

Prolapse of the Gland of the Third Eyelid

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BASIC INFORMATION

Description

A small gland is present on the back side of the third eyelid, the side that lies against the eye. Normally this gland is not seen. In some breeds of dogs and cats, the gland enlarges and moves upward until it becomes visible. This protrusion of the gland usually occurs in animals younger than 1 year of age and may affect one or both eyes. Commonly affected breeds of dogs include the American cocker spaniel, basset hound, beagle, English bulldog, Lhasa apso, Chinese shar-pei, and Newfoundland. The Burmese cat is also predisposed to this condition.

Causes

A small ligament that holds the gland in place apparently stretches or breaks for unknown reasons. Some glands appear to enlarge prior to breaking of the ligament, but most swelling develops after the gland is exposed.

This gland produces about 35% of the watery tears, and the longer it stays out and is exposed, the less functional it becomes. Eyes that have had a prolapsed gland are prone to dry eye, which may develop years after the event.

Clinical Signs

A smooth, round, pink or red mass is visible in the corner of the eye nearest the nose. The mass looks like a cherry pit, which gives rise to the common name of *cherry eye* for this condition. Thick ocular discharge may be present, and sometimes the dog will try to paw at the eye. The condition is not usually painful.

Diagnostic Tests

Diagnosis is based on the classic clinical appearance, especially in a young animal of a susceptible breed. A thorough ocular examination is often performed and may include a Schirmer tear test to measure tear production and fluorescein staining of the cornea.

TREATMENT AND FOLLOW-UP

Treatment Options

Because this gland is responsible for about one third of the eye's watery tear production, the preferred treatment is to surgically replace the gland. One of the following techniques may be recommended:

- With the *pocket technique*, two incisions are made on the back side of the third eyelid, one on each side of the gland. The outer edges of the two incisions are sewn together, creating a pocket that covers the gland.
- The *orbital rim tacking procedure* uses suture to anchor the gland to the bony orbit, deep to the lower eyelid.
- With *pursestring* and *modified pursestring* techniques, suture is placed in the conjunctiva around the gland on the posterior surface, then pulled tight to pull the conjunctiva over the gland or to pull the gland downward and backward.
- Combinations of these techniques may also be performed.

Surgical removal of the gland may be considered as a last resort if the replacement techniques fail or if the gland has been prolapsed for so long that it is no longer functional.

Follow-up Care

Postoperative recheck visits are usually scheduled to check for healing of the incisions. Tear production may also be monitored long term by periodic Schirmer tear tests.

Prognosis

Although no surgical technique guarantees success, many glands remain in place following surgery. Success is highest when the surgery is done soon after the prolapse has occurred and when the gland is not terribly inflamed or enlarged.

Many breeds of dogs that are affected by this condition have an inherent incidence of dry eye (5-6%) in eyes that never develop a prolapsed gland. The incidence of dry eye increases to 42-44% for eyes that develop a prolapse of the gland that is either removed or left untreated. With surgical replacement of a reasonably healthy gland, the incidence of dry eye is lowered to about 14%.