Complications of endoscopic and conventional dacryocystorhinostomy (external) in chronic dacryocystitis

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ABSTRACT

Objective. Describe the complications of endoscopic and conventional dacryocystorhinostomy (external) in chronic dacryocystitis (CDC) in a public hospital.

Methods. Case series. We evaluated 39 patients who were treated surgically of CDC by endoscopic or conventional dacryocystorhinostomy between January 2006 and October 2011 at the Arzobispo Loayza National Hospital, Lima - Peru. The evaluated the complications associated with the treatment received.

Results. The 35.4% of the surgeries were made by conventional technique. The most common complication was the post-surgical removal of the probe in 4 patients (7.7%) by the conventional and 1 (2.5%) by the endoscopic technique. Other complications were recession (5.2%), abscess (2.6%) and epistaxis (2.6%), all for the conventional technique. By the endoscopical technique, just the infection (5.2%) and synechiae (2.6%).

Conclusions. Complications associated with the treatment received.

INTRODUCTION

The lacrimal excretory system is prone to infection and inflammation for several reasons. The mucosa of the lacrimal ducts is colonized with bacteria. The lacrimal excretory system drains tears from the eye into the nasal cavity. The stagnation of tears of a pathologically closed lacrimal drainage can result in dacryocystitis.

Dacryocystitis can be acute or chronic. The acute dacryocystitis presents painful and red of the ocular canthus. In the chronic dacryocystitis there is a permanent obstruction of 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 describe the complications of endoscopic and conventional dacryocystorhinostomy (external) in chronic dacryocystitis (CDC) in a public hospital.

METHODS AND MATERIALS

We included patients with CDC, operated by endoscopic or open over 18 years and have been operated in the institution.

We created a database which was subsequently transformed and processed with SPSS. The sequence analysis included descriptive analysis of the variables determining proportions and frequencies, and contingency tables (2x2). Inferential analysis performed to determine the complications of both surgical techniques through Chi square test.

RESULTS

The 56.4% of the surgeries were made by conventional technique. The most common complication was the postsurgical removal of the probe in 4 patients, 3 (7.7%) by the conventional and 1 (2.5%) by the endoscopical technique. Other complications were recession (5.2%), abscess (2.6%) and epistaxis (2.6%), all for the conventional technique. By the endoscopical technique, just the infection (5.2%) and synechiae (2.6%).

TABLES OF RESULTS: Complications of endoscopic and conventional dacryocystorhinostomy

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CONCLUSIONS

The predominant group in the CDC is female, either for anatomical reasons or irritants (facial cosmetics). People over 51 years are the group where there are more patients with CDC and degenerative anatomical factors.

The main symptoms of CDC are tearing and purulent secretion, followed by tumor and pain.

EDCR complications are conventional expulsion of the probe and re-obstruction, since it does not perform endoscopic monitoring passages.

Sinonasal pathology should be suspected in patients with CDC which is unfavorable evolution after that medically.

REFERENCES