Table des matières

hordeolum

Orgelet

1. Systematic Reviews and Meta-Analysis

1.1. Generic Acupuncture

1.1.1. Qiao (Point erjian) 2020 ★

Qiao HW, Liu NW, Wang J, Huang S, Yu L, Chen Z. Bloodletting at EX-HN6 as an adjunctive therapy to eye drops for stye: A meta-analysis. Medicine (Baltimore). 2020;99(32):. [185287]. doi

Background	This study evaluated the effectiveness and safety of bloodletting (BL) at ear-apex (EX-HN6) as an adjunctive therapy to eye drops for stye.
Methods	This study systematically searched electronic databases from inception to March 1, 2020 in PUBMED, EMBASE, Cochrane Library, China National Knowledge Infrastructure, Chinese Scientific Journals Full-text Database, and WanFang Database. All potential randomized controlled trials (RCTs) investigating the effectiveness and safety of BL at EX-HN6 as an adjunctive therapy to eye drops for stye were included in this study. Study quality of all included studies was assessed by Cochrane Risk of Bias Assessment Tool. RevMan 5.3 software was used for statistical analysis and meta-analysis performance.
Results	A total of **11 RCTs**, involving **1718 subjects**, were included in this study. Results showed that BL at EX-HN6 as an adjunctive therapy to eye drops was superior to the eye drops alone in enhancing total effectiveness rate (risk ratio [RR] 1.21, 95% confidence intervals [CIs] [1.11, 1.32], I = 79%), and total cure rate (RR 1.28, 95% CIs [1.14, 1.43], I = 69%). After removing two studies, results of subgroup analysis still showed significant improvements in total effectiveness rate (RR 1.13, 95% CIs [1.08, 1.18], I = 0%), and total cure rate (RR 1.16, 95% CIs [1.08, 1.24], I = 0%). No data of adverse reactions was reported in primary trials, thus, this study did not analyze adverse reactions of BL at EX-HN6 as an adjunctive therapy to eye drops for stye.
Conclusion	BL at EX-HN6 as an adjunctive therapy to eye drops may benefit stye. However, high-quality RCTs addressing on this issue is still needed to warrant the findings of this study.

1.1.2. Cheng 2017 ☆

Cheng K, Law A, Guo M, Wieland LS, Shen X, Lao L. Acupuncture for acute hordeolum. Cochrane Database Syst Rev. 2017.[168259] .

Background	Hordeolum is an acute, purulent inflammation of the eyelid margin usually caused by obstructed orifices of the sebaceous glands of the eyelid. The condition, which affects sebaceous glands internally or externally, is common. When the meibomian gland in the tarsal plate is affected, internal hordeolum occurs, while when the glands of Zeis or Moll associated with eyelash follicles are affected, external hordeolum, or stye occurs. The onset of hordeolum is usually self limited, and may resolve in about a week with spontaneous drainage of the abscess. When the condition is severe, it can spread to adjacent glands and tissues. Recurrences are very common. As long as an internal hordeolum remains unresolved, it can develop into a chalazion or generalized eyelid cellulitis. Acupuncture is a traditional Chinese medical therapy aimed to treat disease by using fine needles to stimulate specific points on the body. However, it is unclear if acupuncture is an effective and safe treatment for acute hordeolum.
Objectives	The objective of this review was to investigate the effectiveness and safety of acupuncture to treat acute hordeolum compared with no treatment, sham acupuncture, or other active treatment. We also compared the effectiveness and safety of acupuncture plus another treatment with that treatment alone.
Methods	Search Methods: We searched CENTRAL, Ovid MEDLINE, Ovid MEDLINE In-Process and Other Non-Indexed Citations, Ovid MEDLINE Daily, Ovid OLDMEDLINE, Embase, PubMed, Latin American and Caribbean Health Sciences Literature Database (LILACS), three major Chinese databases, as well as clinical trial registers all through 7 June 2016. We reviewed the reference lists from potentially eligible studies to identify additional randomised clinical trials (RCTs). Selection Criteria: We included RCTs of people diagnosed with acute internal or external hordeola. We included RCTs comparing acupuncture with sham acupuncture or no treatment, other active treatments, or comparing acupuncture plus another treatment versus another treatment alone. Data Collection and Analysis: We used standard methodological procedures used by Cochrane.

Main Results	We included **6 RCTs with a total of 531 participants** from China. The mean age of the participants ranged from 18 to 28 years. Four RCTs included participants diagnosed with initial acute hordeolum with a duration of less than seven days; one RCT included participants diagnosed with initial acute hordeolum without specifying the duration; and one RCT included participants with recurrent acute hordeolum with a mean duration of 24 days. About 55% (291/531) of participants were women. Three RCTs included participants with either external or internal hordeolum; one RCT included participants with only external hordeolum; and two RCTs did not specify the type of hordeolum. Follow-up was no more than seven days after treatment in all included RCTs; no data were available for long-term outcomes. Overall, the certainty of the evidence for all outcomes was low to very low, and we judged all RCTs to be at high or unclear risk of bias.Three RCTs compared acupuncture with conventional treatments. We did not pool the data from these RCTs because the conventional treatments were not similar among trials. Two trials showed that resolution of acute hordeolum was more likely in the acupuncture group when compared with topical antibiotics (1 RCT; 32 participants; risk ratio (RR) 3.60; 95% confidence interval (CI) 1.34 to 9.70; low-certainty of evidence) or oral antibiotics plus warm compresses (1 RCT; 120 participants; RR 1.45; 95% CI 1.18 to 1.78; low-certainty of evidence). In the third trial, little or no difference in resolution of hordeolum was observed when acupuncture was compared with topical antibiotics plus warm compresses (1 RCT; 109 participants; RR 1.00; 95% CI 0.96 to 1.04; low-certainty of evidence). One RCT mentioned adverse outcomes, stating that there was no adverse event associated with acupuncture.Three RCTs compared acupuncture plus conventional treatments (two RCTs used topical antibiotics and warm compresses, one RCT used topical antibiotics only) versus the conventional treatments alone. One of the three RCTs, with very low-certainty evidence, did not report the resolution of acute hordeolum; however, it reported that acute hordeolum relief might be higher when acupuncture was combined with conventional treatments than with conventional treatments alone group (60 participants; RR 1.80; 95% CI 1.00 to 3.23). Pooled analysis of the remaining two RCTs, with low-certainty evidence, estimated resolution of acute hordeolum was slightly higher in the combined treatment group compared with the conventional treatment alone group at 7-day follow-up (210 participants; RR 1.12; 95% CI 1.03 to 1.23; I2 = 0%). None of the three RCTs reported adverse outcomes. Among the included RCTs, four participants, two from the acupuncture plus conventional treatments group and two from the conventional treatments alone group, withdrew due to exacerbation of symptoms.
Authors' Conclusions	Low-certainty evidence suggests that acupuncture with or without conventional treatments may provide short-term benefits for treating acute hordeolum when compared with conventional treatments alone. The certainty of the evidence was low to very low mainly due to small sample sizes, inadequate allocation concealment, lack of masking of the outcome assessors, inadequate or unclear randomization method, and a high or unreported number of dropouts. All RCTs were conducted in China, which may limit their generalizability to non-Chinese populations.Because no RCTs included a valid sham acupuncture control, we cannot rule out a potential expectation/placebo effect associated with acupuncture. As resolution is based on clinical observation, the outcome could be influenced by the observer's knowledge of the assigned treatment. Adverse effects of acupuncture were reported sparsely in the included RCTs, and, when reported, were rare. RCTs with better methodology, longer follow-up, and which are conducted among other populations are warranted to provide more general evidence regarding the benefit of acupuncture to treat acute hordeolum.