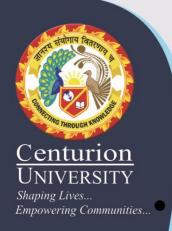


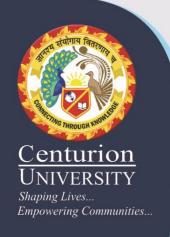
OCULAR DISEASE

ACUTE DACRYOCYSTITIS



Introduction

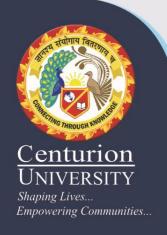
Acute dacryocystitis is an acute suppurative inflammation of the lacrimal sac, characterised by presence of a painful swelling in the region of sac.



Etiology

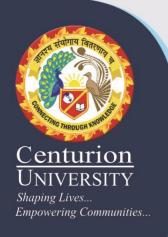
- It may develop in two ways:
- 1. As an acute exacerbation of chronic dacryocystitits.
- 2. As an acute peridacryocystitis due to direct involvement from the neighbouring infected structures such as:

paranasal sinuses, surrounding bones and dental abscess or caries teeth in the upper jaw.



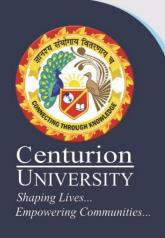
Causative organisms.

- Commonly involved are
- ✓ Streptococcus haemolyticus,
- ✓ Pneumococcus and
- √ Staphylococcus.



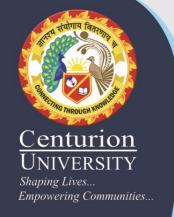
Clinical picture

- 1. Stage of cellulitis. It is characterised by a painful swelling in the region of lacrimal sac associated with epiphora and constitutional symptoms such as fever and malaise.
- The swelling is red, hot, firm and tender. Redness and oedema also spread to the lids and cheek.



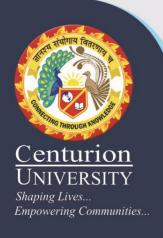
2. Stage of lacrimal abscess.

- Continued inflammation causes occlusion of the canaliculi due to oedema.
- The sac is filled with pus, distends and its anterior wall ruptures forming a pericystic swelling.



Acute dacryocystitis: Stage of lacrimal abscess.





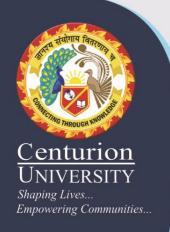
3. Stage of fistula formation.

- When the lacrimal abscess is left unattended, it discharges spontaneously, leaving an external fistula below the medial palpebral ligament.
- Rarely, the abscess may open up into the nasal cavity forming an internal fistula.



Acute dacryocystitis: Stage of external lacrimal fistula.





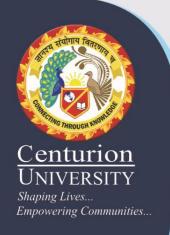
Complications

- Acute conjunctivitis,
- Corneal abraision which may be converted to corneal ulceration,
- Lid abscess,
- Osteomyelitis of lacrimal bone,
- Orbital cellulitis,
- Facial cellulitis and acute ethmoiditis.
- Rarely cavernous sinus thrombosis



Treatment

- 1. <u>During cellulitis stage</u>. It consists of systemic and topical antibiotics to control infection; and systemic anti-inflammatory analgesic drugs and hot fomentation to relieve pain and swelling.
- 2. <u>During stage of lacrimal abscess.</u>
 In addition to the above treatment when pus starts pointing on the skin, it should be drained with a small incision.
- The pus should be gently squeezed out, the dressing done with betadine soaked roll gauze



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3. <u>Treatment of external lacrimal</u> <u>fistula</u>. After controlling the acute infection with systemic antibiotics, fistulectomy along with DCT or DCR operation should be performed.