East Sussex Healthcare NHS Trust

Blepharochalasis: A Diagnosis of Exclusion

Episodes of intermittent painless, bilateral lid swelling, in the absence of urticaria

The Royal College of Ophthalmologists

Key Questions for History Taking:

- **Duration, frequency, timing and pattern of episodes. Consider symptom diary.**
- **Associated pain which may point to a vasculitic process.**
- **Associated itch which is characteristic of mast cell involvement and may respond to anti-histamines.**
- **Lip, tongue swelling or airway closure.**
- **Skin rashes**
- **Is the oedema non-pitting**

Allergy

- Identifiable triggers such as food and environmental changes e.g. washing powder, animals, latex:

Trial of anti-histamines. A higher than standard dose may be required.

- Medication review:

ACE inhibitors should be stopped and not restarted. They are contraindicated in patients with a history of angioedema as they can cause airway compromise.

Enquire specifically about antibiotics and NSAIDs as these can commonly induce episodes of angioedema.

Refer to allergy specialist

Genetic and Acquired

- Young/adolescent patient
- Family history of similar symptoms

Low C4 and/or low C1 esterase inhibitor

Low paraprotein levels

Hereditary angioedema | Acquired C1 esterase deficiency

Refer to immunology specialist

Infection

Raised acute phase response proteins can suggest an underlying infection, vasculitis or paraproteinaemia. Raised eosinophils are often present in parasitic infections.

- FBC, ESR and CRP

Refer to rheumatology

Autoimmune

Exclude autoimmune thyroiditis and consider thyroid eye disease.

- Thyroid function tests
- Thyroid peroxidase antibodies
- Thyroid receptor antibodies

Refer to endocrinologist

Systemic Overview

Is there any evidence of cardiac, hepatic or renal failure?

- Examine for systemic signs
- Urea and electrolytes
- LFT (including albumin)

Refer to physicians

If the above are all negative, consider a diagnosis of Blepharochalasis

Summary of Screening Blood Tests

- **C4 and C1-etserase inhibitor (C3 if vasculitic cause suspected). If C4 and C1 esterase inhibitor are low, measure paraprotein levels to differentiate the cause.**
- **TFTs, TPO, TrAB**
- **FBC, CRP and ESR**
- **LFTs including albumin, urea and electrolytes**

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