



## Cherry Eye

### Prolapse of the Gland of the Third Eyelid or Third Eyelid Eversion

(also called "Cherry Eye" or Pink Eye or Cherry Eye Surgery).

- The Third Eyelid is also known as the Nictitating Membrane.
  - The third eyelid also has a tear gland located deep within its tissues, called the third eyelid gland.
  - It spread tear film over the corneal surface.
  - Third eyelid that slides up over the surface of the eye for protection of the cornea and removal of foreign material from the corneal surface.
  - Each eye of a dog actually has 2 tear glands (also called **lacrimal glands**), The orbital lacrimal gland produces 60% of the tears for the eye, and on the underside of the third eyelid is a small gland of the third eyelid gland produces 40% of the aqueous portion of the tear film.
  - Fine fibrous attachments(ligaments) between the gland of the third eyelid and the orbital tissue limit the gland's movement and prevent it from prolapsing.
  - Some dogs are born with weak ligaments, which allow the gland to pop out of its normal position and look like a pink roundish object everts over the free margin of the third eyelid in the inside corner of the eye.
  - Unilateral or bilateral. One gland may prolapse a few days to months before the other. Often seen in dogs 3-12 months of age. In older dogs you should rule out neoplasia.
  - Any breed but most often in Cocker Spaniel, Bulldog, Basset Hound, and Beagle.
- Treatment options:**
- Many practitioners excise the gland because it is technically simpler, because they are uncomfortable with replacement procedures, and because they feel that they do not see KCS as a sequelae. (*Once the tear production of an eye fails, a chronic dryness ensues and adversely impacts the health of the eye surfaces. This "dry eye" is called **Keratoconjunctivitis sicca (KCS)***).
  - I would encourage you to replace the gland as KCS really does occur in many of these dogs following excision (but usually several years later) and life-long medication is a lot more complicated than the replacement procedures.

- In One study of 89 cases of **"cherry eye" by Rhea Morgan**: 48% of dogs treated by excision of the gland developed KCS but did so an average of 3 years later (the earliest was 6 months). Possibly the remaining lacrimal gland "burns itself out" from chronic overproduction over time.
- If the gland was left prolapsed, 43% developed KCS. If the gland was replaced, 14% developed KCS; and 5% of the "normal" eyes (those without a prolapsed gland), developed KCS. Dogs with a tendency for "cherry eye" are at a higher risk for KCS than the general population.
- Prolapsed gland of the third eyelid are treated by replacement, not by excision. For the best results, only experienced surgeons should attempt the technique.
- Multiple procedures for replacement exist: prolapsed third eyelid gland is preserved by "pocket technique" to bury gland deep into the tissue or by anchoring sutures to the orbit rim.
- The **"pocket technique"** has been recognized as one of the more successful techniques to correct this condition.
- Recurrence: The success rate of surgery is approximately 95% in most of breeds of dogs except in the English Bulldog and Mastiff breeds, in which the success rate is lower.
- **After-care**  
Antibiotic and/or anti-inflammatory eye drops or ointment will be prescribed for 7-10 days. Oral medication will also usually be prescribed for 5-10 days. Rest is advised for the first 5-7 days. Swimming or bathing of the head area should be avoided for the first 14 days. The third eyelid may appear more prominent for several days but this resolves in most cases.

### **Scrolled cartilage, or cartilage eversion**

This condition is less common than 'cherry eye' and affects young giant breed dogs, usually during the rapid growth phase. The third eyelid has a T-shaped cartilage within it, to provide some rigidity. One small area of the T grows abnormally fast, so that the cartilage becomes bent, everted or 'scrolled'. This results in the whole third eyelid becoming scrolled so that it appears as a pink to reddish mass in the corner of the eye. A scrolled cartilage can appear very similar to a 'cherry eye' and examination under general anesthesia may be necessary to distinguish the different conditions.

As with 'cherry eye', there is no medical treatment to correct the abnormal cartilage and an operation is required. The operation is straightforward as the abnormal part of the cartilage is identified, dissected free and completely removed. Recurrence is highly unlikely in the same eye.

If you have any questions please feel free to contact us using the information below.  
Thank You,

