Idiopathic, acquired, localised and transient trichomegaly

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DESCRIPTION

A 34-year-old Asian man presented with a 1-month history of discomfort of the left eye. On examination, he was noted to have a localised area of long curly lashes in the middle third of the left upper eyelid (**figure 1A**). He had good visual acuity despite having keratoconus, treated with hard lenses. He had no other medical, ocular, traumatic or surgical history and was not on any systemic or topical medication, including prostaglandins; a common cause.¹ Our patient opted for initial monitoring instead of biopsy and 2 months later, these lash changes and symptoms had spontaneously improved (**figure 1B**).

Trichomegaly is the increased length, curling, pigmentation or thickness of eyelashes.² It is a subdivision of hypertrichosis, which can often be idiopathic in nature such as following repetitive trauma, friction, inflammation or surgical scar sites.³ On the other hand, trichomegaly is almost always associated with a cause whether it is congenital, acquired or drug induced.⁴ Acquired causes include anorexia, atopic dermatitis, hypothyroidism, systemic lupus erythematosus, HIV infection, pregnancy and malignancy such as metastatic renal adenocarcinoma.⁴ Prostaglandins, commonly used in glaucoma treatment, are the most common drug-induced cause and result in a characteristic

lash appearance.¹ However, other drugs such as corticosteroids, penicillamine, phenytoin, topiramate, epidermal growth factor receptor inhibitors, ciclosporin and tacrolimus have been associated.⁴ Therapeutic options therefore involve targeting the cause, however trimming, epilation and surgery can help those that are symptomatic and observation for those asymptomatic. Our case highlights the importance of a good history, as well as conservative treatment being a perfectly reasonable initial treatment option. Although our patient's use of hard lenses may be hypothesised as a cause for localised trauma and therefore induce trichomegaly, it does not explain why this occurred after over 10 years of contact lens wear with spontaneous improvement with no change of habit. We present a rare case of an idiopathic, acquired and localised trichomegaly which seems to be transient in nature.

Learning points

- ▶ Idiopathic trichomegaly is rare, with no cases in the literature discussing a transient self-resolving form.
- ▶ Conservative management is a reasonable initial approach in unusual cases of trichomegaly.
- ▶ Importance of a thorough history to ascertain and rule out causes, particularly those that are serious in nature

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Figure 1 (A) The localised trichomegaly seen at presentation compared with the spontaneously resolving lash changes seen 2 months later in (B).

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