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Demodex- a silent "friend"

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INTRODUCTION/OBJECTIVES: Demodex is commonly found in the human population, in skin sebaceous glands or follicles. The frequency of Demodex infection increases with age, as it is mainly diagnosed after the age of seventy. Demodex folliclorum and Demodex brevis (commonly referred to as Demodex) are the most common human osteoporosis. Demodex folliculorum occurs in the hair follicle (especially in genes), while Demodex brevis occurs in the sebaceous glands.

MATERIALS AND METHODS: We systematically reviewed multiple papers focused on the Demodex infections through the PubMed search engine.

RESULTS: Most people only carry Demodex and do not develop symptoms. Demodex mites are usually harmless, but they can cause problems for people with weakened immune systems. Demodex infection usually remains asymptomatic and may have a pathogenic role only when it occurs at high densities and due to an immune imbalance. If blepharitis is of bacterial origin, long-term effects include loss of eyelashes, ectropion (reversal of the edge of the eyelid, most commonly of the lower eyelid, exposing the conjunctiva), thickening of the edge of the eyelids, dilated and visible capillaries, trichosis and entropion). Changes in the genes can cause corneal erosions that can become infected and lead to severe vision damage.

CONCLUSION: Blepharitis treatment involves a daily regimen of warm compresses and eyelid scrub to remove the build-up of biofilm and bacterial overgrowth from the eyelid margins. This eyelid hygiene routine is very helpful to treat and control blepharitis, but only if performed properly and regularly.

