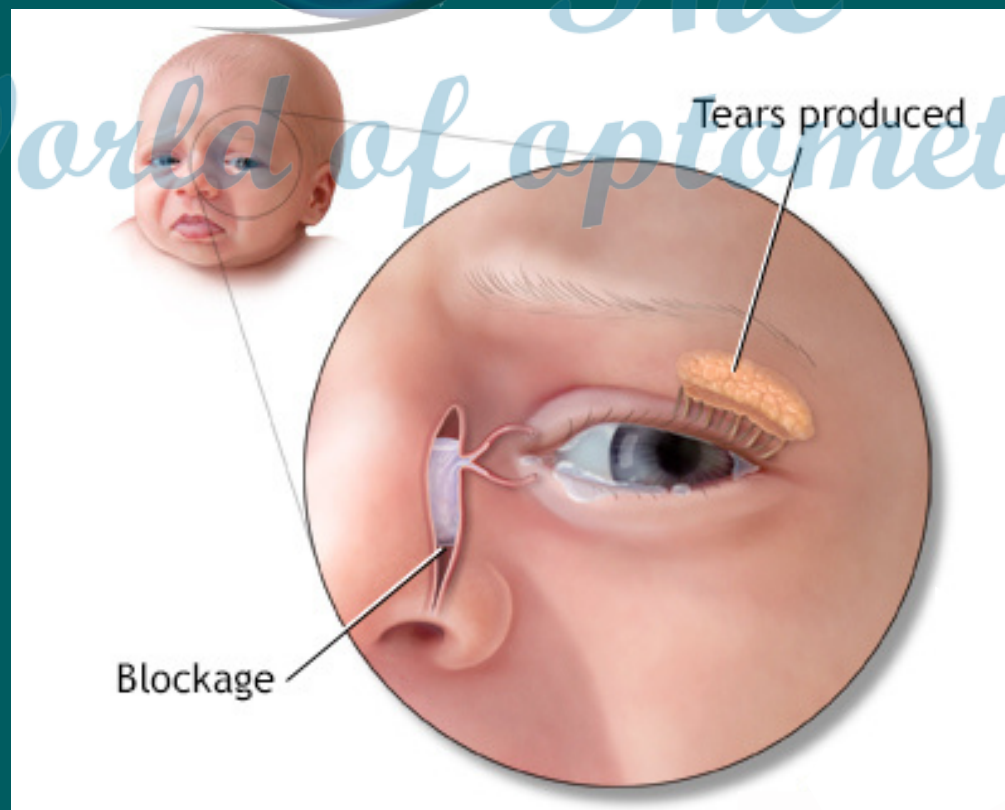




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# Two Case Study

## CONGENITAL NASOLACRIMAL DUCT OBSTRUCTION



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# Patient History

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**CHIEF COMPLAINTS:** 10 days old, female baby, Nepalese. Carer c/o wet mucopurulent discharge on eye lashes since birth in BE associated with constant watery discharge.

**OCULAR HISTORY:** No known ocular history, No surgery/injury/infections. No medication.

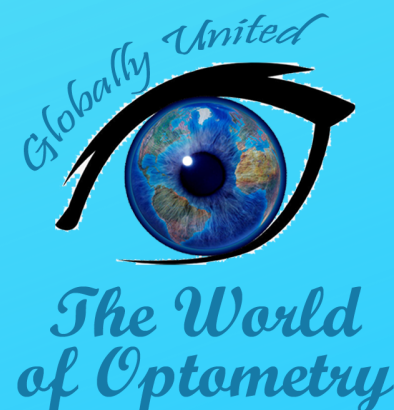
**MEDICAL HISTORY:** No known h/o systemic diseases/surgery.

**BIRTH HISTORY:** Full-term baby, C-section, Birth Weight :2.80kg, No Complication.

**PREGNANCY:** No complications during pregnancy

## **FAMILY HISTORY:**

No significant family history.



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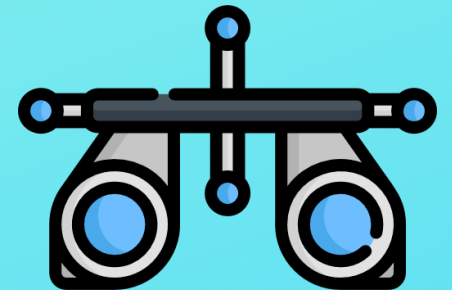
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# Ocular Examination

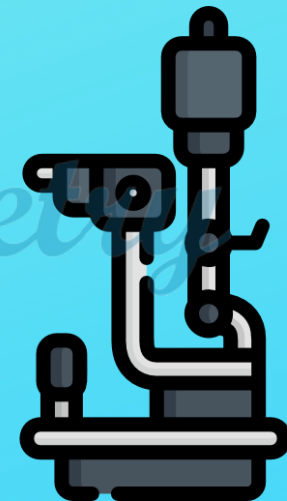
## Retinoscopy (Dry):

- RE: +4.00D
- LE: +4.50D



## Examination with Torch Light:

- Eyelashes: Debris on eyelashes OU
- Conjunctiva: Normal OU
- Cornea: Clear & Normal Corneal Reflex.
- Lens: No Abnormalities Detected OU.
- Anterior Chamber: Deep OU
- **ROPLAS TEST:** Positive OU



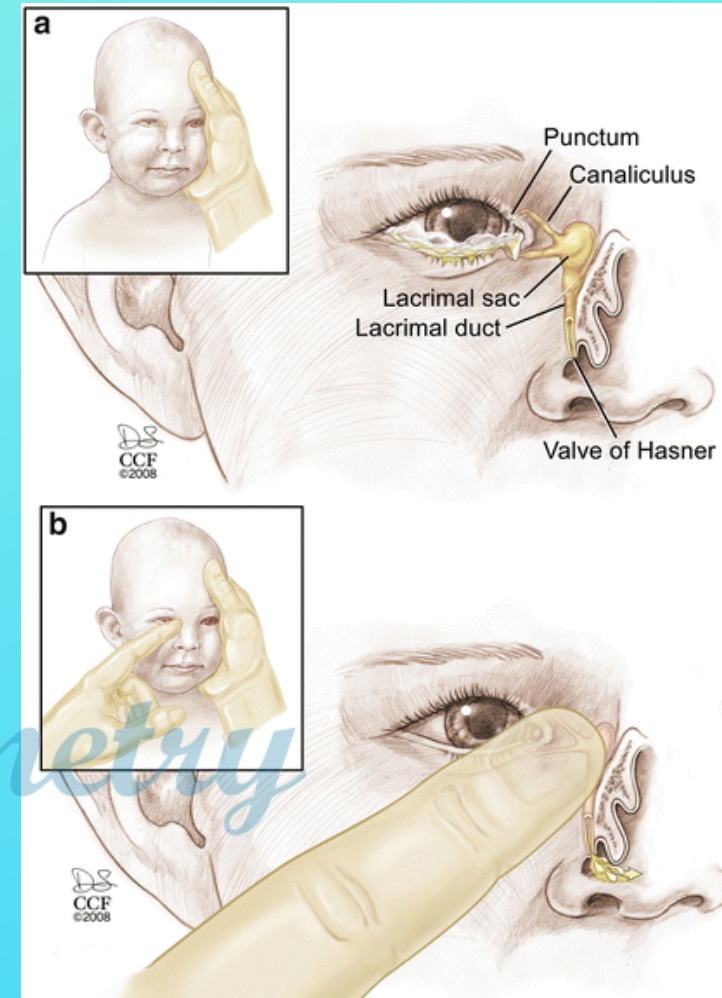


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# Clinical Features

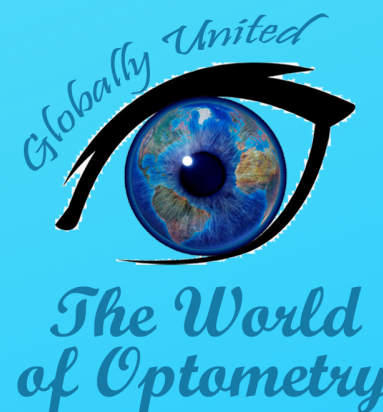
## Symptoms:

- Wet-looking eye, Overflow tears, moist-dried mucopurulent.
- Material on the eyelashes (predominantly medially), and reflux of mucoid.
- Mucopurulent material from the punctum when pressure is applied over the lacrimal sac (where the lower eyelid abuts the nose).



## Risk Factors:

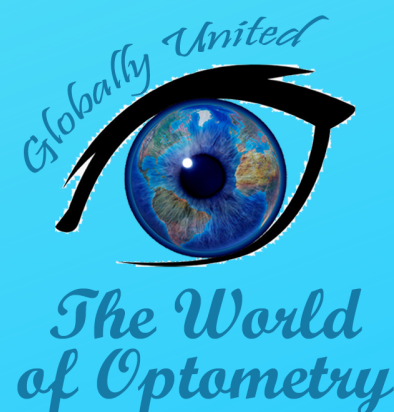
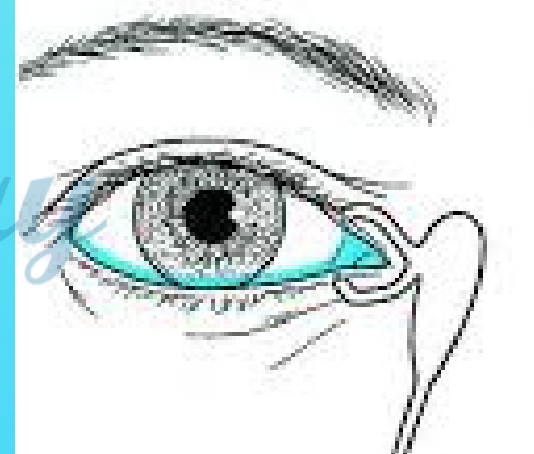
- Down syndrome
- Craniofacial anomalies



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# Investigation

- Exclude other causes of tearing, particularly congenital glaucoma, endophthalmitis, etc.
- Palpate over the lacrimal sac; reflux of mucoid or mucopurulent discharge from the punctum confirms the diagnosis.
- May also use the fluorescein dye disappearance test. Place fluorescein in both eyes. Check in 10 minutes; fluorescein will remain in the eye with congenital nasolacrimal duct obstruction.





DRAG TO THE SIDE  
DRAG TO THE SIDE

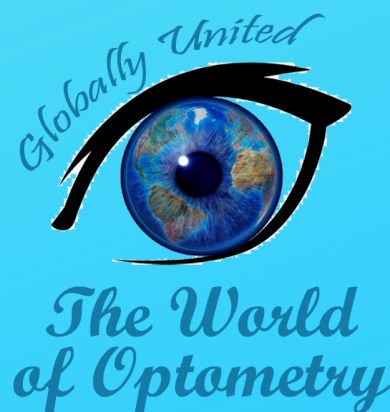
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# Diagnosis

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CONGENITAL NASOLACRIMAL  
DUCT OBSTRUCTION



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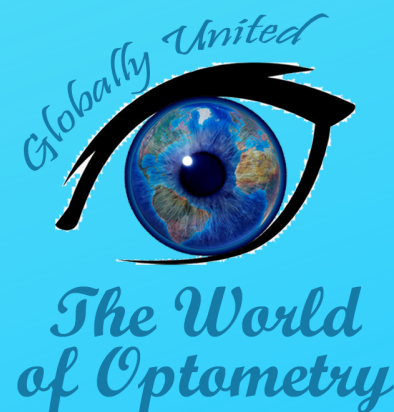


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# Treatment

- Digital pressure to lacrimal sac q.i.d. The parent is taught to place his or her index finger over the child's common canaliculus (inner corner of the eye) and apply pressure in an inward and downward fashion.
- Topical antibiotic (e.g., polymyxin/tobramycin q.i.d.) as needed to control mucopurulent discharge if present.
- In the presence of acute dacryocystitis (red, swollen lacrimal sac), a systemic antibiotic (tetracycline etc.) is needed.

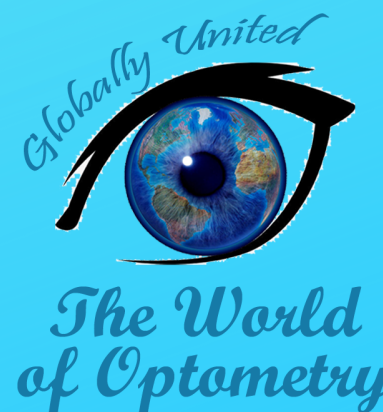
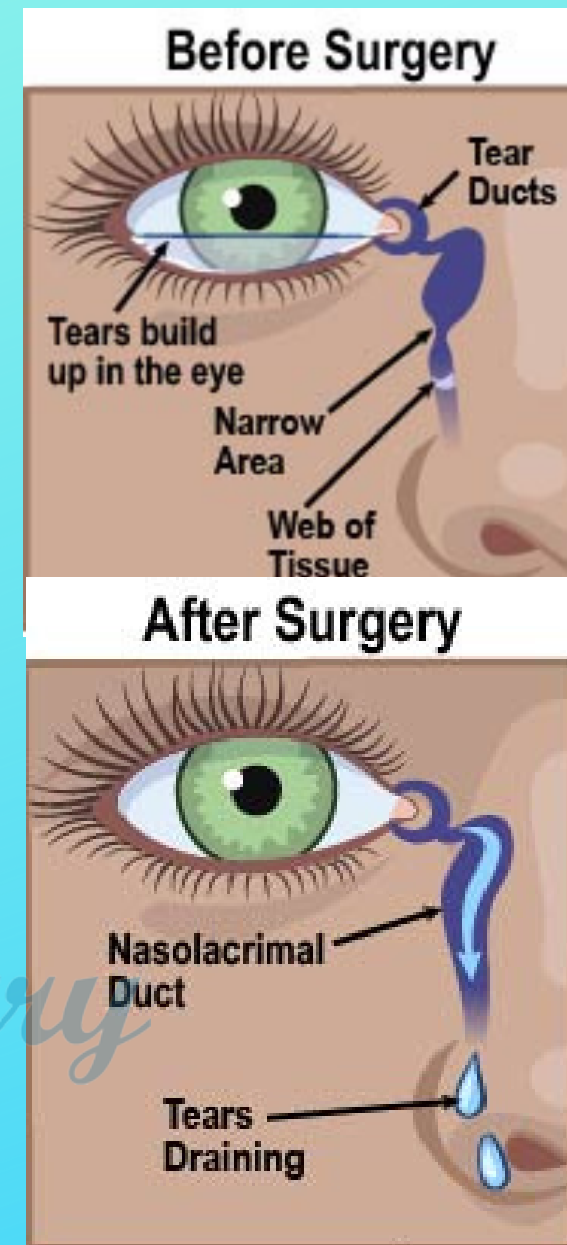




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# Treatment

- Probing should be considered if the nasolacrimal duct obstruction persists beyond a year of age.
- Most obstructions are corrected after the initial probing, but repeat sessions are sometimes needed. If primary and secondary probings fail, use of balloon dacryoplasty or silicone tubing placement into the nasolacrimal duct (left in place for weeks to months) may be necessary. Consider dacryocystorhinostomy as a last resort.



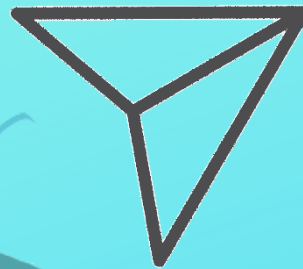




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