Introduction

Prolapse of the third eyelid gland — known colloquially as “cherry eye” — primarily affects younger dogs, with breed predilections noted in the American Cocker Spaniel, Beagle, Boston Terrier, English Bulldog, Lhasa Apso, Pekingese, and Shih Tzu. If left untreated, the gland can become irriated, and the affected eye may be predisposed to develop keratoconjunctivitis sicca. Treatment usually consists of repositioning the gland using anchoring and/or pocketing of the gland.

Purpose

Evaluate the effectiveness of surgical techniques to correct third eyelid gland prolapse (TEGP), to prevent re-prolapse, and their effectiveness as a prophylactic treatment.

Methods

Multi-center retrospective analysis was conducted on medical records of 266 dogs (412 eyes) that had surgery for TEGP between 2008 and 2019. The following data were collected from medical records of dogs that presented for surgery to repair third eyelid gland prolapse: age, sex, breed, eye(s) affected, prolapse duration, prophylactic treatment of the contralateral eye, occurrence of the prophylactically treated eye, medical management before surgery, duration of treatment prior to surgery, surgical procedure(s), post-surgical treatment(s), follow-up duration, re-prolapse of treated eye(s), time to re-prolapse, prolapse after prophylactic treatment, complications, and concurrent ocular conditions. Of the 266 records in the study, 245 dogs (397 eyes) underwent surgery to treat TEGP. Univariate analysis was conducted using Fischer’s Exact Test for 2x2 comparisons and Chi-Squared for all others, with p<0.05.

Results

Surgery was performed on 397 eyes. The Morgan pocket (MP) technique was performed in 375 eyes, orbital rim tacking in 1 eye, combined MP-orbital rim tacking in 7 eyes, and combined MP-intra-nictitans tacking in 14 eyes. Successful repositioning was attained in 374/397 eyes. Re-prolapse occurred in 23/397 eyes. No correlation was found between surgical procedure(s) performed and re-prolapse (p=0.11). Re-prolapse was statistically significantly more common in castrated males than in spayed females (p<0.07).

Of the 397 eyes, 83 of the contralateral eyes were treated prophylactically based on surgeons’ preference. One prophylactically treated eye re-prolapsed.

Conclusions

Morgan Pocket technique alone or in combination with other surgical techniques was successful in correcting TEGP. No surgical procedure was significantly more effective at preventing re-prolapse. Benefits of prophylactic treatment of TEGP could not be determined. No concurrent ocular conditions correlated with TEGP.

Select References


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