At this year's meeting of the Association for Research in Vision and Ophthalmology, the members of the International Workshop on Meibomian Gland Dysfunction gave attendees a preliminary glimpse of their comprehensive report on the meibomian gland and its disorders. The report, which runs the gamut from the anatomy and physiology of the gland and proper definitions and classifications of meibomian gland dysfunction to thoughts on therapy, is the result of just over a year of research by the Tear Film and Ocular Surface Society.

"The objective of the workshop was to gather an international group, much like the approach, the meibomian gland in health and disease," says Kelly Nichols, OD, PhD, chair of the Meibomian Gland Dysfunction Workshop. "Essentially, it's a very large survey report like you'd find in Survey of Ophthalmology or The Ocular Surface, but much larger."

The workshop is composed of seven subcommittees, each of which tackled a different aspect of the meibomian gland and its disorders. There is also an eighth subcommittee made up of representatives from the ophthalmic companies that sponsored the workshop.

Though the members of the workshop are keeping all of their findings under wraps until they can be formally published, most likely in Investigative Ophthalmology and Visual Science, they discussed some of the conclusions at ARVO.

Some of these findings involved a clear definition and classification of meibomian gland dysfunction by J. Daniel Nelson, MD, professor of ophthalmology at the University of Minnesota. The workshop members hope that clear definitions can help keep clinicians and researchers on the same page when they discuss the disease in the future.

In his presentation, Dr. Nelson defined meibomian gland dysfunction as a "chronic characterized by terminal duct obstruction and/or qualitative/quantitative changes in symptoms of eye irritation, clinically apparent inflammation and ocular surface disease. This may result in alteration of the tear film, symptoms of eye irritation, clinically apparent inflammation and ocular surface disease."

In discussing his presentation, Dr. Nelson notes that the TFOS workshop prefers the term hypersecretory MGD over the term "seborrheic dermatitis," which should help some clinicians differentiate the two conditions.

"Seborrheic dermatitis is a skin condition, some suspect caused by a fungus," he says. "The confusion arises with the term seborrhea and hypersecretion. While hypersecretion refers to increased/excessive meibum production, seborrheic production."
Dr. Nelson also addressed inflammation's role in MGD. "I don't think inflammation within any of the different conditions," he says. "For example, inflammation may or may not be seen in hyper- or hyposecretory states. However, it is important to recognize inflammation, since it influences what the therapeutic approach will be.

Many of the workshop's subcommittee reports have been finalized, but several are still being revised. Dr. Nichols says that when all the individual reports are ready they'll be submitted to IOVS, and will probably be published together in the September issue of the journal.

"Certainly, it's very timely," says Dr. Nichols. "There's a significant amount of interest around the world and the continued interest in ocular surface disease in general. [The MGD Workshop] is the most expansive discussion of the meibomian gland to date."