



## Surgical Management of Congenital Bilateral Punctal Oclusion A Case Report.

### KEYWORDS

congenital fistula,canalicular atresia.condenital punctual occlusion

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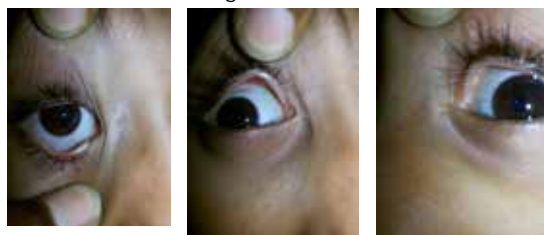
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**ABSTRACT** A ten year girl presented with complaints of bilateral epifora since birth.The patient had bilateral both upper and lower punctual occlusion without any other congenital ocular or systemic anomaly.She was treated successfully with snipping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

### Introduction

Punctal stenosis 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 anomalies are dacryostenosis,sac diverticula,punctual atresia,failure of canalisation,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 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/O lid trauma,malpositionof eyelashes,recurrent conjunctivitis. Punctal stenosis was diagnosed using criteria used by Kashkauri et al.,[9],[10]viz.,punctum that is visible but smaller than

0.3mm and required a punctual finder followed by standard punctual dilator to insert a #00 Bowman probe.

Initially punctum 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 puncta 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 punctum rest structures like canaliculi sac nasolacrimal duct was normal.The patient followed for six months and was asymptomatic.Dacryocystography was advised but patient refused .

### Discussion.

Surgery on the lacrimal drainage apparatus is designed most frequently to relieve 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 similar principle of surgical management.All patient with congenital epiphora do not 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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