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- Q1 (a) (c) (d) (f). Kwame has a chalazion, caused by a blocked meibomian gland. The clue to its benignity lie in the absence of distortion of the lid margin and of loss of eyelashes. Styes are staphylococcal infections of a lash follicle and are painful and tender. Malignant lesions are commoner on the lower lid probably because the lower lid is more exposed to the sun.
- Q2 (b). An infected chalazion is classified as hordeolum internum. Hordeolum externum is a sty. Dacryocystitis is an infection of the lachrymal sac caused by blockage of the nasolacrimal duct, so that it appears just below the medial canthus. Patients with it usually report a previously watering eye. Blepharitis is an irritation of the lid margin, and is not a localised lesion. Cyst of Moll is a translucent benign fluid-filled lump due to a blocked sweat gland.
- Q3 (d) (e). Recurrent chalazion at the same site is a red flag for an underlying malign change. It needs specialist examination and treatment. There may be an unsuspected extension of the obvious superficial lump on the internal surface of the eyelid.
- Q4 (a) (c) (e). Answer (b) is a serious mistake. About half of all eyelid melanomas are unpigmented, so it cannot be assumed that an unpigmented lesion is benign. Eyelash loss is a red flag, as is whitening, but it cannot be assumed that if there is no eyelash loss the lesion is benign. Diplopia and proptosis are signs of orbital invasion and should always be taken very seriously.

Kwame was referred to the ophthalmological team, who removed his chalazion. Happily it turned out to be a simple blocked meibomian cyst.

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