Prolapse of the Gland of the Third Eyelid

Prolapse of the third eyelid (nictitating membrane) gland is common in dogs. The condition occurs because of laxity of the connective tissue anchoring the gland to the third eyelid and is thought to be a juvenile, probably hereditary defect.

Recommended treatment options include anchoring the gland to the periorbital tissues, creating a pocket for the gland in the mucosa of the third eyelid, or using an imbrication technique. Morgan’s pocket technique, in which parallel conjunctival incisions are created dorsal and ventral to the prolapsed gland and sutured together to make a pocket for the gland, is the most commonly used technique.

The purpose of this retrospective study was to evaluate the results obtained from 353 dogs (420 eyes) using 2 different surgical techniques to correct prolapse of the gland of the third eyelid: Morgan’s technique and a combination of Morgan’s technique with a modified periosteal anchoring technique. The prolapse was successfully corrected in 95% of all cases, with an overall recurrence of 5%. The overall recurrence rate was not significantly different between the 2 techniques; however, the recurrence rate was lower with the combined technique when used in the English bulldog and boxer.

Because this was a retrospective study with no randomization (technique was chosen based on surgeon preference, with the combined technique more often chosen for chronic or difficult cases), the authors stated that no direct comparative conclusions can be made. They suggested, however, that the combined surgical technique may be beneficial in brachycephalic breeds.

Global Commentary

Formerly, “cherry eye” was treated by excision of the prolapsed gland. With the growing understanding of the gland’s critical contribution to the ocular tear film, it has become accepted that its excision for any reason other than neoplasia is contraindicated. Clinicians must strive to surgically replace prolapsed glands. Numerous techniques to address the problem have been developed (a possible indication that none are perfect) and are broadly categorized as “pocket” or “anchoring.” The procedure reported in this study combines both. The authors used this procedure in cases of chronic prolapse or large gland size, which are recognized risk factors for recurrence. The fact that lower recurrence was observed in some breeds may indicate that the technique should be considered in patients at risk for recurrence.—Ron Ofri, DVM, PhD, DECVO

Source