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Bulletin

NEXT MEETING

August 8, 2023

Paula: slos@mailcan.com
Or text 314-725-2020

Mark your Calendar Now
FOR 2 HOUR CE CREDIT
Dr. Jeffry Gerson
Presents:
Modern Day Diabetes
2 Hours of Great CE
6:00 PM Dinner
7:00 PM Business meeting
7:15 PM Sponsor Aaron Wood LKC Break
CE

RSVP to Paula slos@mailcan.com
Or text 314-725-2020

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Technology: Dr. John Bush
MO State Board: Dr. Debbie Kerber and Dr. Kurt Finklang
MOA Trustees: Dr. Robert Goerss and Dr. Matthew McCoy
UMSL: Marybeth Rhomberg

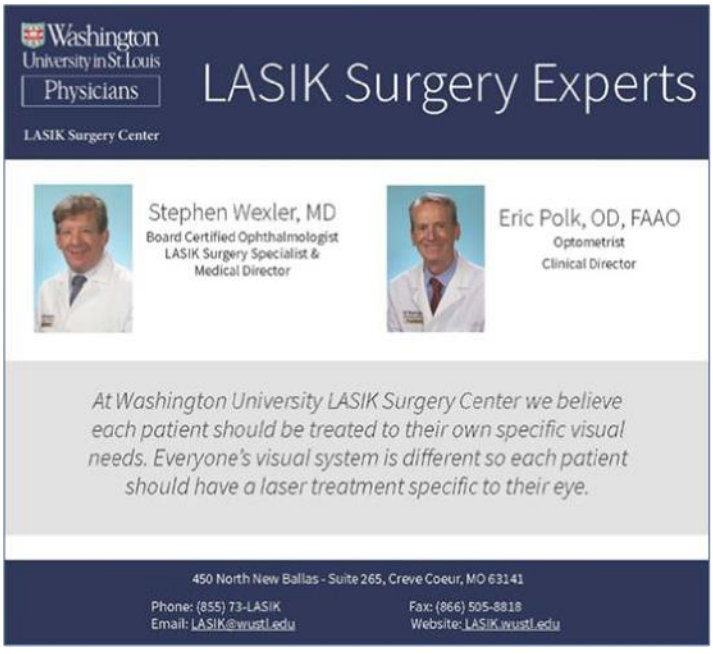
Thank you Heather O'Brien Sanofi—Rare Disease, Fabry Specialty Care

We had a huge group of 56 in person attendees and 17 in person ZOOM attendees

Eyelid Lesions

Presented by: Adam Buchanan, MD
Submitted by: Allison Schafers, OD

There are a wide range of eyelid lesions and bumps. Benign external lesions can be divided into six categories: epithelial, dermal, cystic, inflammatory, viral, and autoimmune.
The first category is epithelial lesions. These include seborrheic keratosis, papillomas, warts, and cutaneous horns. Seborrheic keratosis is the most common of these lesions. It is typically brown in color and appears rough like sand paper. These lesions can be excised in office. Papillomas are wart like projections that are pink in appearance. They also can be excised in office but do tend to bleed due to central vessels. Warts are more rough from keratinization. Cutaneous horns are crusty in appearance and are usually biopsied because they can arise from squamous cell carcinoma just below the skin.
The next category is dermal lesions. These include xanthelasma, nevus, and kissing nevus. Xanethelasma appears as creamy, yellow lesions. They are most common in the medial corner of the upper eyelid. These lesions are usually bothersome to patients. If the lesion is smaller it can be excised in office, but if it is larger it will need a more formal procedure. A small percentage of patients with these lesions may have elevated cholesterol so it may be indicated to obtain blood work. A nevus is a pink or brown lesion. A nodular appearance is most common and these are often biopsied. A kissing nevus is not very common . It occurs during development and develops before the lids separate. This can be treated with skin grafting.
Cystic lesions are the next category of benign eyelid lesions. These include epidermal inclusion cysts, hidrocystomas, and syringomas. Epidermal inclusions cysts have a pore in the center and can occur in clusters. They can be treated with excision and it is important to inform patients not to pop the cysts themselves. Hidrocystomas arise from eccrine glands and transilluminate well on examination. They are treated with either excision or cautery. Syringomas are usually bothersome to patients. They are yellowish white bumps. They can be hard to excise and sometimes the scars that occur from removal are worse than the original bumps.
Inflammatory lesions include contact dermatitis, ocular rosacea, and chalazion. Contact dermatitis results in itchy, irritated, red eyelids. Inciting products are usually the cause and treatment includes discontinuing these products. Neo Poly Dex can also be utilized sparingly. The condition will usually resolve within a week or two.
**********Continue on next Page**********



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Ocular rosacea is a dermatological condition that affects the sebaceous glands. Characteristics include pustules, papules, rhinophyma, and telangiectasia. Ocular characteristics include dry eye, hyperemia, and ulcers. Management includes warm compresses, erythromycin, and a steroid if needed. A one month course of doxycycline can also be utilized. Dermatology will usually co-manage in this condition.
Chalazion arise from clogged meibomian glands. Conservative treatment is implemented in the first 2-4 weeks which can include warm compresses and erythromycin. If no improvement, chalazion can be treated with intralesional steroid injections or incision and curettage.
Viral eyelid lesions occur from herpes simplex, herpes zoster, or molluscum contagiosum. Herpes simplex lesions include pustules, erythema, and dendritic ulcers. These lesions do not follow a dermatome distribution. Herpes zoster, on the other hand, does follow dermatome distribution. It is more common in adults and can be followed by post herpetic neuralgia. These lesions can be treated with pain relievers, systemic steroids, and antivirals. Molluscum contagiosum are bumps with a domed center and central umbilication. They are common in children and are associated with conjunctivitis. They can be treated with excision/cautery or cryotherapy.
Autoimmune conditions that can exhibit eyelid lesions include systemic lupus erythematosus, amyloidosis, and ocular cicatricial pemphigoid.
There are also several categories of malignant eyelid lessons to monitor for in patients. Surgery for these lesions include MOHs, frozen section control, wide local excision, radiation, cryotherapy, and immunotherapy. The most common malignant lesion is basal cell carcinoma. The majority occur on the lower eyelid. They tend to be invasive and can penetrate into tissues, however they are slow growing and rarely metastasize. Actinic keratosis are red, scaly, flaky lesions that are precancerous. Keratocanthoma are explosive growing lesions that look like a volcano/ They tend to be an easier to treat form of squamous cell carcinoma. Squamous cell carcinomas have a keratinized peak. Sebaceous adenocarcinoma arise from meibomian glands. They can present as chronic chalazion. Lastly, malignant melanoma is not often found around the eyelids. It will present as irregular pigmentation and is treated with slow MOHs surgery.
Overall, it is important to monitor for these different types of benign and malignant eyelid lesions in our patients. Even if we as optometrists are not removing the lesions, it is important to be able to educate and reassure our patients.
##

MOA Report
Matthew McCoy, OD
Robert Goerss, OD

MOA Convention is October 12-15 in Branson. Laser wet lab is Saturday October 14, separate registration is required for the lab.
Keyperson webinar this Thursday the 13 at 7:30 pm to discuss contacting legislators and check deliveries. If you're a keyperson you should have received an email from Lee Ann, if not contact Matt or Robert:.
Dr. Matt McCoy mkmccoy45@gmail.com OR
Dr. Robert Goerss drgoerss@gmail.com

The focus for the remainder of the year will be continuing to build relationships with legislators through the keyperson system. We will be organizing days to have ODs in Jefferson City to maintain a presence with legislators and discuss our goals for moving forward with scope expansion in 2024. More details will be shared as they emerge. If you are not a keyperson but are interested in helping by contacting your legislator or going to Jefferson City, please let Robert or Matt know as well.

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STATE BOARD REPORT

Kurt Finkland, OD

Debbie Kerber, OD

If an optometrist does not obtain the required 32 hours of CE during a 2 year reporting period, the optometrist will most likely be required to obtain 2 hours of CE for each hour of CE they are short. In other words; if you are 2 hours short, you will most likely be required to do 4 more hours of CE to cover the 2 missed. Keep in mind, *you can only use hours once* so you cannot use these same hours toward the next reporting period.

I would also not encourage a person to take more than 1 CE course during a one hour period. We may have recently had a person who attempted to simultaneously take CE in person at a lecture hall while at the same time log in to a web-based CE course. Sixteen hours of CE during an 8 hour period may be a bit too creative as far as multitasking is concerned.

To prevent being short on CE hours in the future, you can always take up to 16 extra hours to roll over to the required 32 hours for the next reporting period. Again you can only use hours once Better safe than sorry!

Attending as many SLOS meetings as possible helps to attain the hours you need and you might even get a free Dinner

UMSL Report

Mary Beth Rhomberg, O.D.

The second floor of the Patient Care Center is being built out to accommodate some labs and the preclinic. We plan to be able to use it in the fall 2023.

UMSL Optometry August Academe

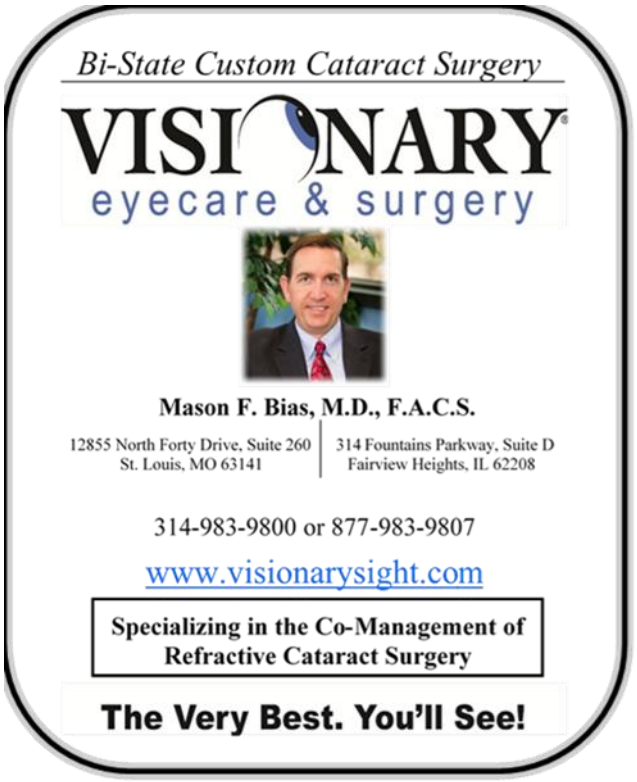
August 26 1;00 PM 4 hours CE/CEE

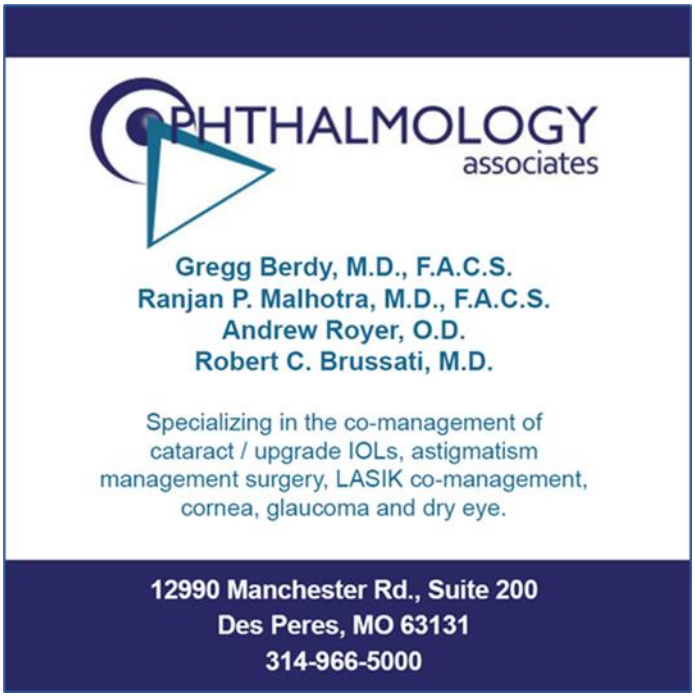
August 27 8:00 am -5 pm hours CE—6 Hours CEE

Open House—Patient Care Center

Saturday, August 26, 2023

5:30-7:30 pm





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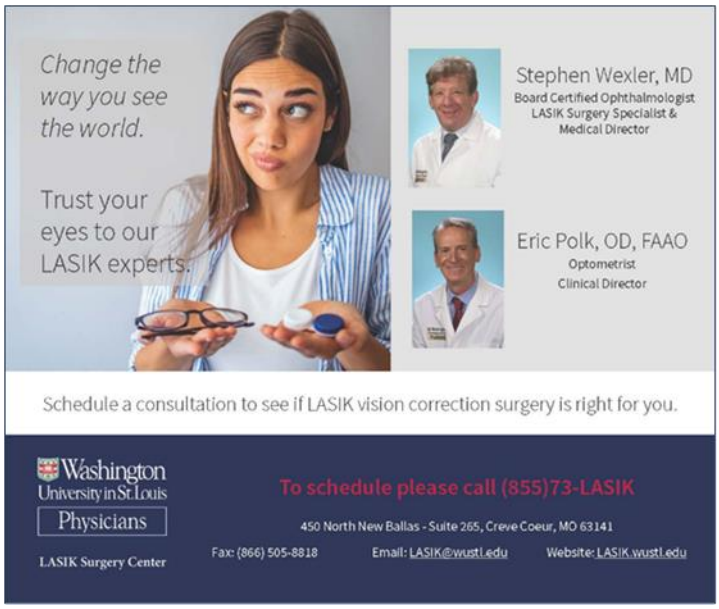
UPCOMING EVENTS

August 8, 2023

SLOS Meeting
Dr. Jeffry Gerson
Presents:
Modern Day Diabetes
2 Hours of Great CE
August 26-27, 2023
UMSL Optometry August Academe
August 26 1;00 PM 4 hours CE/CEE
August 27 8:00 am -5 pm hours CE —6 Hours CEE
Open House—Patient Care Center
Saturday, August 26, 2023
5:30-7:30 pm
Midwest Ophthalmologic Symposium
This year is live in-person
Saturday, September 9, 2023
The Eric P. Newman Education Center,
320 S Euclid Ave, St. Louis, MO
Watch for Registration information