ongoing longitudinal management, including for persistent MGD, dry eye symptoms, and adherence to therapy

MY TAKE-HOME CLINICAL PEARL
