Endoscopic surgical management of dacryocele

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ABSTRACT

The lacrimal excretory system is prone to infection and inflammation for several reasons. The mucosa of the lacrimalonosal tract has two ends: the conjunctiva and nasal mucosa, that normally is colonized with bacteria. The lacrimal excretory system drains tears from the eye into the nasal cavity. The stagnation of tears of a pathologically obstructed nasolacrimal duct, with constant tearing, tumor and pain. The congenital dacryocystitis is a special form of chronic dacryocystitis, which occurs when the nasolacrimal ducts do not develop properly.

The objectives were to report our experience and surgical treatment of the unilateral giant dacryocele using the endonasal surgery. Avoiding external dacryocystorhinoscopy and its sequelae.

This patient was about one year with tearing, pain and red of the ocular canthus. In the chronic dacryocystitis there is a permanent obstruction of nasolacrimal duct, with constant tearing, tumor and pain.

This patient was followed endoscopically each week, testing the permeability of the fistula, moving the probe and checking the opening hole during 6 months after surgery. There were no recurrences neither any complications.

CONCLUSIONS

The endoscopic dacryocystorhinostomy has become a very safe method to resolve lacrimal sac pathologies, as well as being reliable, secure and with less sequelae as presented in the external dacryocystorhinostomies.

REFERENCES