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OCULAR DISEASE

SWELLINGS OF THE LACRIMAL GLAND



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DACRYOADENITIS

I. Acute dacryoadenitis:

Etiology.

- *It may develop as a primary inflammation of the gland or secondary to some local or systemic infection.*
- Dacryoadenitis secondary to local infections occurs in trauma, erysipelas of the face, conjunctivitis (especially gonococcal and staphylococcal) and orbital cellulitis.



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- Dacryoadenitis secondary to systemic infections is associated with mumps, influenza, infectious mononucleosis and measles.



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Clinical picture

- painful swelling in the lateral part of the upper lid.
- The lid becomes red and swollen with a typical S-shaped curve of its margin
- Acute orbital dacryoadenitis produces some painful proptosis in which the eyeball moves down and in.



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A patient with bilateral dacryoadenitis:
note, s-shaped curve of upper eyelid.





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Treatment

- It consists of a course of appropriate systemic antibiotic, analgesic and anti-inflammatory drugs along with hot fomentation.
- When pus is formed, incision and drainage should be carried out.



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II. Chronic dacryoadenitis



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Introduction

- It is characterised by engorgement and simple hypertrophy of the gland.



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Etiology

- (i) as sequelae to acute inflammation;
- (ii) in association with chronic inflammations of conjunctiva and;
- (iii) due to systemic diseases such as tuberculosis, syphilis and sarcoidosis.



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Clinical features.

- (i) a painless swelling in upper and outer part of lid associated with ptosis;
- (ii) eyeball may be displaced down and in; and
- (iii) diplopia may occur in up and out gaze.
- *On palpation, a firm lobulated mobile mass may be felt under the upper and outer rim of the orbit.*



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Differential diagnosis

- from other causes of lacrimal gland swellings is best made after fine needle aspiration biopsy or incisional biopsy.