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Surgical Management of Congenital Bilateral Punctal Ollusion A Case Report.

KEYWORDS: congenital fistula,canalicular atresia.condenital punctual occlusion

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ABSTRACT *A ten year girl presented with complaints of bilateral epifora since birth.The patient had bilateral both upper and lower punctual occlusion without any other congenital ocular or systemic anamoly.She was treated succesfuly with snipping of the membrane only as her other lacrimal apparatus was normal.A review of literature indicates very few reports of such cases.*

Introduction

Punctual srenosis can be congenital or acquired.Morphogenesis of the lacrimal system begins at six week of gestation. Many congenital anomalies of the lacrimal system may occur if the development is affected during this time.Common anamolies are dacrostenosis,sac diverticula,punctual atresia,failure of canaliasation,and congenital fistula.



[1] [2] [3]

1 right eye lower punctum 2 right eye upper blocked punctum 3 left eye blocked punctum
PATIENT PHOTOGRAPH

Case report

A ten year old female patient came with the chief complaints of watering of eyes since birth.she visited no of general practitioner and attended eye camps but got no relief. Her detail ocular examination including slit lamp exam cycloplegic refraction retinal exam was normal.There was no h/0 lid trauma,malpositionof eyelashes,recurrent conjunctivitis. Punctal stenosis was dignosed using criteria used by Kashkauli et all.,[9],[10]viz.,punctum that is visible but smaller than 0.3mmand required a punctual finder followed by standard punctual dilor to insert a #00 Bowmen probe.

Initially puncti was covered with membrane and a small dimple was observed under microscope ENT exam was normal punctum dilator was tried to pass but failed.

Surgical treatment was carried out under general anaesthesia .The site of all puncti initially pierced with the side port used for phacosurgery and then with 15 no bp blade vertical cut was taken.Then punctum dilator was passed and syringing was done and free flow of the saline observed.Then patient put on topical antibiotic steroid combination tobramycin and dexamethasone for three weeks.Patient got relief from next day. There was punctual membrane on all puncti rest structures like canaliculi sac nasolacrimaal duct was normal.The patient followed for six months and was asymptomatic.Dacrocystography was advised but patient refused .

Discussion.

Surgery on the lacrimal drainage apparatus is designed most frequently to relive obstruction of the outflow of tears and less frequently to create obstruction to tear outflow.Obstruction of the tear drainage system may be congenital or acquired.Although the cause of congenital and acquired obstruction differ the two share similarprinciple of surgical management.All patient with congenital epiphora dosent require major surgical intervention rarely a very small surgical intervention like cutting of membrane when all other lacrimal apparatus is normal, is rewarding.

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