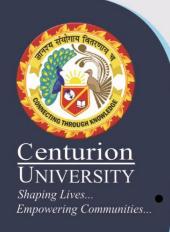


OCULAR DISEASE

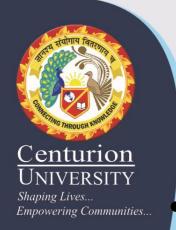
Enophthalmos



Introduction

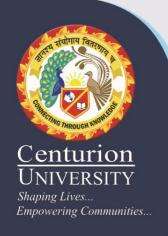
Inflammation of the lacrimal sac is not an uncommon condition. It may occur in two forms:

- A) Congenital Dacryocystitis
- B) Adult Dacryocystitis



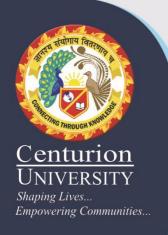
CONGENITAL DACRYOCYSTITIS

It is an inflammation of the lacrimal sac occurring in newborn infants; and thus also known as *dacryocystitis* neonatorum.



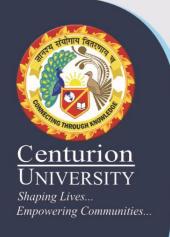
Etiology

- It follows stasis of secretions in the lacrimal sac due to congenital blockage in the nasolacrimal duct.
- It is of very common occurrence.
- As many as 30 percent of newborn infants are believed to have closure of nasolacrimal duct at birth;
- Mostly due to 'membranous occlusion' at its lower end, near the valve of Hasner.



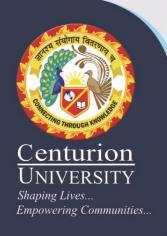
Other causes of congenital NLD block

- Presence of epithelial debris
- ✓ Membranous occlusion at its upper end near lacrimal sac,
- ✓ Complete noncanalisation
- ✓ Rarely bony occlusion
- Common bacteria associated with congenital dacryocystitis are staphylococci, pneumococci and streptococci



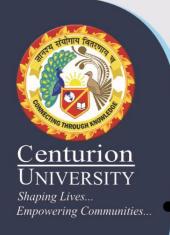
Clinical picture

- Congenital dacryocystitis usually presents as a mild grade chronic inflammation.
- 1. Epiphora, usually developing after seven days of birth. It is followed by copious mucopurulent discharge from the eyes.



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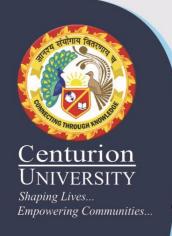
- 2. Regurgitation test is usually positive, i.e., when pressure is applied over the lacrimal sac area, purulent discharge regurgitates from the lower punctum.
- 3. Swelling on the sac area may appear eventually.



Differential diagnosis

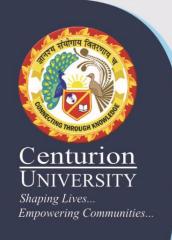
Congenital dacryocystitis needs to be differentiated from other causes of watering in early childhood especially

- ✓ Ophthalmia neonatorum
- ✓ Congenital glaucoma.



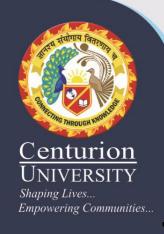
Complications

- When not treated in time it may be complicated by
- ✓ Recurrent conjunctivitis,
- ✓ Acute on chronic dacryocystitis,
- ✓ Lacrimal abscess
- ✓ Fistulae formation.



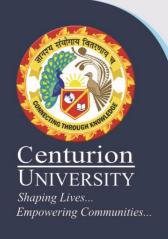
Treatment

- 1. <u>Massage over the lacrimal sac area</u> and topical antibiotics constitute the treatment of congenital NLD block, up to 6-8 weeks of age.
- Massage increases the hydrostatic pressure in the sac and helps to open up the membranous occlusions.
- It should be carried out at least 4 times
 a day to be followed by instillation of
 antibiotic drops.



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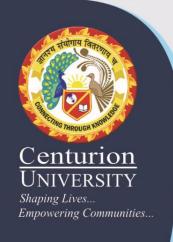
- 2. Lacrimal syringing (irrigation) with normal saline and antibiotic solution.
 - It should be added to the conservative treatment if the condition is not cured up to the age of 2 months.
 - Lacrimal irrigation helps to open the membranous occlusion by exerting hydraulic pressure.
 - Syringing may be carried out once or twice a week.



CONTINUE...

3. Probing of NLD with Bowman's probe:

- It should be performed, in case the condition is not cured by the age of 3-4 months.
- It is usually performed under general anaesthesia



CONTINUE...

- 4. Intubations with silicone tube may be performed if repeated probings are failure. The silicone tube should be kept in the NLD for about six months.
- 5. Dacryocystorhinostomy (DCR) operations: When the child is brought very late or repeated probing is a failure, then conservative treatment by massaging, topical antibiotics and intermittent lacrimal syringing should be continued till the age of 4 years. After this, DCR operation should be performed.