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OCULAR DISEASE

ACUTE DACRYOCYSTITIS



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Introduction

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



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Etiology

- It may develop in two ways:
 1. As an *acute exacerbation of chronic dacryocystitis*.
 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.



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Causative organisms.

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



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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.**



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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 **pericycstic swelling**.



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Acute dacryocystitis: Stage of lacrimal abscess.





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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.***



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Acute dacryocystitis: Stage of external lacrimal fistula.





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Complications

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



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Treatment

- 1. ***During cellulitis stage.*** *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. ***During stage of lacrimal abscess.*** *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. **Treatment of external lacrimal fistula.** **After controlling the acute infection** with systemic antibiotics, fistulectomy along with **DCT or DCR** operation should be performed.