Let’s start with congenital nasolacrimal obstruction (NLDO)…
In congenital nasolacrimal duct obstruction, where is the site of obstruction?
In congenital nasolacrimal duct obstruction, where is the site of obstruction typically located? **At the distal end of the NLD**
Congenital nasolacrimal duct obstruction: Stenosis at the distal end of the system
In congenital nasolacrimal duct obstruction, where is the site of obstruction typically located? At **the distal end of the NLD**

_In congenital NLDO, the valve at the distal end of the NLD is imperforate. What is the eponymous name of this valve?_
In congenital nasolacrimal duct obstruction, where is the site of obstruction typically located? At the distal end of the NLD.

In congenital NLDO, the valve at the distal end of the NLD is imperforate. What is the eponymous name of this valve?
The (spiral) valve of Hasner.
**Congenital Nasolacrimal Duct Obstruction and Dacryocele**

The Lacrimal Drainage System

- Canaliculus (8 mm)
- Nasolacrimal sac (10 mm)
- Nasolacrimal duct (12 mm)
- Ampulla (2 mm)
- Common canaliculus

Valve of Hasner

Spiral valve of Hasner
In congenital nasolacrimal duct obstruction, where is the site of obstruction typically located? At the **distal end of the NLD**

In congenital NLDO, the valve at the distal end of the NLD is imperforate. What is the eponymous name of this valve?
The (spiral) valve of Hasner

What percent of newborns have an imperforate valve of Hasner?
In congenital nasolacrimal duct obstruction, where is the site of obstruction typically located? At the distal end of the NLD.

In congenital NLDO, the valve at the distal end of the NLD is imperforate. What is the eponymous name of this valve?
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What percent of newborns have an imperforate valve of Hasner?
About half
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What percent of full-term infants are diagnosed with congenital NLDO?
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In congenital NLDO, the valve at the distal end of the NLD is imperforate. What is the eponymous name of this valve?
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What percent of newborns have an imperforate valve of Hasner?
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What percent of full-term infants are diagnosed with congenital NLDO?
About 5
In congenital nasolacrimal duct obstruction, where is the site of obstruction typically located? At the distal end of the NLD.

*In congenital NLDO, the valve at the distal end of the NLD is imperforate. What is the eponymous name of this valve?*

The (spiral) valve of Hasner

*What percent of newborns have an imperforate valve of Hasner?*

About half

*What percent of full-term infants are diagnosed with congenital NLDO?*

About 5

*Huh? If 50% of newborns are imperforate (ie, have an obstructed NLD), why are only 5% diagnosed with NLDO? Unobservant ophthalmologists?*
In congenital nasolacrimal duct obstruction, where is the site of obstruction typically located? At the distal end of the NLD

In congenital NLDO, the valve at the distal end of the NLD is imperforate. What is the eponymous name of this valve?
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What percent of newborns have an imperforate valve of Hasner?
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What percent of full-term infants are diagnosed with congenital NLDO?
About 5

Huh? If 50% of newborns are imperforate (ie, have an obstructed NLD), why are only 5% diagnosed with NLDO? Unobservant ophthalmologists?
Bite your tongue! No, it’s because the rest experience spontaneous perforation of the valve of Hasner during the first 4-6 weeks of life.
In congenital nasolacrimal duct obstruction, where is the site of obstruction typically located? At the distal end of the NLD.

In congenital NLDO, the valve at the distal end of the NLD is imperforate. What is the eponymous name of this valve? The (spiral) valve of Hasner.

What percent of newborns have an imperforate valve of Hasner? About half.

What percent of full-term infants are diagnosed with congenital NLDO? About 5.

Huh? If 50% of newborns are imperforate (ie, have an obstructed NLD), why are only 5% diagnosed with NLDO? Unobservant ophthalmologists? Bite your tongue! No, it’s because the rest experience spontaneous perforation of the valve of Hasner during the first 4-6 weeks of life.

OK, but why don’t these infants have diagnose-able NLDO in the interval before they spontaneously perforate?
In congenital nasolacrimal duct obstruction, where is the site of obstruction typically located? At the distal end of the NLD

In congenital NLDO, the valve at the distal end of the NLD is imperforate. What is the eponymous name of this valve?
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Huh? If 50% of newborns are imperforate (ie, have an obstructed NLD), why are only 5% diagnosed with NLDO? Unobservant ophthalmologists?
Bite your tongue! No, it’s because the rest experience spontaneous perforation of the valve of Hasner during the first 4-6 weeks of life.

OK, but why don’t these infants have diagnose-able NLDO in the interval before they spontaneously perforate?
The lacrimal glands don’t start producing significant tear volume until ~6 weeks post-partum. (Have you ever noticed that, when they cry, newborns don’t shed tears?) And the relative absence of tear-volume during this interval means that the signs of NLDO cannot develop, and thus most cases of congenital NLDO never become clinically apparent.
In congenital nasolacrimal duct obstruction, where is the site of obstruction typically located? **At the distal end of the NLD**

Speaking of: What is the classic sign of congenital NLDO?
In congenital nasolacrimal duct obstruction, where is the site of obstruction typically located? At the distal end of the NLD.

Speaking of: What is the classic sign of congenital NLDO? Epiphora with sticky, mucopurulent discharge.
Bilateral nasolacrimal duct obstruction with epiphora and periocular crusting
In congenital nasolacrimal duct obstruction, where is the site of obstruction typically located? At the distal end of the NLD.

Speaking of: What is the classic sign of congenital NLDO? Epiphora with sticky, mucopurulent discharge.

What does the mucopurulent-ness of the discharge indicate?
In congenital nasolacrimal duct obstruction, where is the site of obstruction typically located? At the distal end of the NLD.

Speaking of: What is the classic sign of congenital NLDO? Epiphora with sticky, **mucopurulent discharge**

*What does the mucopurulent-ness of the discharge indicate?*
It indicates there is a smoldering, chronic infection in the nasolacrimal sac.
In congenital nasolacrimal duct obstruction, where is the site of obstruction typically located? At the distal end of the NLD.

Speaking of: What is the classic sign of congenital NLDO? Epiphora with sticky, mucopurulent discharge.

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It indicates there is a smoldering, chronic infection in the nasolacrimal sac.

What percent of congenital NLDO infants get infected?
In congenital nasolacrimal duct obstruction, where is the site of obstruction typically located? At the distal end of the NLD.

Speaking of: What is the classic sign of congenital NLDO? Epiphora with sticky, **mucopurulent discharge**

*What does the mucopurulent-ness of the discharge indicate?*
It indicates there is a smoldering, chronic infection in the nasolacrimal sac.

*What percent of congenital NLDO infants get infected?*
Essentially all of them, until/unless the obstruction is resolved.
In congenital nasolacrimal duct obstruction, where is the site of obstruction typically located? At the distal end of the NLD.

Speaking of: What is the classic sign of congenital NLDO? Epiphora with sticky, mucopurulent discharge.

What does the mucopurulent-ness of the discharge indicate? It indicates there is a smoldering, chronic infection in the nasolacrimal sac.

What percent of congenital NLDO infants get infected? Essentially all of them, until/unless the obstruction is resolved.

How much does this ongoing, chronic infection bother the infant?
In congenital nasolacrimal duct obstruction, where is the site of obstruction typically located? At the distal end of the NLD.

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What does the mucopurulent-ness of the discharge indicate? It indicates there is a smoldering, chronic infection in the nasolacrimal sac.

What percent of congenital NLDO infants get infected? Essentially all of them, until/unless the obstruction is resolved.

*How much does this ongoing, chronic infection bother the infant?* Seemingly not at all, and **this nonchalance is an important clue that one is dealing with typical NLDO.** That is, if the infant seems distressed by their ophthalmic condition, or is fussy, **the diagnosis of ‘typical NLDO’ should be questioned.**
In congenital nasolacrimal duct obstruction, where is the site of obstruction typically located? At the distal end of the NLD.

Speaking of: What is the classic sign of congenital NLDO? Epiphora with sticky, mucopurulent discharge.

What does the mucopurulent-ness of the discharge indicate? It indicates there is a smoldering, chronic infection in the nasolacrimal sac.

What percent of congenital NLDO infants get infected? Essentially all of them, until/unless the obstruction is resolved.

Why is the infection rate so high?
In congenital nasolacrimal duct obstruction, where is the site of obstruction typically located? At the distal end of the NLD.

Speaking of: What is the classic sign of congenital NLDO? Epiphora with sticky, mucopurulent discharge.

What does the mucopurulent-ness of the discharge indicate?
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What percent of congenital NLDO infants get infected?
Essentially all of them, until/unless the obstruction is resolved.

Why is the infection rate so high?
Think about it—distal obstruction means tears get into the sac, but can’t get out. Thus, stasis is the order of the day. And stasis of the protein-rich tear renders it an ideal ‘broth’ in which bacteria can flourish.
In congenital nasolacrimal duct obstruction, where is the site of obstruction typically located? At the distal end of the NLD.

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Think about it—distal obstruction means tears get into the sac, but can’t get out. Thus stasis is the order of the day. And stasis of the protein-rich tear renders it an ideal ‘broth’ in which bacteria can flourish.

*Which species is implicated in this infection?*
In congenital nasolacrimal duct obstruction, where is the site of obstruction typically located? At the distal end of the NLD.

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Which species is implicated in this infection?
No one species; in fact, the infection is usually polymicrobial, and normal flora are often involved.
In congenital nasolacrimal duct obstruction, where is the site of obstruction typically located? At the distal end of the NLD.

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Which species is implicated in this infection? No one species; in fact, the infection is usually polymicrobial, and normal flora are often involved.

What if the discharge is clear, ie, is not mucopurulent? What would be the significance?
In congenital nasolacrimal duct obstruction, where is the site of obstruction typically located? At the distal end of the NLD.

Speaking of: What is the classic sign of congenital NLDO? Epiphora with sticky, mucopurulent discharge.

What does the mucopurulent-ness of the discharge indicate? It indicates there is a smoldering, chronic infection in the nasolacrimal sac.

What percent of congenital NLDO infants get infected? Essentially all of them, until/unless the obstruction is resolved.

Why is the infection rate so high? Think about it—distal obstruction means tears get into the sac, but can’t get out. Thus stasis is the order of the day. And stasis of the protein-rich tear renders it an ideal ‘broth’ in which bacteria can flourish.

Which species is implicated in this infection? No one species; in fact, the infection is usually polymicrobial, and normal flora are often involved.

What if the discharge is clear, ie, is not mucopurulent? What would be the significance? It would suggest the blockage is above the sac, at the puncta or canalicular apparatus.
In congenital nasolacrimal duct obstruction, where is the site of obstruction typically located? At the distal end of the NLD.

Speaking of: What is the classic sign of congenital NLDO? **Epiphora** with sticky, mucopurulent discharge.

What blinding condition must always, always, ALWAYS be ruled out in an infant with epiphora?
In congenital nasolacrimal duct obstruction, where is the site of obstruction typically located? At the distal end of the NLD.

Speaking of: What is the classic sign of congenital NLDO? Epiphora with sticky, mucopurulent discharge.

What blinding condition must always, always, ALWAYS be ruled out in an infant with epiphora? Glaucoma. Epiphora is part of the ‘classic triad’ in the presentation of congenital glaucoma.
In congenital nasolacrimal duct obstruction, where is the site of obstruction typically located? At the distal end of the NLD.

Speaking of: What is the classic sign of congenital NLDO? **Epiphora** with sticky, mucopurulent discharge.

*What blinding condition must always, always, ALWAYS be ruled out in an infant with epiphora? Glaucoma.* Epiphora is part of the ‘classic triad’ in the presentation of congenital glaucoma.

*What are the other two findings in the classic triad?*
---Epiphora
---
In congenital nasolacrimal duct obstruction, where is the site of obstruction typically located? At the distal end of the NLD.

Speaking of: What is the classic sign of congenital NLDO? **Epiphora** with sticky, mucopurulent discharge.

*What blinding condition must always, always, ALWAYS be ruled out in an infant with epiphora? **Glaucoma.** Epiphora is part of the ‘classic triad’ in the presentation of congenital glaucoma.*

*What are the other two findings in the classic triad?*
--Epiphora
--Photophobia
--Blepharospasm
**Congenital Nasolacrimal Duct Obstruction and Dacryocele**

- Epiphora (note also the large corneas, as well as the hazy cornea OD)
- Photophobia/blepharospasm

**Congenital glaucoma**
In congenital nasolacrimal duct obstruction, where is the site of obstruction typically located? **At the distal end of the NLD**

Speaking of: What is the classic sign of congenital NLDO? **Epiphora with sticky, mucopurulent discharge**

How is congenital NLD obstruction managed initially?
In congenital nasolacrimal duct obstruction, where is the site of obstruction typically located? **At the distal end of the NLD**

Speaking of: What is the classic sign of congenital NLDO? **Epiphora with sticky, mucopurulent discharge**

How is congenital NLD obstruction managed initially? **Conservatively—massage + topical antibiotic/steroid combo**
**Congenital Nasolacrimal Duct Obstruction and Dacryocèle**

- In congenital nasolacrimal duct obstruction, where is the site of obstruction typically located? *At the distal end of the NLD*
- Speaking of: What is the classic sign of congenital NLDO? *Epiphora with sticky, mucopurulent discharge*
- How is congenital NLD obstruction managed initially? *Conservatively—massage + topical antibiotic/steroid combo*
- What percent will resolve by 12 months with conservative treatment alone? *~38%*
In congenital nasolacrimal duct obstruction, where is the site of obstruction typically located? At the distal end of the NLD

Speaking of: What is the classic sign of congenital NLDO? Epiphora with sticky, mucopurulent discharge

How is congenital NLD obstruction managed initially? Conservatively—massage + topical antibiotic/steroid combo

What percent will resolve by 12 months with conservative treatment alone? ~90
In congenital nasolacrimal duct obstruction, where is the site of obstruction typically located? **At the distal end of the NLD**

Speaking of: What is the classic sign of congenital NLDO? **Epiphora with sticky, mucopurulent discharge**

How is congenital NLD obstruction managed initially? **Conservatively—massage + topical antibiotic/steroid combo**

What percent will resolve by 12 months with conservative treatment alone? **~90**

If conservative treatment is unsuccessful, what is the next step?
In congenital nasolacrimal duct obstruction, where is the site of obstruction typically located? **At the distal end of the NLD**

Speaking of: What is the classic sign of congenital NLDO? **Epiphora with sticky, mucopurulent discharge**

How is congenital NLD obstruction managed initially? **Conservatively—massage + topical antibiotic/steroid combo**

What percent will resolve by 12 months with conservative treatment alone? **~90**

If conservative treatment is unsuccessful, what is the next step? **NLD probing**
In congenital nasolacrimal duct obstruction, where is the site of obstruction typically located? **At the distal end of the NLD**

Speaking of: What is the classic sign of congenital NLDO? **Epiphora with sticky, mucopurulent discharge**

How is congenital NLD obstruction managed initially? **Conservatively—massage + topical antibiotic/steroid combo**

What percent will resolve by 12 months with conservative treatment alone? **~90**

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- At what age should probing be performed?
In congenital nasolacrimal duct obstruction, where is the site of obstruction typically located? **At the distal end of the NLD**

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What percent will resolve by 12 months with conservative treatment alone? **~90**

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*At what age should probing be performed? **12 - 15 months**
In congenital nasolacrimal duct obstruction, where is the site of obstruction typically located? **At the distal end of the NLD**

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If conservative treatment is unsuccessful, what is the next step? **NLD probing**

At what age should probing be performed? **12 - 15 months**

What is the success rate for a first probing at this age?
In congenital nasolacrimal duct obstruction, where is the site of obstruction typically located? At the distal end of the NLD.

Speaking of: What is the classic sign of congenital NLDO? Epiphora with sticky, mucopurulent discharge.

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At what age should probing be performed? 12 - 15 months.

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At what age should probing be performed? 12 - 15 months.

What is the success rate for a first probing at this age? About 90%.

What is the success rate if first attempted after age 24 months?
In congenital nasolacrimal duct obstruction, where is the site of obstruction typically located? At the distal end of the NLD.

Speaking of: What is the classic sign of congenital NLDO? Epiphora with sticky, mucopurulent discharge.

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If conservative treatment is unsuccessful, what is the next step? NLD probing.

At what age should probing be performed? 12 - 15 months.

What is the success rate for a first probing at this age? About 90%.

What is the success rate if first attempted after age 24 months? 67%.
Congenital Nasolacrimal Duct Obstruction and Dacryocele

- In congenital nasolacrimal duct obstruction, where is the site of obstruction typically located? **At the distal end of the NLD**
- Speaking of: What is the classic sign of congenital NLDO? **Epiphora with sticky, mucopurulent discharge**
- How is congenital NLD obstruction managed initially? **Conservatively—massage + topical antibiotic/steroid combo**
- What percent will resolve by 12 months with conservative treatment alone? **~90**
- If conservative treatment is unsuccessful, what is the next step? **NLD probing**
  - At what age should probing be performed? **12 - 15 months**
    - What is the success rate for a first probing at this age? **About 90%**
    - What is the success rate if first attempted after age 24 months? **67%**
- If it’s unsuccessful, what should you do?
In congenital nasolacrical duct obstruction, where is the site of obstruction typically located? **At the distal end of the NLD**

Speaking of: What is the classic sign of congenital NLDO? **Epiphora with sticky, mucopurulent discharge**

How is congenital NLD obstruction managed initially? **Conservatively—massage + topical antibiotic/steroid combo**

What percent will resolve by 12 months with conservative treatment alone? **~90**

If conservative treatment is unsuccessful, what is the next step? **NLD probing**

- At what age should probing be performed? **12 - 15 months**
  - What is the success rate for a first probing at this age? **About 90%**
  - What is the success rate if first attempted after age 24 months? **67%**
- If it’s unsuccessful, what should you do? **Repeat in about 2 weeks**
In congenital nasolacrimal duct obstruction, where is the site of obstruction typically located? **At the distal end of the NLD.**

Speaking of: What is the classic sign of congenital NLDO? **Epiphora with sticky, mucopurulent discharge.**

How is congenital NLD obstruction managed initially? **Conservatively—massage + topical antibiotic/steroid combo.**

What percent will resolve by 12 months with conservative treatment alone? **~90%**

If conservative treatment is unsuccessful, what is the next step? **NLD probing.**

At what age should probing be performed? **12 - 15 months.**
- What is the success rate for a first probing at this age? **About 90%**
- What is the success rate if first attempted after age 24 months? **67%**

If it’s unsuccessful, what should you do? **Repeat in about 2 weeks.**

Your NLD obstruction patient has a congenital heart defect. Should prophylactic antibiotics be given prior to probing? [No.**]
In congenital nasolacrimal duct obstruction, where is the site of obstruction typically located? At the distal end of the NLD.

Speaking of: What is the classic sign of congenital NLDO? Epiphora with sticky, mucopurulent discharge.

How is congenital NLD obstruction managed initially? Conservatively—massage + topical antibiotic/steroid combo.

What percent will resolve by 12 months with conservative treatment alone? ~90.

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At what age should probing be performed? 12 - 15 months.
- What is the success rate for a first probing at this age? About 90%.
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If it’s unsuccessful, what should you do? Repeat in about 2 weeks.

Your NLD obstruction patient has a congenital heart defect. Should prophylactic antibiotics be given prior to probing? Yes, because probing produces a transient bacteremia.
In congenital nasolacrimal duct obstruction, where is the site of obstruction typically located? At the distal end of the NLD.

Speaking of: What is the classic sign of congenital NLDO? Epiphora with a stickiness and mucopurulent discharge.

How is congenital NLD obstruction managed initially? Conservatively—massage + topical antibiotic/steroid combo.

What percent will resolve by 12 months with conservative treatment alone? ~90.

If conservative treatment is unsuccessful, what is the next step? NLD probing.

At what age should probing be performed? 12–18 months.

Finally: Is acquired NLDO a thing?

Acquired Nasolacrimal Duct Obstruction and Dacryocele

Very broadly speaking, what sort of condition is the cause? Inflammatory.

What two systemic inflammatory conditions should come to mind if you’re asked about 2ndry NLDO on the OKAP and/or Boards? --Granulomatosis with polyangiitis --Sarcoid.

Your NLD obstruction patient has a congenital heart defect. Should prophylactic antibiotics be given prior to probing? Yes, because probing produces a transient bacteremia.
In congenital nasolacrimal duct obstruction, where is the site of obstruction typically located? At the distal end of the NLD.

Speaking of: What is the classic sign of congenital NLDO? Epiphora with a sticky, mucopurulent discharge.

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Your NLD obstruction patient has a congenital heart defect. Should prophylactic antibiotics be given prior to probing? Yes, because probing produces a transient bacteremia.

Finally: Is acquired NLDO a thing? Indeed it is.
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Speaking of: What is the classic sign of congenital NLDO? Epiphora with sticky, mucopurulent discharge.

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**Acquired Nasolacrimal Duct Obstruction and Dacryocele**

Finally: Is acquired NLDO a thing? Indeed it is.

Very broadly speaking, what sort of condition is the cause?
In congenital nasolacrimal duct obstruction, where is the site of obstruction typically located? At the distal end of the NLD.

Speaking of: What is the classic sign of congenital NLDO? Epiphora with thick, mucous, and purulent discharge.

How is congenital NLD obstruction managed initially? Conservatively—massage + topical antibiotic/steroid combo.

What percent will resolve by 12 months with conservative treatment alone? ~90.

If conservative treatment is unsuccessful, what is the next step? NLD probing.

At what age should probing be performed? 12–15 months.

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If it’s unsuccessful, what should you do? Repeat in about 2 weeks.

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**Finally: Is acquired NLDO a thing?**

Indeed it is.

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--?

Acquired Nasolacrimal Duct Obstruction and Dacryocele

Congenital Nasolacrimal Duct Obstruction and Dacryocele
In congenital nasolacrimal duct obstruction, where is the site of obstruction typically located? At the distal end of the NLD.

Speaking of: What is the classic sign of congenital NLDO? Epiphora with a thick mucopurulent discharge.

How is congenital NLD obstruction managed initially? Conservatively—massage + topical antibiotic/steroid combo.

What percent will resolve by 12 months with conservative treatment alone? ~90.

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At what age should probing be performed? 12–15 months.

What is the success rate for a first probing at this age? About 90%.

What is the success rate if first attempted after age 24 months? 67%.

If it’s unsuccessful, what should you do? Repeat in about 2 weeks.

Your NLD obstruction patient has a congenital heart defect. Should prophylactic antibiotics be given prior to probing? Yes, because probing produces a transient bacteremia.

Finally: Is acquired NLDO a thing? Indeed it is.

Very broadly speaking, what sort of condition is the cause? Inflammatory.

What two systemic inflammatory conditions should come to mind if you’re asked about 2ndry NLDO on the OKAP and/or Boards? -- Granulomatosis with polyangiitis
-- Sarcoid.
In congenital nasolacrimal duct obstruction, where is the site of obstruction typically located? At the distal end of the NLD.

Speaking of: What is the classic sign of congenital NLDO? Epiphora with a thick, mucopurulent discharge.

How is congenital NLD obstruction managed initially? Conservatively—massage + topical antibiotic/steroid combo.

What percent will resolve by 12 months with conservative treatment alone? About 90%.

If conservative treatment is unsuccessful, what is the next step? NLD probing.

At what age should probing be performed? 12 - 15 months.

What are the success rates at this age? About 90%.

If probing is unsuccessful for this patient over age 24 months? 67%.

If it’s unsuccessful, what should you do? Repeat in about 2 weeks.

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What two systemic inflammatory conditions should come to mind if you’re asked about 2ndry NLDO on the OKAP and/or Boards? --Granulomatosis with polyangiitis
--Sarcoid.

What do these conditions have in common that makes them especially prone to inflaming the lacrimal duct? They can cause inflammation the adjacent paranasal sinuses.
In congenital nasolacrimal duct obstruction, where is the site of obstruction typically located? At the distal end of the NLD.

Speaking of: What is the classic sign of congenital NLDO? Epiphora with stickiness and mucopurulent discharge.

How is congenital NLD obstruction managed initially? Conservatively—massage + topical antibiotic/steroid combo.

What percent will resolve by 12 months with conservative treatment alone? ~90.

If conservative treatment is unsuccessful, what is the next step? NLD probing.

At what age should probing be performed? 12-15 months.

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Acquired Nasolacrimal Duct Obstruction and Dacryocele
Q

In congenital nasolacrimal duct obstruction, where is the site of obstruction typically located? At the distal end of the NLD.

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If conservative treatment is unsuccessful, what is the next step? NLD probing.

At what age should probing be performed? 12 - 15 months.

What do these conditions have in common that makes them especially prone to inflaming the lacrimal duct? They can cause inflammation the adjacent paranasal sinuses.

Your NLD obstruction patient has a congenital heart defect. Should prophylactic antibiotics be given prior to probing? Yes, because probing produces a transient bacteremia.

Finally: Is acquired NLDO a thing? Indeed it is.

By what now-unfavored name was GPA formerly known? Wegener’s granulomatosis.

What is the success rate for a first probing at this age? About 90%.

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If it’s unsuccessful, what should you do? Repeat in about 2 weeks.

Acquired Nasolacrimal Duct Obstruction and Dacryocele

Granulomatosis with polyangiitis
--Sarcoid

Very broadly speaking, what sort of condition is the cause? Inflammatory.

What two systemic inflammatory conditions should come to mind if you’re asked about 2ndry NLDO on the OKAP and/or Boards?

--Granulomatosis with polyangiitis
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In congenital nasolacrimal duct obstruction, where is the site of obstruction typically located? At the distal end of the NLD.

Speaking of: What is the classic sign of congenital NLDO? Epiphora with a thick, muco-purulent discharge.

How is congenital NLD obstruction managed initially? Conservatively—massage + topical antibiotic/steroid combo.

What percent will resolve by 12 months with conservative treatment alone? ~90%.

If conservative treatment is unsuccessful, what is the next step? NLD probing.

At what age should probing be performed? 12–15 months.

What do these conditions have in common that makes them especially prone to inflaming the lacrimal duct? They can cause inflammation the adjacent paranasal sinuses.

At this age? About 90% have resolved by 12 months.

Almost 24 months? 67%.

If it’s unsuccessful, what should you do? Repeat in about 2 weeks.

Your NLD obstruction patient has a congenital heart defect. Should prophylactic antibiotics be given prior to probing? Yes, because probing produces a transient bacteremia.

Finally: Is acquired NLDO a thing? Indeed it is.

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Why is this name no longer favored? Because Dr. Wegener was a Nazi.

Acquired Nasolacrimal Duct Obstruction and Dacryocele

---Granulomatosis with polyangiitis
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Very broadly speaking, what sort of condition is the cause? Inflammatory.

What two systemic inflammatory conditions should come to mind if you’re asked about 2ndry NLDO on the OKAP and/or Boards? —Granulomatosis with polyangiitis —Sarcoid
Acquired Nasolacrimal Duct Obstruction and Dacryocele

- In congenital nasolacrimal duct obstruction, where is the site of obstruction typically located? At the distal end of the NLD.
- Speaking of: What is the classic sign of congenital NLDO? Epiphora with a thick, mucopurulent, sticky discharge.
- How is congenital NLD obstruction managed initially? Conservatively—massage + topical antibiotic/steroid combo.
- What percent will resolve by 12 months with conservative treatment alone? ~90.
- If conservative treatment is unsuccessful, what is the next step? NLD probing.
- At what age should probing be performed? 12 - 15 months.
- What do these conditions have in common that makes them especially prone to inflaming the lacrimal duct? They can cause inflammation of the adjacent paranasal sinuses.
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Acquired Nasolacrimal Duct Obstruction and Dacryocele

Granulomatosis with polyangiitis

Sarcoid


Your NLD obstruction patient has a congenital heart defect. Should prophylactic antibiotics be given prior to probing? Yes, because probing produces a transient bacteremia.
Now we’ll switch from NLDO…
Now we’ll switch from NLDO…to Dacryocèle.
Now we’ll switch from NLDO…to Dacryocele.

But first: Is dacryocele as common as congenital NLDO?
Now we’ll switch from NLDO…to Dacryocele.

But first: Is dacryocele as common as congenital NLDO? No, it is far less common
Now we’ll switch from NLDO…to Dacryocele.

But first: Is dacrocele as common as congenital NLDO?
No, it is far less common

Does it present unilaterally, or bilaterally?
Now we’ll switch from NLDO…to Dacryocele.

But first: Is dacryocele as common as congenital NLDO? No, it is far less common

Does it present unilaterally, or bilaterally? It is 50:50 shot… in about % of cases.
Now we’ll switch from NLDO to Dacryocele.

But first: Is dacryocele as common as congenital NLDO? No, it is far less common

Does it present unilaterally, or bilaterally? It is unilateral in about 75% of cases
When and how does dacryocele present?
When and how does dacryocoele present? At birth, as a bluish cystic swelling in the lacrimal sac region.
Congenital Nasolacrimal Duct Obstruction and Dacryocèle
When and how does dacryocele present? At birth, as a bluish cystic swelling in the lacrimal sac region.

Do dacryoceles present with sticky, mucopurulent epiphora a la congenital NLDO?
When and how does dacryocele present? At birth, as a bluish cystic swelling in the lacrimal sac region.

Do dacryoceles present with sticky, mucopurulent epiphora a la congenital NLDO? No. In fact, they generally don’t have much epiphora at all.
When and how does dacryocele present? At birth, as a bluish cystic swelling in the lacrimal sac region.

*Do dacryoceles present with sticky, mucopurulent epiphora a la congenital NLDO?*
No. In fact, they generally don’t have much epiphora at all.

*Is the swelling above, or below the medial canthus?*
When and how does dacryocele present? At birth, as a bluish cystic **swelling in the lacrimal sac region**

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*Is the swelling above, or below the medial canthus?*
Below
Dacryocele. Note that the swelling below the medial canthus.
When and how does dacryocele present? At birth, as a bluish cystic **swelling in the lacrimal sac region**

Do dacryoceles present with sticky, mucopurulent epiphora a la congenital NLDO? No. In fact, they generally don’t have much epiphora at all.

Is the swelling above, or below the medial canthus? **Below**

Thinking back to Anatomy class… Doesn’t a portion of the lacrimal sac extend above the medial canthus?
When and how does dacryocele present? At birth, as a bluish cystic **swelling in the lacrimal sac region**

**Do dacryoceles present with sticky, mucopurulent epiphora a la congenital NLDO?**
No. In fact, they generally don’t have much epiphora at all.

**Is the swelling above, or below the medial canthus?**

**Below**

*Thinking back to Anatomy class…Doesn’t a portion of the lacrimal sac extend above the medial canthus?*
Yes. The portion extending above the medial canthus is part of the **fundus** of the sac, which is defined as that part of the sac superior to the duct of the common canaliculus.*
When and how does dacryocele present? At birth, as a bluish cystic **swelling in the lacrimal sac region**

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Is the swelling above, or below the medial canthus?

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Thinking back to Anatomy class…Doesn’t a portion of the lacrimal sac extend above the medial canthus?
Yes. The portion extending above the medial canthus is part of the **fundus** of the sac, which is defined as that part of the sac superior to the duct of the common canaliculus.

If the superior portion of the sac is called the fundus, what is the rest of the sac called?
When and how does dacryocele present? At birth, as a bluish cystic swelling in the lacrimal sac region.

Do dacryoceles present with sticky, mucopurulent epiphora a la congenital NLDO? No. In fact, they generally don’t have much epiphora at all.

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If the superior portion of the sac is called the fundus, what is the rest of the sac called? The body
Lacrimal sac anatomy

Congenital Nasolacrimal Duct Obstruction and *Dacryocele*
When and how does dacryocele present? At birth, as a bluish cystic **swelling in the lacrimal sac region**

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No. In fact, they generally don’t have much epiphora at all.

*Is the swelling above, or below the medial canthus?*

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*Thinking back to Anatomy class…Doesn’t a portion of the lacrimal sac extend above the medial canthus?*
Yes. The portion extending above the medial canthus is part of the **fundus** of the sac, which is defined as that part of the sac superior to the duct of the common canaliculus.

*OK, given that a portion of the sac extends above the medial canthus, why don’t dacryoceles (or swelling secondary to congenital NLDO, for that matter) present with swelling above the medial canthus?*
When and how does dacryocele present? At birth, as a bluish cystic **swelling in the lacrimal sac region**

*Do dacryoceles present with sticky, mucopurulent epiphora a la congenital NLDO?*  
No. In fact, they generally don’t have much epiphora at all.

*Is the swelling above, or below the medial canthus?*  
**Below**

*Thinking back to Anatomy class…Doesn’t a portion of the lacrimal sac extend above the medial canthus?*  
Yes. The portion extending above the medial canthus is part of the **fundus** of the sac, which is defined as that part of the sac superior to the duct of the common canaliculus.

*OK, given that a portion of the sac extends above the medial canthus, why don’t dacryoceles (or swelling secondary to congenital NLDO, for that matter) present with swelling above the medial canthus?*  
Because the lacrimal-sac fundus has a fibrous ‘cap’ that prevents it from distending.
When and how does dacryocele present? At birth, as a bluish cystic swelling in the lacrimal sac region.

Do dacryoceles present with sticky, mucopurulent epiphora a la congenital NLDO? No. In fact, they generally don't have much epiphora at all.

Is the swelling above, or below the medial canthus? Below

Why is this important?
When and how does dacryocele present? At birth, as a bluish cystic swelling in the lacrimal sac region.

*Do dacryoceles present with sticky, mucopurulent epiphora a la congenital NLDO?*
No. In fact, they generally don’t have much epiphora at all.

*Is the swelling above, or below the medial canthus?*
Below

*Why is this important?*
Because the DDx for congenital swelling above the medial canthus is very different.
When and how does dacryocele present? At birth, as a bluish cystic swelling in the lacrimal sac region.

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*Is the swelling above, or below the medial canthus?*
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*If the swelling is above the canthus, what member of the DDx are of particular concern?*
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*If the swelling is above the canthus, what member of the DDx are of particular concern?*
A herniation of CNS contents through a bony defect
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Why is this important? Because the DDx for congenital swelling above the medial canthus is very different.

If the swelling is above the canthus, what member of the DDx are of particular concern? A herniation of CNS contents through a bony defect.

What is the name for such a presentation? It depends on the contents of the herniation. If it’s meninges, it’s called a meningocele. If it’s brain tissue, it’s an encephalocele. If both are present, it’s a meningoencephalocele.
When and how does dacryocele present? At birth, as a bluish cystic **swelling in the lacrimal sac region**

*Do dacryoceles present with sticky, mucopurulent epiphora a la congenital NLDO?*
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*If the swelling is above the canthus, what member of the DDx are of particular concern?*
A herniation of CNS contents through a bony defect

*What is the name for such a presentation?*
It depends on the contents of the herniation. If it’s meninges, it’s called a **meningocele**. If it’s brain tissue, it’s an **encephalocele**. If both are present, it’s a **meningoencephalocele**.
Congenital Nasolacrimal Duct Obstruction and *Dacryocele*

Nasal encephalocele
When and how does dacryocèle present? At birth, as a bluish cystic swelling in the lacrimal sac region.

Do dacryoceles present with sticky, mucopurulent epiphora a la congenital NLDO?
No. In fact, they generally don’t have much epiphora at all.

Is the swelling above, or below the medial canthus?
Below.

Why is this important?
Because the DDx for congenital swelling above the medial canthus is very different.

If the swelling is above the canthus, what member of the DDx are of particular concern?
A herniation of CNS contents through a bony defect.

What is the name for such a presentation?
It depends on the contents of the herniation. If it’s meninges, it’s called a meningocele. If it’s brain tissue, it’s an encephalocele. If both are present, it’s a meningoencephalocele.

In addition to its relation to the medial canthus, what other finding should alert you to the possibility that one of these ‘oceles’ is present?
When and how does dacryocele present? At birth, as a bluish cystic **swelling in the lacrimal sac region**

*Do dacryoceles present with sticky, mucopurulent epiphora a la congenital NLDO?*
No. In fact, they generally don’t have much epiphora at all.

*Is the swelling above, or below the medial canthus?*
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*Why is this important?*
Because the DDx for congenital swelling above the medial canthus is very different.

*If the swelling is above the canthus, what member of the DDx are of particular concern?*
A herniation of CNS contents through a bony defect.

*What is the name for such a presentation?*
It depends on the contents of the herniation. If it’s meninges, it’s called a **meningocele**. If it’s brain tissue, it’s an **encephalocele**. If both are present, it’s a **meningoencephalocele**.

*In addition to its relation to the medial canthus, what other finding should alert you to the possibility that one of these ‘oceles’ is present?*
If the mass is **pulsatile**
Q

**Congenital Nasolacrimal Duct Obstruction and Dacryocele**

- When and how does dacryocele present? At birth, as a bluish cystic **swelling in the lacrimal sac region**

  *Do dacryoceles present with sticky, mucopurulent epiphora a la congenital NLDO?*
  No. In fact, they generally don’t have much epiphora at all.

  *Is the swelling above, or below the medial canthus?*
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  *If the swelling is above the canthus, what member of the DDx are of particular concern?*
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In addition to its relation to the medial canthus, what other finding should alert you to the possibility that one of these ‘oceles’ is present?
If the mass is pulsatile.

If you suspect the presence of one of the -oceles, what confirmatory test should be performed? Fine needle biopsy, perhaps?
Um, no. Just no. Please don’t stick a needle (or anything else) into what may be the brain.

OK then smart guy, what should be done?
Neuroimaging.
When and how does dacryocele present? At birth, as a bluish cystic swelling in the lacrimal sac region.

Do dacryoceles present with sticky, mucopurulent epiphora a la congenital NLDO? No. In fact, they generally don’t have much epiphora at all.

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OK then smart guy, what should be done? Neuroimaging.
When and how does dacryocele present? At birth, as a 

**bluish cystic swelling** in the lacrimal sac region

*Does it have an angry, inflammatory appearance initially?*
When and how does dacryocele present? At birth, as a bluish cystic swelling in the lacrimal sac region.

*Does it have an angry, inflammatory appearance initially?*

No
When and how does dacryocele present? At birth, as a bluish cystic swelling in the lacrimal sac region.

Give three synonyms for dacryocele:
When and how does dacryocele present? At birth, as a bluish cystic swelling in the lacrimal sac region.

Give three synonyms for dacryocele: Mucocele; dacyrocystocele; amniontocele.
When and how does dacryocele present? At birth, as a bluish cystic swelling in the lacrimal sac region.

Give three synonyms for dacryocele: **Mucocele**; dacryocystocele; amniotocele.

*Why call it a mucocele?*
● When and how does dacryocystocele present? At birth, as a bluish cystic swelling in the lacrimal sac region.

● Give three synonyms for dacryocystocele: **Mucocele**; dacryocystocele; amniotocele.

*Why call it a mucocele?*
It may be filled with mucus.
When and how does dacryocele present? At birth, as a bluish cystic swelling in the lacrimal sac region.

Give three synonyms for dacryocele: **Mucocele**; dacyrocystocele; amniotocele.

Why call it a mucocele? It may be filled with mucus.

Mucus? How could it be filled with mucus?
When and how does dacryocele present? At birth, as a bluish cystic swelling in the lacrimal sac region.

Give three synonyms for dacryocele: **Mucocele**, dacyrocystocele, amniotocele.

Why call it a mucocele? It may be filled with mucus.

**Mucus? How could it be filled with mucus?**
The epithelium of the lacrimal sac contains goblet cells, which secrete it.
When and how does dacryocele present? At birth, as a bluish cystic swelling in the lacrimal sac region.

Give three synonyms for dacryocele: Mucocele; dacyrocystocele; amniotocele.

Why call it a mucocele? It may be filled with mucus.  

Mucus? How could it be filled with mucus? The epithelium of the lacrimal sac contains goblet cells, which secrete it.
When and how does dacryocele present? At birth, as a bluish cystic swelling in the lacrimal sac region.

Give three synonyms for dacryocele: Mucocele; dacyrocystocele; amniotocele.

Why call it an amniotocele?
When and how does dacryocele present? At birth, as a bluish cystic swelling in the lacrimal sac region.

Give three synonyms for dacryocele: Mucocele; dacryocystocele; **amniotocele**

*Why call it an amniotocele?*
*It may be filled with amniotic fluid*
- When and how does dacryocele present? At birth, as a bluish cystic swelling in the lacrimal sac region
- Give three synonyms for dacryocele: Mucocele; dacryocystocele; amniotocele
- What is the key anatomic difference between congenital NLD obstruction and dacryocele?
When and how does dacryocele present? At birth, as a bluish cystic swelling in the lacrimal sac region.

Give three synonyms for dacryocele: Mucocele; dacryocystocele; amniotocele.

What is the key anatomic difference between congenital NLD obstruction and dacryocele? NLD obstruction involves obstruction at only one site (below the sac), whereas in dacryocele there is obstruction at two sites—one below the sac, but another above it.
With a dacryocystocele, there is a functional blockage **proximally** as well as a blockage **distally**. This leads to fluid accumulation (amniotic fluid and mucous produced by the lacrimal sac glands) causing distention.
When and how does dacryocele present? At birth, as a bluish cystic swelling in the lacrimal sac region.

Give three synonyms for dacryocele: Mucocele; dacyrocystocele; amniotocele.

What is the key anatomic difference between congenital NLD obstruction and dacryocele? NLD obstruction involves obstruction at only one site (below the sac), whereas in dacryocele there is obstruction at two sites—one below the sac, but another above it.

But if there is obstruction above the sac, how does fluid get into it in the first place?
When and how does dacryocele present? At birth, as a bluish cystic swelling in the lacrimal sac region.

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But if there is obstruction above the sac, how does fluid get into it in the first place? Frequently the above-sac obstruction is something impermanent—the classic cause being something (of the) something something.
When and how does dacryocele present? At birth, as a bluish cystic swelling in the lacrimal sac region.

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But if there is obstruction above the sac, how does fluid get into it in the first place? Frequently the above-sac obstruction is something impermanent—the classic cause being kinking of the common canaliculus.
Dacryocystocele: Note the kinking of the canaliculus
When and how does dacryocele present? At birth, as a bluish cystic swelling in the lacrimal sac region.

Give three synonyms for dacryocele: Mucocele; dacryocystocele; amniotocele.

What is the key anatomic difference between congenital NLD obstruction and dacryocele? NLD obstruction involves obstruction at only one site (below the sac), whereas in dacryocele there is obstruction at two sites—one below the sac, but another above it.

But if there is obstruction above the sac, how does fluid get into it in the first place? Frequently the above-sac obstruction is something impermanent—the classic cause being kinking of the common canaliculus. Such an obstruction acts as a one-way valve—fluid can pass into the sac, but cannot escape in retrograde fashion via the same route.
Dacryocystocele: One-way valve effect
Q: When and how does dacryocele present? At birth, as a bluish cystic swelling in the lacrimal sac region.

Give three synonyms for dacryocele: Mucocele; dacryocystocele; amniotocele.

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But if there is obstruction above the sac, how does fluid get into it in the first place? Frequently the above-sac obstruction is something impermanent—the classic cause being kinking of the common canaliculus. Such an obstruction acts as a one-way valve—fluid can pass into the sac, but cannot escape in retrograde fashion via the same route.

OK, what if the obstruction above is impassable, eg, in atresia of the canalicular system? A dacryocele can’t form, can it?
When and how does dacryocele present? At birth, as a bluish cystic swelling in the lacrimal sac region.

Give three synonyms for dacryocele: Mucocele; dacryocystocele; amniotocele.

What is the key anatomic difference between congenital NLD obstruction and dacryocele? NLD obstruction involves obstruction at only one site (below the sac), whereas in dacryocele there is obstruction at two sites—one below the sac, but another above it.

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OK, what if the obstruction above is impassable, eg, in atresia of the canalicular system? A dacryocele can’t form, can it? It can, because as mentioned previously, goblet cells of the lacrimal sac secrete mucin, which can accumulate in the sac and thereby produce a dacryocele.
When and how does dacryocele present? At birth, as a bluish cystic swelling in the lacrimal sac region.

Give three synonyms for dacryocele: Mucocele; dacryocystocele; amniotocele.

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What nasal finding is associated with dacryoceles? A nasal mucocele.

How does a nasal mucocele relate anatomically to the dacryocele?

They are usually connected. Think of the entire lesion as being shaped like a dumbbell, with the mucocele and dacryocele as the ends.

How is a nasal mucocele diagnosed? Via a nasal speculum exam. Look yourself, or ask ENT to.

OK, the patient has a nasal mucocele—so what? Sounds like an ENT problem to me. Why should I care? Infants are obligate nasal breathers (or at the least, they have a very strong preference for nasal breathing). A nasal mucocele will interfere with respiration, especially during feeding. Be sure to ask the mother about feeding problems: whether the infant ‘snuffles’; or stops breathing; or seems excessively fussy and frustrated while feeding.

What is the treatment for a nasal mucocele? Get ENT to marsupialize it.
When and how does dacryocele present? Shortly after birth, as bluish cystic swelling in the lacrimal sac region.

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Dacryocystocele is a dumbbell-shaped lesion
When and how does dacryocele present? Shortly after birth, as bluish cystic swelling in the lacrimal sac region.

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What is the key anatomic difference between congenital NLD obstruction and dacryocele? NLD obstruction involves obstruction at only one site (below the sac), whereas in dacryocele there is obstruction at two sites—one above the sac, and the other below.

What nasal finding is associated with dacryoceles? A nasal mucocele.

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What is the treatment for a nasal mucocele? Get ENT to marsupialize it.
When and how does dacryocele present? Shortly after birth, as bluish cystic swelling in the lacrimal sac region.

Give three synonyms for dacryocele:
Mucocele; dacryocystocele; amniotocele

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What nasal finding is associated with dacryoceles?
A nasal mucocele

How does a nasal mucocele relate anatomically to the dacryocele?
They are usually connected. Think of the entire lesion as being shaped like a dumbbell, with the mucocele and dacryocele as the ends.

How is a nasal mucocele diagnosed?
Via a nasal speculum exam. Look yourself, or ask ENT to.

What is the treatment for a nasal mucocele?
Get ENT to marsupialize it.
Bilateral intranasal cysts in a patient presenting with a unilateral right dacryocele: A) 1-month-old infant with a right-sided mass below the medial canthus. B) CT of the sinuses with bilateral intranasal cysts below the inferior turbinates. C) Endonasal, endoscopic view of each intranasal cyst below the inferior turbinates.
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What is the treatment for a nasal mucocele? Get ENT to marsupialize it.

Congenital Nasolacrimal Duct Obstruction and Dacryocele
When and how does dacryocele present? At birth, as a bluish cystic swelling in the lacrimal sac region.

Give three synonyms for dacryocele: Mucocele; dacryocystocele; amniotocele.

What is the key anatomic difference between congenital NLD obstruction and dacryocele? NLD obstruction involves obstruction at only one site (below the sac), whereas in dacryocele there is obstruction at two sites—one below the sac, but another above it.

What nasal finding is associated with dacryoceles? A nasal mucocele.

What happens, almost inevitably, by age two weeks or so?
When and how does dacryocele present? At birth, as a bluish cystic swelling in the lacrimal sac region.

Give three synonyms for dacryocele: Mucocele; dacryocystocele; amniotocele.

What is the key anatomic difference between congenital NLD obstruction and dacryocele? NLD obstruction involves obstruction at only one site (below the sac), whereas in dacryocele there is obstruction at two sites—one below the sac, but another above it.

What nasal finding is associated with dacryoceles? A nasal mucocele.

What happens, almost inevitably, by age two weeks or so? The dacryocele becomes infected.
When and how does dacryocele present? At birth, as a bluish cystic swelling in the lacrimal sac region.

Give three synonyms for dacryocele: Mucocele; dacryocystocele; amniotocele.

What is the key anatomic difference between congenital NLD obstruction and dacryocele? NLD obstruction involves obstruction at only one site (below the sac), whereas in dacryocele there is obstruction at two sites—one below the sac, but another above it.

What nasal finding is associated with dacryoceles? A nasal mucocele.

What happens, almost inevitably, by age two weeks or so? The dacryocele becomes infected.

Is this infection similar to the smoldering, low-grade infection seen in congenital NLDO?
When and how does dacryocele present? At birth, as a bluish cystic swelling in the lacrimal sac region.

Give three synonyms for dacryocele: Mucocele; dacryocystocele; amniotocele.

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What nasal finding is associated with dacryoceles? A nasal mucocele.

What happens, almost inevitably, by age two weeks or so? **The dacryocele becomes infected.**

*Is this infection similar to the smoldering, low-grade infection seen in congenital NLDO?* No, it is much more acute and severe in its presentation.
When and how does dacryocele present? At birth, as a bluish cystic swelling in the lacrimal sac region.

Give three synonyms for dacryocele: Mucocele; dacryocystocele; amniotocele.

What is the key anatomic difference between congenital NLD obstruction and dacryocele? NLD obstruction involves obstruction at only one site (below the sac), whereas in dacryocele there is obstruction at two sites—one below the sac, but another above it.

What nasal finding is associated with dacryoceles? A nasal mucocele.

What happens, almost inevitably, by age two weeks or so? The dacryocele becomes infected.

How is dacryocele managed?

Pre-infection:
When and how does dacryocele present? At birth, as a bluish cystic swelling in the lacrimal sac region.

Give three synonyms for dacryocele: Mucocele; dacryocystocele; amniotocele.

What is the key anatomic difference between congenital NLD obstruction and dacryocele? NLD obstruction involves obstruction at only one site (below the sac), whereas in dacryocele there is obstruction at two sites—one below the sac, but another above it.

What nasal finding is associated with dacryoceles? A nasal mucocele.

What happens, almost inevitably, by age two weeks or so? The dacryocele becomes infected.

How is dacryocele managed?
- Pre-infection: Massage and topical abx; probing if needed.
When and how does dacryocele present? At birth, as a bluish cystic swelling in the lacrimal sac region.

Give three synonyms for dacryocele: Mucocele; dacryocystocele; amniotocele.

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What nasal finding is associated with dacryoceles? A nasal mucocele.

What happens, almost inevitably, by age two weeks or so? The dacryocele becomes infected. **Is probing usually needed?**

How is dacryocele managed?
- Pre-infection: Massage and topical abx; **probing if needed**
When and how does dacryocele present? At birth, as a bluish cystic swelling in the lacrimal sac region.

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What nasal finding is associated with dacryoceles? A nasal mucocele.

What happens, almost inevitably, by age two weeks or so? The dacryocele becomes infected.

How is dacryocele managed?
- Pre-infection: Massage and topical abx; probing if needed.
- Infected:
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What nasal finding is associated with dacryoceles? A nasal mucocele.

What happens, almost inevitably, by age two weeks or so? The dacryocele becomes infected.

How is dacryocele managed?
- Pre-infection: Massage and topical abx; probing if needed
- Infected: Systemic abx and surgery
When and how does dacryocele present? At birth, as a bluish cystic swelling in the lacrimal sac region.

Give three synonyms for dacryocele: Mucocele; dacryocystocele; amniotocele.

What is the key anatomic difference between congenital NLD obstruction and dacryocele? NLD obstruction involves obstruction at only one site (below the sac).

Why are systemic antibiotics needed?

- Pre-infection: Massage and topical abx; probing if needed
- Infected: **Systemic abx** and surgery
When and how does dacryocele present? At birth, as a bluish cystic swelling in the lacrimal sac region.

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What is the key anatomic difference between congenital NLD obstruction and dacryocele? NLD obstruction involves obstruction at only one site (below the sac), whereas in dacryocele there is obstruction at two sites—one below the sac, but another above it.

What nasal finding is associated with dacryoceles? A nasal mucocele.

What happens, almost inevitably, by age two weeks or so? The dacryocele becomes infected.

How is dacryocele managed?

- Pre-infection: Massage and topical abx; probing if needed
- Infected: **Systemic abx** and surgery

Why are systemic antibiotics needed? With their immature immune systems, infants this young are relatively immunocompromised. Thus, without systemic abx, a severe local infection (ie, dacryocystitis) can quickly become a severe disseminated one.

Is transcutaneous I&D a reasonable option? No. I&D runs a significant risk of producing a persistent fistula. Do not I&D a dacryocele!
When and how does dacryocele present? At birth, as a bluish cystic swelling in the lacrimal sac region.

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What is the key anatomic difference between congenital NLD obstruction and dacryocele? NLD obstruction involves obstruction at only one site (below the sac).

What nasal finding is associated with dacryoceles? A nasal mucocele.

What happens, almost inevitably, by age two weeks or so? The dacryocele becomes infected.

How is dacryocele managed?

Pre-infection: Massage and topical abx; probing if needed.

Infected: Systemic abx and surgery.

Why are systemic antibiotics needed?
With their immature immune systems, infants this young are relatively immunocompromised. Thus, without systemic abx, a severe local infection (ie, dacryocystitis) can quickly become a severe disseminated one.

What is meant by ‘surgery’?

- Pre-infection: Massage and topical abx; probing if needed.
- Infected: Systemic abx and surgery.
When and how does dacryocele present? At birth, as a bluish cystic swelling in the lacrimal sac region.

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With their immature immune systems, infants this young are relatively immunocompromised. Thus, without systemic abx, a severe local infection (ie, dacryocystitis) can quickly become a severe disseminated one.

What is meant by ‘surgery’?
Probing + marsupialization of the nasal mucocele.

Pre-infection: Massage and topical abx; probing if needed.
Infected: Systemic abx and surgery.
When and how does dacryocele present? At birth, as a bluish cystic swelling in the lacrimal sac region.

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- Pre-infection: Massage and topical abx; probing if needed
- Infected: Systemic abx and surgery

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