

## Successful medical management of ulcerative chalazion in a Rottweiler

S. Sooryadas<sup>1</sup>, Navya P. Shibu<sup>2</sup>, N.S. Jinesh Kumar<sup>3\*</sup>, Hamza Palekkodan<sup>4</sup>, K. Krishnakanth<sup>2</sup>, V. Remya<sup>3</sup> and P.T. Dinesh<sup>3</sup>

Kerala Veterinary and Animal Sciences University, Pookode, Wayanad-673 121 (Kerala)

<sup>1</sup>Associate Professor and Head, <sup>2</sup>MVSc Scholar, <sup>3</sup>Assistant Professor, Department of Veterinary Surgery and Radiology; <sup>4</sup>Assistant Professor, Department of Veterinary Pathology, College of Veterinary and Animal Sciences, Pookode.

DOI No.: 10.5958/0973-9726.2026.00023.X

Accepted: March 2026

A five-year-old female Rottweiler was presented with an ulcerated cutaneous lesion near the temporal margin of the right upper eyelid that had been present for the past one week (Fig. 1). The lesion had been preceded by a non-painful cutaneous swelling at the same site for a few weeks. The swelling progressively enlarged over time and eventually ruptured one week prior to presentation. Apart from mild conjunctival congestion and localized blepharitis around the lesion, no other abnormality was observed in the affected eye during ocular examination. The patient's overall health status, as well as thoracic radiographs, were found to be normal. Fine-needle aspiration cytology of the lesion revealed the presence of mixed inflammatory cells, with a predominance of neutrophils. Based on these findings, the condition was diagnosed as an ulcerative chalazion.

The patient was sedated using a combination of butorphanol (0.2 mg/kg body weight) and dexmedetomidine (5 µg/kg), and 0.5 mL of methylprednisolone acetate was administered intralesionally. Additionally, prednisolone was administered orally (0.5

mg/kg) twice daily for the first three days, followed by once daily for the next three days, and subsequently on alternate days for another six days. Cephalexin was administered orally (15 mg/kg twice daily) for seven days as a systemic antibiotic, along with topical moxifloxacin eye drops thrice daily. Artificial tears were also applied topically to maintain adequate ocular lubrication and comfort. The intralesional injection of methylprednisolone acetate was repeated after one month. Following initiation of treatment, gradual reduction in the size of the lesion, along with resolution of conjunctival congestion and blepharitis, was observed, leading to complete healing within two months (Fig. 2).

A chalazion is a non-neoplastic swelling of the meibomian gland, a modified sebaceous gland located within the eyelid. It develops due to obstruction of the glandular duct and retention of thickened secretions, typically appearing as a yellowish-white swelling visible through the palpebral conjunctiva or skin (Maggs *et al.*, 2013). Chalazia are more commonly observed in older animals and may be associated with



**Fig. 1:** Ulcerated cutaneous lesion on the temporal margin of the right upper eyelid at the time of presentation.



**Fig. 2:** Complete healing after 2 months of treatment.

\*Corresponding author; E-mail: jinesh@kvasu.ac.in

meibomian gland adenomas, which can obstruct the duct and predispose the gland to rupture (Maggs *et al.*, 2013). Inflammation associated with chalazion may also increase susceptibility to secondary staphylococcal infection, potentially resulting in hordeolum formation (Gelatt, 1975).

Chalazia are often self-limiting and may resolve spontaneously. However, persistent or progressively enlarging lesions that cause discomfort may require surgical drainage. Manual expression of a chalazion is contraindicated, as it may disseminate infectious material or glandular secretions into surrounding tissues, thereby aggravating inflammation and leading to further complications.

Chalazia contain corticosteroid-sensitive inflammatory cells and mediators that promote exudation and compression of lymphatic vessels, ultimately contributing to granuloma formation. Depot corticosteroids are believed to reduce the release of inflammatory cells and plasma exudates, relieve lymphatic compression, and facilitate resorption of chalazion contents (Wong *et al.*, 2014). Leinfelder used intralesional methylprednisolone injections to reduce chalazion-associated inflammation, thereby localizing the lesion and facilitating incision and curettage. Subsequent studies in humans have

reported cure rates ranging from 8.5% to 99.7%, depending on the concentration and frequency of corticosteroid injections administered (Watson and Austin, 1984).

The findings of the present case suggest that intralesional methylprednisolone administration, combined with tapering doses of oral corticosteroids along with systemic and topical antibiotics, may be an effective therapeutic approach for the management of ulcerative chalazion.

#### References

- Gelatt, K.N. 1975. Meibomian adenoma in a dog. *Vet. Med. Small Anim. Clin.* **70**: 962.
- Maggs, D.J., Miller, P.E. and Ofri, R. 2013. Eyelids. In: Slatters Fundamentals of Veterinary Ophthalmology, 5th edn. Saunders Elsevier, Philadelphia, USA. pp 110-125.
- Watson, A.P. and Austin, D.J. 1984. Treatment of chalazions with injection of a steroid suspension. *Br. J. Ophthalmol.* **68**: 833-835.
- Wong, M.Y., Yau, G.S., Lee, J.W. and Yuen, C.Y. 2014. Intralesional triamcinolone acetonide injection for the treatment of primary chalazions. *Int. Ophthalmol.* **34**: 1049-1053.