AB: PURPOSE: To investigate the effects of Merogel coverage on ostial patency in endonasal endoscopic dacryocystorhinostomy (EES-DCR) for primary chronic dacryocystitis (PCD). METHODS: In all, 260 patients with unilateral PCD were randomized into two groups: the Merogel group and the control group. All patients underwent EES-DCR. The Merogel group received Merogel covering the wound 1-2 mm around the ostium and the control group received no treatment. Patients were followed up for 9 months. The mucosal epithelialization of the wound, the proliferation of fibrosis tissue, and the success rate of ostial patency were compared. RESULTS: Our study included 112 patients in the Merogel group and 115 patients in the control group. At the 2-week review, intact mucosal epithelium lined the ostia in
96 Merogel patients compared with 80 control patients (ITT analysis: \( \chi^2 = 4.502, P = 0.034 \)). At the 9-month review, scars were present in 18 patients in the Merogel group compared with 39 patients in the control group (ITT analysis: \( \chi^2 = 9.909, P = 0.002 \), ITT analysis). No differences were observed in the granulation formation between the two groups. The success rate of ostial patency reached 94.6% (106/112) in the Merogel group compared with 80% (92/115) in the control group (ITT analysis: \( \chi^2 = 4.151, P = 0.042 \)). CONCLUSION: Merogel coverage may enhance the success rate of EES-DCR for PCD by promoting mucosal epithelial healing and preventing excessive scarring.
allocated into the treatment and control group. The patients underwent standard endonasal endoscopic dacryocystorhinostomy with mucosal flaps and mitomycin C or placebo on each group. The ostium size was measured at 3 months, 6 months, and 12 months to evaluate the effect of mitomycin C and placebo, and the patency of the lacrimal drainage system was assessed.

RESULTS: There was no statistical significance in the success rate between the MMC group and the control group at 1-year follow-up (84.6% vs. 79.2%, respectively, P = .59). At the 6-month and 12-month visits, the mean ostium size in the MMC group was 10.8 mm$^2$ (SD = 3.17) and 3.0 mm$^2$ (SD = 1.78), respectively, which were prominently larger than the control group at 7.1 mm$^2$ (SD = 2.62; P < .001, 95% CI, 0.84-5.45) and 1.6 mm$^2$ (SD = 1.18; P = .004, 95% CI, 0.49-2.38).

CONCLUSIONS: There was no statistically significant difference in the success rates of both groups, but MMC seems to have a conspicuous effect on the healing process at the ostium.
AB: OBJECTIVES: To conduct a prospective randomized controlled study to investigate the safety and efficacy of endocanalicular, high-pressure, 5-mm balloon catheter, endoscopic dacryocystorhinostomy (DCR) in adult patients with acquired complete nasolacrimal obstruction. STUDY DESIGN: Prospective randomized controlled study. SETTING: General hospital. SUBJECTS AND METHODS: Sixty-six adult patients with a total of 70 procedures were recruited to undergo endoscopic DCR. They were prospectively, equally randomized into 2 groups: endocanalicular, high-pressure, 5-mm balloon catheter, endoscopic DCR (group I) and conventional endoscopic DCR (group II). Regular follow-up sessions were conducted to document the patient's subjective improvement, judge ostium patency on irrigation, and record any complications. RESULTS: Both groups demonstrated a success rate of 91.4%. There was a shorter mean operative time (25.7 minutes) in group I (P < .001). The number of adverse events was significantly higher in group II (P < .05). Group I showed statistically significantly more comfort during surgery under local anesthesia with minimal sedation (P < .05). CONCLUSION: Endocanalicular balloon catheter endoscopic DCR shares the advantages and success rate of conventional endoscopic DCR. In addition, the former is simpler, requires less manipulation, consumes a shorter operative time, has a better safety profile, and can be conducted under local anesthesia with minimal sedation.
AB: BACKGROUND: This study was designed to compare outcomes of endocanaliculr laser-assisted endonasal dacryocystorhinostomy (DCR) with and without partial anterior middle turbinectomy.

METHODS: A prospective randomized comparative study was conducted on 91 subjects with primary acquired nasolacrimal duct obstruction, undergoing endocanaliculr (ECL) procedures. Group 1 was composed of 44 (7 bilateral) patients undergoing ECL diode laser-assisted endonasal DCR without partial anterior middle turbinectomy and group 2 was composed of 47 (7 bilateral) patients undergoing partial anterior middle turbinectomy and ECL diode laser-assisted endonasal DCR. Follow-up period was 11.0 (6.0-14.5 months) months for group 1 and 9.2 (5.0-14.2 months) months for group 2. Functional success was defined as absence of epiphora and anatomic success was defined as ability to irrigate the lacrimal system. Anatomic and functional success at the 1st week, 3rd month, and final postoperative examinations of two groups were compared using chi-square tests.

RESULTS: Final anatomic successes were 39/51 (76%) cases for group 1 and 51/54 (94%) cases for group 2. Final functional successes were 36/51 (%71) patients in group 1 and 48/54 (88%) patients in group 2. Group 2 had higher success at the final examination and the difference was statistically significant.

CONCLUSION: We recommend partial anterior middle turbinectomy in all laser ECL laser-assisted endonasal DCR, but further studies with larger sample sizes are needed to strengthen our hypothesis.
AB: PURPOSE: To compare the anatomical pattern of lacrimal drainage system obstruction (LDSO) associated with topical anti-glaucoma medications (AGM) with a control group. METHODS: In a cross-sectional controlled study, case group included patients on topical anti-glaucoma medications and control group included patients with no history of glaucoma, free of ocular disease, and not using topical medications. Data recording, eye examination, and categorization of patients into case and control groups were performed by a senior ophthalmology resident. Diagnostic probing and irrigation test was performed by an oculoplastic surgeon who was masked to the patients' data. Chi-square (X(2)) and tests were used to assess the effect of sex and systemic diseases, as well as logistic regression analysis with intra-cluster correlation for the effect of topical anti-glaucoma medications on lacrimal drainage system, and then independent sample t-tests to compare the mean ages, plus the binary logistic regression test for the effect of increasing age on LDSO. RESULTS: There were 128 eyes of 96 patients in the case and 277 eyes of 172 patients in the control group. Two groups were similar regarding to the age, sex, and associated systemic disorders (0.3<P<0.5). There was a significantly more LDSO in the case than control group (P = 0.008). Upper LDSO was observed in 76.92% (20/26) of the cases, and 37.5% (9/24) of the control group (P = 0.01). Nasolacrimal duct obstruction was also found in 19.23% of case group. CONCLUSIONS: Although punctum and canaliculus are the main anatomical sites of LDSO associated with topical AGM, common canaliculus and nasolacrimal duct separately or in association with punctum and canaliculus may also be involved.
Purpose: To compare success rates of intubation for 2 versus 5 months in congenital nasolacrimal duct obstruction in children between 15 and 30 months of age.

Methods: This prospective, randomized study evaluated drainage function in 145 eyes of children aged between 15 and 30 months and treated for congenital nasolacrimal duct obstruction using silicone stents with the fluorescein dye disappearance test. The tubes were removed 2 months (group I, 48 eyes) and 5 months (group II, 47 eyes) after stent placement. Thereafter, the children were followed for 6 months after tube removal. Fifty eyes were excluded from the study because of incomplete follow-up.

Results: The full resolution of symptoms (fluorescein test 0-1) was 33 of 48 in group I and 33 of 47 in group II at the time of tube removal (2 vs. 5 months).
Six months after tube removal, the success rate was 43 of 48 (89.6%) in group I and 43 of 47 (91.5%) in group II. After the stents were removed, no relapses were observed in children having a fluorescein test 0-1 with the tubes remaining in the lacrimal system. CONCLUSIONS: The effects of intubation for 2 versus 5 months on the function of the nasolacrimal duct during and after intubation in children between 15 and 30 months of age are comparable. The fluorescein dye disappearance test is the test of choice for monitoring lacrimal drainage function.
AB: BACKGROUND: Most patients with nasolacrimal duct obstruction have dry, crusty nasal mucosa. Mucociliary clearance is modulated by the amount and biochemical composition of nasal mucus. Nasolacrimal duct obstruction disturbs the drainage of tears into the nasal cavity.OBJECTIVE: We examined the effect of nasolacrimal duct obstruction on the mucociliary transport of nasal mucosa, by comparing saccharine test results for epiphora patients versus healthy volunteers.STUDY DESIGN: Prospective, randomised, clinical trial.METHODS: Eight patients with bilateral epiphora and 10 patients with unilateral epiphora were included in the study group. Complete nasolacrimal duct obstruction was demonstrated by studying irrigation of the nasolacrimal system, and by fluorescein dye study. The control group comprised 20 healthy volunteers. Mucociliary transport was assessed by the saccharine test in both the study and control groups. The saccharine transit times of 26 impaired nasal cavities were compared with those of 20 healthy nasal cavities of controls. Also, the saccharine transit times of the healthy nasal cavities of the 10 patients with unilateral epiphora were compared with those of their diseased sides, and also with those of healthy volunteers.RESULTS: The saccharine transit times of the epiphora patients were statistically significantly greater than those of the control group. Also, there was a statistically significant difference in saccharine transit times, comparing the healthy and impaired nasal cavities of patients with unilateral epiphora.CONCLUSION: Nasolacrimal duct obstruction has a negative effect on nasal mucociliary clearance. This may be related to changes in the amount and biochemical composition of nasal mucus.
AB: PURPOSE: To describe a new endoscopic procedure to restore the passage of tears in an obstructed lacrimal drainage system and to compare its efficacy with the standard external dacryocystorhinostomy (SE-DCR). METHODS: Patients with complete and partial primary acquired nasolacrimal duct obstruction (PANDO) were randomly allocated to 2 treatment groups using completely randomized design. The first group was treated using endoscopic lacrimal duct recanalization (ELDR), while the second group was treated using SE-DCR. Follow-up was conducted for at least 6 months and evaluated for anatomical and functional patency. Complications were also noted for both groups. RESULTS: A total of 86 patients underwent ELDR, 60 of whom had complete PANDO, while 26 patients had partial PANDO. Eighty patients underwent SE-DCR; 58 had complete PANDO, and 22 had partial PANDO. The combined success rate in terms of anatomical patency for ELDR was 93.02% (95% confidence interval [CI], 0.88-98) compared with 93.75% (95% CI, 0.87-90) for SE-DCR (p = 0.85). Meanwhile, the combined success rate (functional patency) for ELDR is 84.88% (95% CI, 0.77-93) versus 90.00% (95% CI, 0.83-97) for SE-DCR (p = 0.32). CONCLUSIONS: ELDR using microendoscope is as efficacious as SE-DCR, without its associated major complications.
AB: PURPOSE: To compare the success rate of monocanalicular versus bicanalicular silicone intubation of the nasolacrimal duct for congenital nasolacrimal duct obstruction (CNLDO). METHODS: In a prospective randomized clinical trial, 70 eyes of 57 children with CNLDO underwent either monocanalicular silicone intubation (MCI) (n = 35 eyes) or bicanalicular silicone intubation (BCI) (n = 35 eyes). All procedures were performed by 1 oculoplastic surgeon. Tube removal was planned for 3 months postoperatively. The results were assessed using a Munk score. Treatment success was defined as Munk score 0-1 at 3 months after tube removal. RESULTS: The surgical outcome was assessed in 29 eyes with MCI and 27 eyes with BCI. The mean age of treatment was 34.9 ± 12.7 months for MCI and 38.7 ± 18.6 months for BCI. Treatment success was achieved in 25 of 29 eyes (86.2%; 95% CI, 79%-96%) in the MCI group compared with 24 of 27 eyes (89%; 95% CI, 84%-94%) in the BCI group (RR = 0.96; 95% CI, 0.79-1.18). There were no corneal or canalicular complications in either group. CONCLUSIONS: MCI and BCI were successful in a similar percentage of children with CNLDO. The main advantage of the former technique was easy tube removal without sedation in the office.
Ab: AIM: To compare the curative effect of the external dacryocystorhinostomy (DCR), using two different patterns of flap anastomosis with suturing of two flaps or anterior flap. METHODS: Fifty-six eyes 48 patients were randomized and assigned to two groups on the basis of the pattern of flap anastomosis. In double-flap group with 25 eyes 20 patients, posterior and anterior flaps were separately sutured. In single-flap group with 31 eyes 28 patients, only the anterior flaps were sutured after resecting of both posterior flaps. RESULTS: The time of follow-up was 6-10 months for all patients. The final success rates in double-flap groups were 92% and in single-flap group were 90% respectively. There was no significant statistical difference in success rate between the groups. CONCLUSION: DCR with double-flap anastomosis has no advantage over only anterior flap. Anastomosis by only anterior flap and resected posterior flap is easier to perform and does not appear adversely to affect the outcome of DCR surgery.
OBJECTIVE: To compare the efficacy of lacrimal probing and syringing among 3% solution of Sodium Chloride and/or 0.2 mg/ml Mitomycin-C as an adjunctive medication.

DESIGN: A prospective, randomized, 2 by 2 factorial design study.

MATERIAL AND METHOD: Forty-eight of nasolacrimal duct obstruction patients with epiphora symptom were randomly assigned to receive either Normal Saline Solution or 3% solution of Sodium Chloride or 0.2 mg/ml Mitomycin-C solution or combined 3% solution of Sodium Chloride with 0.2 mg/ml Mitomycin-C solution, during office probing and syringing. The intervention was performed repeatedly at week 0, weeks 2 and 4. An assessment of epiphora with Visual Analogue Scale were evaluated at week 0, weeks 2, 4, 8 and 12.

RESULTS: Probing and syringing was successfully reducing epiphora symptom. Mitomycin-C group showed a significant reduction in mean difference of Visual Analogue Scale score compared with Normal Saline Solution group (2.85, 95% CI: 1.164-4.536, p < 0.001) and 3% Sodium Chloride group (2.175, 95% CI: 0.489-3.861, p < 0.01). No complication or adverse event was found.

CONCLUSION: 0.2 mg/ml Mitomycin-C solution of was the most effective medication for office probing and syringing in reducing epiphora symptom in nasolacrimal duct obstruction patients.
AIM: To study the effect of ring silicone tube implantation combined with mitomycin C for the treatment of upper lacrimal duct obstruction. METHODS: Eighty-nine cases (116 eyes) with upper lacrimal duct obstruction underwent the procedure of intubation in outpatient clinic: tears points obstruction (14 eyes), lacrimal duct obstruction (38 eyes), tears explorer obstruction (64 eyes). The patients were randomly divided into 2 groups. Group A consisted of 44 cases (58 eyes): tears points obstruction (6 eyes), lacrimal duct obstruction (20 eyes), nasolacrimal duct obstruction (32 eyes). Group B consisted of 45 cases (58 eyes): tears points obstruction (8 eyes), lacrimal duct obstruction (20 eyes), nasolacrimal duct obstruction (32 eyes). The materials were silicone tube, duct expansion wire which was made by myself. Two-canalicicular-nasolacrimal duct were installed ring silicone tube. The time of extubation was after 3-6 months. If the patients were also with nasolacrimal duct obstruction, inverse ball silicone tube implantation in nasolacrimal canal should be performed immediately after the extubation of the ring silicone tube. What group B distinguished from group A was indwelling duct expansion wire which is immersed in 0.25mg/mL mitomycin C for 3-5 minutes, lacrimal duct was washed regularly after extubation of ring silicone tube, and the patients were followed up for 2 years. RESULTS: The cure rate of group A was 72.4%, the cure rate of group B was 93.1%. There were significant differences in recovery rate between the two groups (P < 0.01). CONCLUSION: The method of
installing ring silicone tube under mitomycin C can improve the success rate of surgery and can be a better way to cure upper lacrimal duct obstruction.

AB: BACKGROUND: In external dacryocystorhinostomy a large bony window is created in the lateral nasal wall and a mucosal anastomosis is created between the lacrimal sac and the nasal cavity. The success of the operation depends on the surgical anastomosis remains patent and converting to a wide enough epithelial-lined passage.OBJECTIVE: To compare the efficacy of using rubber versus silicone tubes at the osteotomy of Dacryocystorhinostomy.DESIGN: Prospective, randomized, hospital-based study.SUBJECTS AND METHODS: 46 patients diagnosed with primary acquired nasolacrimal duct obstruction were assigned randomly to rubber, silicone or control group. The surgical procedures in the three groups were the same except that in patients of rubber and silicone groups, rubber or silicone tubes were placed at osteotomy opening and removed after 3 months. Transnasal endoscopic findings
were recorded at the completion of surgery and at 3 months, 6 months and 9 months after surgery for the 3 groups. A computer aided digitizer was used to calculate the surface area of the osteotomy site. Results: After removal of their tubes, 3 patients in the rubber group had recurrent epiphora (78.0% success), one patient in silicone group (92.86% success) and 4 patients in control group (77.8% success). The average final surface area of the osteotomy opening of patients with rubber group at the end of follow-up was (9.85 mm(2)) in the silicone group was (17.47 mm(2)), whereas in the control group was (8.56 mm(2)). CONCLUSION: Silicone tube is better than rubber one in maintaining effective larger osteotomy after Dacryocystorhinostomy. This can improve the long-term success of the operation.

Record #14 of 15
ID: CN-00772991
AU: Chen F
AU: Wang J
AU: Chen W
AU: Shen M
AU: Xu S
AU: Lu F
TI: Upper punctal occlusion versus lower punctal occlusion in dry eye.
SO: Investigative ophthalmology & visual science
YR: 2010
VL: 51
NO: 11
PG: 5571-7
PM: PUBMED 20463310
PT: Comparative Study; Journal Article; Randomized Controlled Trial; Research Support, Non-U.S. Gov't
AD: School of Ophthalmology and Optometry, Wenzhou Medical College, Wenzhou, Zhejiang, China.
KY: Collagen; Cornea [physiology]; Dry Eye Syndromes [physiopathology]; Eyelids [physiopathology]; Fluorophotometry; Lacrimal Duct Obstruction [physiopathology]; Prospective Studies; Prostheses and
AB: PURPOSE: To compare the effectiveness of upper punctal occlusion versus that of lower punctal occlusion in dry eye patients.

METHODS: One eye's upper punctum and the contralateral eye's lower punctum were occluded with collagen plugs in 20 dry eye patients. The same procedure was performed in 20 normal subjects. The upper and lower tear menisci were imaged simultaneously by real-time OCT before punctal occlusion and repeated on days 1, 4, 7, and 10 afterward. The subjective symptom score, corneal fluorescein staining intensity, Schirmer I test result, and tear breakup time (TBUT) were also determined.

RESULTS: In dry eye patients, occlusion of either punctum improved symptom scores, fluorescein staining scores, TBUT, and lower tear meniscus height (LTMH, P < 0.05); however, Schirmer test scores and upper tear meniscus height (UTMH) did not change after occlusion (P > 0.05). There was no significant difference for any of these variables between upper punctum- and lower punctum-occluded eyes, before or after occlusion (P > 0.05). In normal subjects, Schirmer test scores, TBUT, UTMH, and LTMH did not change over time (P > 0.05). CONCLUSIONS: Punctal occlusion with collagen plugs in dry eye patients leads to the relief of subjective symptoms and the improvement of objective signs. The effectiveness of occluding the upper or lower punctum is similar. The LTMH is a valid indicator of the success of punctal occlusion.
TI - Primary endoscopic dacryocystorhinostomy with or without silicone tubing: A prospective randomized study.

AB - BACKGROUND: Endoscopic dacryocystorhinostomy (DCR) is an effective surgical procedure to treat saccal and postsaccal stenosis or nasolacrimal duct obstruction. The use of silicone tube after endoscopic DCR is still controversial. A prospective randomized study was conducted to compare the success rate between the use of silicone stent and no use of silicone stent in endoscopic DCR.

METHODS: A prospective randomized study was conducted at Aseer Central Hospital and Abha Private Hospital, Abha, Kingdom of Saudi Arabia, on all patients undergoing endoscopic DCR between July 1, 2006 and 30 June 30, 2010. Patients were allocated randomly for endoscopic DCR with or without stent. The data collection included age, sex, diagnosis, method, and duration of surgery. Patients were followed up postoperatively at 1 week, 1 month, and then every 3 months for 1 year.

RESULTS: During the period of the study a total of 173 cases of postsaccal stenosis underwent endoscopic DCR (67 male and 106 female subjects). The mean age was 51.8 years (range, 18-72 years). A stent was used in 92 patients (53.2%) and not used in 81 patients (46.8%). With silicone tubing the success rate was 96%, and without silicone tubing it was 91%, an overall success rate of 94%. The odds ratio of failure without a silicone tube was 3.25 but confidence
interval was from 0.84 to 12.60 and the difference between these two groups was statistically not significant (p = 0.117). CONCLUSION: In this study, there was no statistically significant advantage of using endoscopic DCR with stent over the endoscopic DCR without stent.

AU - Qahtani AS
LA - ENG
PT - JOURNAL ARTICLE
DEP - 20120621
TA - Am J Rhinol Allergy
JT - American journal of rhinology & allergy
JID - 101490775
EDAT- 2012/06/27 06:00
MHDA- 2012/06/27 06:00
CRDT- 2012/06/27 06:00
AID - 3789 [pii]
PST - aheadofprint

PMID- 22384944
OWN - NLM
STAT- In-Process
DA - 20120515
IS - 1651-2251 (Electronic)
IS - 0001-6489 (Linking)
CONCLUSION: In nasolacrimal duct (NLD) obstruction patients that undergo endoscopic dacryocystorhinostomy (DCR), creation of a patent rhinostomy with adequate epithelialization can be accomplished without a stent. However, in common canalicular obstruction patients, a silicone stent seems to have a beneficial role and to bear more favorable results. OBJECTIVES: The aim of this study was to evaluate the surgical outcome of endoscopic DCR without the use of a silicone stent. METHODS: In all, 36 patients (41 eyes) who underwent endoscopic DCR were enrolled in this study. The patients were classified into a DCR with silicone stent group and a DCR without silicone stent group. Then each of the groups was subdivided into common canalicular obstruction group and NLD obstruction group. Surgical outcomes were evaluated by postoperative symptom improvement and patency of the rhinostomy under nasal endoscopic exam. RESULTS: The epiphora was improved in 84.2% of the silicone stent group and 81.8% of the non-silicone stent group. Categorized by the level of obstruction, in common canalicular obstruction, the success rate was 84.5% (11/13) in the silicone stent group and 57.1% (4/7) in the no stent group. In NLD obstruction, the success rate was 83.0% (5/6) in the silicone stent group and 93.3% (14/15) in the no stent group.

AD - Department of Otorhinolaryngology - Head and Neck Surgery, Chungbuk National University, Cheongju, Korea.
FAU - Yeon, Je Yeob
AIMS: To describe the morphometric relationships and bony composition of the nasolacrimal fossa in a Caucasian population with particular reference to the lacrimo-maxillary suture (LMS).

METHODS: Forty-seven orbits from 24 formalin fixed cadavers were exenterated. Morphometric measurements were taken between anatomical landmarks forming the lacrimal fossa on the medial orbital wall.

RESULTS: The mean recorded distance from the anterior lacrimal crest (ALC) to the posterior lacrimal crest (PLC) and the LMS were 8.8 mm (+/- 1.6) and 4.3 mm (+/- 1.1), respectively. In 25.5% of the orbits the LMS was at the mid-vertical line (MVL), defined as a line equidistant from the ALC and PLC. In 42.5% the LMS was located anterior to the MVL toward the ALC. In 66% of the orbits the LMS was at or within one standard deviation (SD) of the MVL. The LMS was >1 SD away from the MVL toward the ALC and PLC in 19% and 15% of orbits, respectively.

CONCLUSIONS: In a quarter of the orbits in our Caucasian population the nasolacrimal fossa was formed equally by the maxillary and lacrimal bones. However, in nearly a third of the cases the LMS was located closer to the PLC, indicating predominance of the thicker maxillary bone. This may result in greater difficulty in initiating the surgical osteotomy when performing a dacryocystorhinostomy. These data contribute
to our understanding of the variation in lacrimal fossa anatomy and encourage further studies in different racial groups.

AD - Adnexal Service, Moorfields Eye Hospital, London, UK. pari.shams@gmail.com

FAU - Shams, Pari N

AU - Shams PN

FAU - Abed, Saif F

AU - Abed SF

FAU - Shen, Sunny

AU - Shen S

FAU - Adds, Philip J

AU - Adds PJ

FAU - Uddin, Jimmy M

AU - Uddin JM

LA - eng

PT - Journal Article

PL - England

TA - Orbit

JT - Orbit (Amsterdam, Netherlands)

JID - 8301221

SB - IM

MH - Cadaver

MH - *European Continental Ancestry Group

MH - Female

MH - Humans

MH - Male
Mitomycin C-Enhanced Revision Endoscopic Dacryocystorhinostomy: A Prospective Randomized Controlled Trial.

Objectives. (1) To conduct an adequately powered randomized controlled trial investigating the safety and efficacy of mitomycin C-enhanced revision endoscopic dacryocystorhinostomy (DCR) and (2) to analyze causes of failure after primary endoscopic DCR. Study Design. A randomized controlled study. Setting. General hospital. Subjects and Methods. Seventy-six revision endoscopic DCRs were randomized into 2 groups: endoscopic DCR with mitomycin (group I), where 0.5
mg/mL mitomycin C was applied for 10 minutes, and endoscopic DCR without mitomycin (group II). Follow-up settings were done to document the patient's subjective improvement, to judge ostium patency on irrigation, and to record any complications.

Results. Causes of failure in the original 92 patients included canalicul ar obstruction (14%), small misplaced bony window (43%), very small nasolacrimal stoma due to development of synechia (23%), and complete closure of nasolacrimal stoma with tough fibrous tissue (63%). There was no significant difference between the 2 groups in subjective and objective success rates and adverse events. Group I demonstrated a significantly longer operative time and a significantly lower number of debridement sessions (mean of 1.2 vs 1.9).

Conclusions. Recurrent nasolacrimal duct obstruction after primary endoscopic DCR is mainly due to reclosure of the nasolacrimal stoma with synechia and fashioning of the small misplaced bony window. Mitomycin C does not increase the success rate of revision endoscopic DCR. It is a safe procedure and may be of value only in patients inaccessible to strict follow-up because it induces a better healing profile in terms of mucosal recovery, wound healing, and less need for debridement sessions.

AD - Otolaryngology and Head & Neck Surgery, Tanta University Hospitals, Tanta, Egypt.

AU - Ragab SM
AU - Elsherif HS
AU - Shehata EM
AU - Younes A
AU - Gamea AM

LA - ENG
PT - JOURNAL ARTICLE
Success rate and complications of endonasal dacryocystorhinostomy with unciformectomy.

BACKGROUND: Endonasal dacryocystorhinostomy (DCR) has been widely used to treat nasolacrimal duct obstruction. Here, we evaluated the anatomical advantages of the uncinate process as a landmark and to study the effect of unciformectomy on
success rate and complications of endonasal DCR. METHODS: In total, 288 eyes of 265 adult patients who underwent endonasal DCR between January 2003 and February 2010 were reviewed retrospectively. The eyes were classified into two groups, according to whether unciformectomy was performed or not. All surgical procedures and surgical indications were the same except unciformectomy and endonasal DCR was performed by one surgeon. Unciformectomy was performed by resecting the anterior part of uncinate process. RESULTS: One hundred and eighty-six eyes of 168 patients received endonasal DCR with unciformectomy, and 102 eyes of 97 patients received endonasal DCR alone. The average success rate of endonasal DCR with unciformectomy was 97.8 % and that of endonasal DCR alone was 90.2 %, with statistically significant difference (Student's t-test, p-value < 0.05). There were 14 eyes with post-operative nasolacrimal obstruction, caused by granuloma in five eyes, intranasal synechia in two eyes, membranous obstruction in six eyes, and canalicular stenosis in one eye. There were no serious complications such as orbital fat prolapse, cerebrospinal fluid leak, or delayed hemorrhage.

CONCLUSIONS: Anterior resection of the uncinate process gives improved access to the lacrimal bone by exposing the medial aspect of the lacrimal fossa and forming the precise location of the osteotomy on the lacrimal bone during endonasal DCR. Thus, the uncinate process can be used as an anatomical landmark for endonasal DCR. The unciformian endonasal DCR improves operation success rate by allowing access to the large space of the nasal cavity and reducing the synechiae of the nasal cavity.

AD - Department of Ophthalmology, Busan Paik Hospital, Inje University Medical College, Gaegum-dong, Busanjin-gu, Busan, 633-165, Korea, eyeyang@inje.ac.kr.

AU - Yang JW
AB - Objectives. To conduct the first prospective randomized controlled trial assessing and comparing the safety and efficacy of endoscopic dacryocystorhinostomy (DCR) with double posteriorly based nasal and lacrimal flaps to conventional endoscopic DCR in adult patients with acquired complete nasolacrimal obstruction. Study Design. A prospective randomized controlled study. Setting. General hospital. Subjects and Methods. Seventy-four adult patients with a total of 80 procedures were recruited to undergo endoscopic DCR. They were prospectively equally randomized into 2 groups: endoscopic DCR with flaps (group I) and conventional endoscopic DCR (group II). Regular follow-up settings were done to document the patient's subjective improvement, judge ostium patency on irrigation, and record any complications. Results. Endoscopic DCR with flaps had a higher (92.1%) but nonsignificant difference in success rate when compared with conventional endoscopic DCR (87.4%). There was no significant difference between the 2 techniques in operative time, adverse events, and tolerability of the technique to be done under local anesthesia with minimal sedation. Group I demonstrated a significantly lower number of debridement sessions than did group II. Conclusion. Endoscopic DCR with double posteriorly based nasal and lacrimal flaps provides a viable alternative to conventional endoscopic DCR in managing acquired nasolacrimal duct obstructions in adults. It has a comparable success rate, operative time, and safety profile, with a suggestion of a better healing profile in terms of mucosal recovery, wound healing, and less need for debridement sessions.
AD - Department of Otolaryngology and Head & Neck Surgery, Tanta University Hospitals, Tanta, Egypt.

AU - Khalifa MA
AU - Ragab SM
AU - Saafan ME
AU - El-Guindy AS

LA - ENG

PT - JOURNAL ARTICLE

DEP - 20120511

TA - Otolaryngol Head Neck Surg

JT - Otolaryngology--head and neck surgery : official journal of American Academy of Otolaryngology-Head and Neck Surgery

JID - 8508176

EDAT- 2012/05/15 06:00
MHDA- 2012/05/15 06:00
CRDT- 2012/05/15 06:00

AID - 0194599812447759 [pii]
AID - 10.1177/0194599812447759 [doi]

PST - aheadofprint


PMID- 22566177

OWN - NLM

STAT- Publisher

DA - 20120508
Surgical success rate comparison in functional nasolacrimal duct obstruction: simple lacrimal stent versus endoscopic versus external dacryocystorhinostomy.

Silicone tube intubation (STI) has been known as a standard treatment modality with functional nasolacrimal duct obstruction (FNDO). Recently, dacryocystorhinostomy (DCR) is suggested for FNDO treatment. However, there are no data for comparison according to the surgical types in FNDO patients. This study aimed to compare success rates of three different lacrimal drainage surgeries in FNDO patients. Consecutive patients (153 eyes) who were treated with surgical intervention due to FNDO were analyzed. Patients were divided into three groups according to the type of surgery undertaken: STI, endoscopic DCR (Endo-DCR), and external DCR (Ext-DCR). Symptomatic improvements in epiphora were evaluated using the following scoring system: 1, complete resolution (indicative of success); 2, partial resolution; and 3, no resolution or worsening of the condition. At months 3 and 6, the Endo-DCR group had the highest success rate (84.4 and 81.3 %), but there were no statistically significant differences in epiphora scoring among the patients. Epiphora was significantly improved after surgery by week 2 in the Endo-DCR group ($p = 0.0339$) and by week 3 in the STI group ($p = 0.0161$). There were no patients in the Endo- or Ext-DCR group with a score of 3 at month 6, but 4 of 6 (3.7 %) in the STI group had score of 3 at month 6 and underwent additional DCR for epiphora. Our results suggest that Endo-DCR offers the highest success rates in FNDO treatments in terms of the rapid and complete resolution of epiphora.
A new lacrimal bypass tube fixation method to prevent tube displacement in conjunctivodacryocystorhinostomy (CDCR).

AIMS: To evaluate the efficacy of a new lacrimal bypass tube fixation technique to the conjunctiva and caruncle, preventing postoperative displacement of the tube in conjunctivodacryocystorhinostomies (CDCRs). METHODS: The authors conducted 52 CDCR procedures by a new tube fixation technique using a 6-0 prolene suture encircling the tube neck (encircling group). The suture was not removed during the follow-up period. Over the same period, the authors carried out 51 CDCRs with tube fixation using a 5-0 vicryl suture with the purse string procedure (purse string group) and 71 conventional CDCRs with tube fixation to the skin using a 6-0 nylon suture (control group). Postoperative complications, including dislodgement and tube length problems, were recorded. The three groups were statistically compared. RESULTS: Among the 52 cases using the new fixation technique, tube malpositions, including extrusions, had developed in only four cases (7.7%) at 12 months after the operation. In the purse string and control groups, the same complications developed in 11 (21.6%) and 22 cases (31.0%),
respectively. A statistically significant difference between these groups was detected (p=0.008). Other complications, such as conjunctival granulomas and tube obstruction, developed postoperatively in four cases (8.0%) in the encircling group, and this did not differ significantly from that in the other groups (p=0.193). CONCLUSIONS: The authors believe that this encircling fixation procedure can help in CDCRs for maintaining the location and orientation of the tube during the early postoperative period.
AB - PURPOSE: To assess the effect of mitomycin C on surgical success rate of dacryocystorhinostomy and silicone intubation in patients with improper flaps.

METHODS: The study was a randomized clinical trial. The patients with indication for dacryocystorhinostomy surgery with silicone intubation (inappropriate lacrimal sac or nasal mucosal flaps during surgery and/or history of dacryocystitis in the past 3 months) were randomly assigned to application of mitomycin C (0.02%) on surgical flaps (group A) or a control group without mitomycin C application (group B). Main outcome measures were subjective symptomatic improvement and result of irrigation test at last follow-up visit.
RESULTS: The study enrolled 88 patients (88 eyes); there were 42 patients in group A and 46 patients in group B. There was an average follow-up of 10 months (range 6-15 months) following surgery. Significant improvement (no tearing with patent lacrimal system in irrigation) was observed in 31 patients (73.8%) in group A and 32 patients (69.6%) in group B. There was no statistically significant difference in no improvement (no change in tearing state and obstruction in irrigation test), relative improvement (decreased tearing and passage of fluid with force in irrigation test), and significant improvement rate between the 2 groups of study (p>0.05). CONCLUSIONS: Application of mitomycin C on surgical flaps during dacryocystorhinostomy surgery with silicone intubation in patients with improper flaps has no proven beneficial effect on success rate of surgery.

AD - Eye Research Center, Farabi Eye Hospital, Tehran University of Medical Sciences, Tehran, Iran.

FAU - Eshraghy, Bahram
AU - Eshraghy B
FAU - Raygan, Firoozeh
AU - Raygan F
FAU - Tabatabaie, Syed Ziaeddin
AU - Tabatabaie SZ
FAU - Tari, Ali Sadeghi
AU - Tari AS
FAU - Kasaei, Abolfazl
AU - Kasaei A
FAU - Rajabi, Mohammad Taher
AB - PURPOSE: To report dacryoendoscopic observations and the incidence of lacrimal obstruction/stenosis associated with S-1, an oral anticancer drug. DESIGN: Retrospective, nonrandomized clinical trial. METHODS: A total of 52 patients (41 men, 11 women; age 42-93 years) who were prescribed the anticancer drug S-1 were studied. Patients who suffered eye complaints following S-1 treatment underwent ophthalmic examination, probing and lacrimal irrigation. Patients whose tear meniscus was high or had abnormal lacrimal irrigation were evaluated by dacryoendoscopy. RESULTS: Overall, 5 of 52 S-1-treated patients (9.6%) experienced lacrimal passage stenosis/obstruction. One patient had punctal stenosis, and four patients had canalicular obstruction/stenosis. The onset of epiphora ranged from 2 to 8 months (4.4 +/- 2.2 months, mean +/- SD) after the initiation of chemotherapy. CONCLUSIONS: Patients receiving S-1 treatment should be evaluated for potential lacrimal disorders, particularly canalicular obstruction/stenosis. Dacryoendoscopic observation is effective for the diagnosis of this side effect.

AD - Sasaki Eye Clinic, S-2-6 Mikuni-higashi, Mikuni, Sakai, 913-0016, Japan.

sasatsug@gmail.com

FAU - Sasaki, Tsugihisa

AU - Sasaki T

FAU - Miyashita, Hiroaki

AU - Miyashita H
FAU - Miyanaga, Tamon
AU - Miyanaga T
FAU - Yamamoto, Katsushi
AU - Yamamoto K
FAU - Sugiyama, Kazuhisa
AU - Sugiyama K
LA - eng
PT - Journal Article
DEP - 20120313
PL - Japan
TA - Jpn J Ophthalmol
JT - Japanese journal of ophthalmology
JID - 0044652
SB - IM
EDAT- 2012/03/14 06:00
MHDA- 2012/03/14 06:00
CRDT- 2012/03/14 06:00
PHST- 2011/05/16 [received]
PHST- 2012/01/25 [accepted]
PHST- 2012/03/13 [aheadofprint]
AID - 10.1007/s10384-012-0127-6 [doi]
PST - ppublish

PMID- 22534704
TI - Comparison of postoperative pain and satisfaction after dacryocystorhinostomy in patients operated on under local and general anesthesia.

AB - BACKGROUND: There has been only 1 study on postoperative pain after external dacryocystorhinostomy (DCR) that compared pain between 2 groups of patients; 1 group received local anesthesia and the other received general anesthesia. To further characterize the relationship between these 2 types of anesthesia and postoperative pain, we designed a study in which a single patient received these 2 different anesthesia modalities for a short interval on 2 different sides.

MATERIAL/METHODS: There were 50 participants in this study. External DCR was performed on the same participant on both sides using local anesthesia on 1 side and general anesthesia on the other. Postoperative pain was measured using the visual analogue scale (VAS), and localization and timing of pain were reported by the participants. Postoperative nausea and vomiting (PONV) were documented if present. RESULTS: Pain levels were significantly higher with general anesthesia 3 hours post-surgery, and 6 hours post-surgery the pain remains higher following general anesthesia but is borderline insignificant (p=0.051). However, 12 hours
post-surgery, there is no significant difference in the pain level (p=0.240).

There was no significant difference in the localization of pain with local and
general anesthesia. Postoperative nausea is significantly more frequent after
general anesthesia, and vomiting only occurs with general anesthesia. Local
anesthesia was preferred by 94% of the participants (47 out of 50). CONCLUSIONS:
The vast majority of patients in our study who have undergone both GA and LA DCR
would choose LA again, providing a compelling case for use of the LA technique.

AD - Faculty of Medicine, University of Belgrade, Serbia. knelemik@gmail.com

FAU - Knezevic, Miroslav M

AU - Knezevic MM

FAU - Vlajkovic, Gordana P

AU - Vlajkovic GP

FAU - Stojkovic, Milenko Z

AU - Stojkovic MZ

FAU - Rasic, Dejan M

AU - Rasic DM

FAU - Stankovic, Branislav R

AU - Stankovic BR

FAU - Bozic, Marija M

AU - Bozic MM

LA - eng

PT - Journal Article

PT - Research Support, Non-U.S. Gov't

PL - Poland

TA - Med Sci Monit
Assessment of patient satisfaction following external versus transcanalicular dacryocystorhinostomy with a diode laser and evaluation if change in quality of life after simultaneous bilateral surgery in patients with bilateral nasolacrimal duct obstruction.
AB - AIM: To compare patient satisfaction and experience after external dacryocystorhinostomy (EX-DCR) versus transcanalicular DCR (TC-DCR) with a diode laser and to evaluate the change in quality of life following simultaneous bilateral DCR. METHODS: Prospective evaluation of 38 eyes of 19 patients with bilateral nasolacrimal duct obstruction (NLDO) who underwent TC-DCR for the right eye (Group 1) and EX-DCR for the left eye (Group 2) simultaneously. The subjective outcomes (tearing, irritation, pain, discharge, swelling, and change in visual acuity) of the patients in the two groups at 1 week, 1 month, and 3 months were compared using a questionnaire. The patients answered the questions in the Glasgow Benefit Inventory (GBI) to evaluate the change in quality of life after simultaneous bilateral DCR at 1 month and 3 months. The symptom scores were compared between Group 1 and Group 2 using a Mann-Whitney test. The Wilcoxon test was used for the comparison of intragroup differences. RESULTS: The overall symptom scores significantly improved in both groups. The overall symptom score and six ocular symptom scores did not show a significant difference between the two groups at 1 week, 1 month, and 3 months. Quality of life of the patients significantly improved after simultaneous bilateral surgery according to GBI scoring at 1 month and 3 months. CONCLUSION: The subjective outcomes significantly improved in similar ways after successful TC-DCR and EX-DCR during the early postoperative period. Our study shows that simultaneous bilateral DCR confers a significant quality of life improvement.

AD - Department of Ophthalmology, Istanbul University, Istanbul Faculty of Medicine, Istanbul, Turkey. byeniad@yahoo.com

FAU - Yeniad, Baris

AU - Yeniad B

PMID- 22496009

OWN - NLM

STAT- In-Process

DA - 20120412

IS - 1439-3999 (Electronic)
Mucosal excision instead of fashioning nasolacrimal mucosae flaps during external dacryocystorhinostomy: a pilot study.

BACKGROUND: To report results of a simplified external dacryocystorhinostomy procedure in which nasal and lacrimal sac mucosal flaps are simply removed instead of being sutured together. PATIENTS AND METHODS: Design: Retrospective non-comparative case-series study. Participants: Fourteen consecutive outpatients undergoing external dacryocystorhinostomy. Intervention: Modified and simplified transcutaneous external dacryocystorhinostomy where basically the lacrimal sac and the nasal mucosae are widely excised in front of DCR's osteotomy instead of being used to fashion nasolacrimal flaps. Outcome: Assessment of dacryocystorhinostomy anatomical patency by syringing and patient's self-perception of epiphora symptoms improvement about twelve weeks and one year after surgery, as well as patient's report of ocular air-reflux during Valsalva maneuver a year after surgery. RESULTS: Syringing showed anatomic patency in 93 % and 92 % of patients twelve weeks (mean +/- SD: 12 weeks +/- 6 weeks) and one year (15 months +/- 3 months) after surgery, respectively. One year after surgery, 62 % of patients reported ocular air-reflux. Twelve weeks and one year after surgery, mean symptom improvement was 82 % +/- 17 % and 79 % +/- 29 %, respectively. Furthermore, 79 % and 85 % of patients reported a postoperative improvement of their symptoms greater or equal to 80 % after twelve weeks and one year.
year, respectively. CONCLUSIONS: Removing lacrimal sac and nasal mucosae in front of the osteotomy did not appear to have a major negative impact on the outcome of the external dacryocystorhinostomy. The findings of this pilot study need to be confirmed by a larger prospective trial.

CI - (c) Georg Thieme Verlag KG Stuttgart . New York.
AD - Leonhard's Praxis-Clinic, Basel, Switzerland. ivan.haefliger@bluewin.ch
FAU - Haefliger, I O
AU - Haefliger IO
FAU - Tschopp, M
AU - Tschopp M
FAU - Pimentel, A-R
AU - Pimentel AR
LA - eng
PT - Journal Article
DEP - 20120411
PL - Germany
TA - Klin Monbl Augenheilkd
JT - Klinische Monatsblatter fur Augenheilkunde
JID - 0014133
SB - IM
EDAT- 2012/04/13 06:00
MHDA- 2012/04/13 06:00
CRDT- 2012/04/13 06:00
PHST- 2012/04/11 [epublish]
AID - 10.1055/s-0031-1299433 [doi]
A comparison of external and endonasal dacryocystorhinostomy in regard to patient satisfaction and cost.

BACKGROUND: Definitive treatment of nasolacrimal duct obstruction is with external or endonasal dacryocystorhinostomy (DCR). Recent trials suggest surgical equivalency between techniques. We sought to compare alternative outcomes of DCR techniques in terms of quality of life and cost. METHODS: This study was a multicentre prospective nonrandomized case series comparing adult patients treated with external or endonasal DCR. Groups were allocated according to DCR technique. Participation did not affect treatment choice. The Glasgow Benefit Inventory (GBI) was utilized to compare postoperative quality of life, and an activity-based costing (ABC) method used to estimate costs of the two techniques.
Surgical data were also collected. A minimum of 3 months follow-up was observed.

RESULTS: Seventy-seven patients were included--37 external and 40 endonasal. Both techniques resulted in positive health status change, with mean GBI scores of +16.1 for external DCR and +24.1 for endonasal (p = 0.18). Using an ABC method, the operative costs of external DCR were less than endonasal at $715.79 AUD and $932.52 AUD respectively. CONCLUSIONS: This trial suggests that external and endonasal DCR produce comparable outcomes in terms of postoperative quality of life, with external DCR resulting in lower operative costs.

AD - Department of Ophthalmology, Alfred Hospital, Prahran, Australia.

belinda.hii@gmail.com

FAU - Hii, Belinda W

AU - Hii BW

FAU - McNab, Alan A

AU - McNab AA

FAU - Friebel, Justin D

AU - Friebel JD

LA - eng

PT - Comparative Study

PT - Journal Article

PT - Multicenter Study

PL - England

TA - Orbit

JT - Orbit (Amsterdam, Netherlands)

JID - 8301221

SB - IM
MH - Adult
MH - Aged
MH - Aged, 80 and over
MH - Dacryocystorhinostomy/*economics/*methods
MH - Female
MH - *Health Care Costs
MH - Humans
MH - Lacrimal Duct Obstruction/*economics/surgery
MH - Male
MH - Middle Aged
MH - Nasolacrimal Duct/*surgery
MH - *Patient Satisfaction
MH - Prospective Studies
MH - Quality of Life
MH - Questionnaires
MH - Sickness Impact Profile
MH - Treatment Outcome
EDAT- 2012/04/12 06:00
MHDA- 2012/06/16 06:00
CRDT- 2012/04/12 06:00
PST - ppublish

PMID- 21392851
AB - PURPOSE: The purpose of this study is to observe the effect of intraoperative topical application of mitomycin C (MMC) on the results of endoscopic dacryocystorhinostomy. DESIGN: This is a prospective, randomized, controlled, single-blind study. SETTINGS: Hospitalized treatment was done in a tertiary medical college hospital and research center that deals with a predominantly rural population. PATIENTS: Patients with primary acquired postsaccal obstruction causing chronic dacryocystitis were considered. METHODS: A total of 38 patients were randomized into either a mitomycin group or a control group. Both of these groups were subjected to an identical surgical procedure, except that 0.2 mg/dL of MMC was used in the mitomycin group, whereas normal saline was used in the control group. The follow-up period was at least 6 months. An asymptomatic patient with a visible stoma at nasendoscopy and free flow of saline into the nose with lacrimal syringing after 6 months after surgery was used as criteria for defining a successful result. RESULTS: The success rate was 82.3% when MMC
was used and 85.7% among the controls (P > .05). Granulations, adhesions, and obliterative sclerosis occurred in a similar number of patients of both groups. However, granulations and adhesions did not have a bearing on the success rate in either group. CONCLUSION: Mitomycin C did not appear to influence the occurrence of granulations, synechiae, or obliterative sclerosis, nor did it alter the success rate significantly.

CI - Copyright (c) 2012 Elsevier Inc. All rights reserved.

AD - Department of Otorhinolaryngology, R.L. Jalappa Hospital and Research Centre, Sri Devaraj Urs Medical College, Sri Devaraj Urs Academy of Higher Education, Tamaka, Kolar, India. drtpr@yahoo.com

FAU - Prasannaraj, Thomas
AU - Prasannaraj T
FAU - Kumar, B Y Praveen
AU - Kumar BY
FAU - Narasimhan, Indira
AU - Narasimhan I
FAU - Shivaprakash, K V
AU - Shivaprakash KV
LA - eng
PT - Journal Article
PT - Randomized Controlled Trial
DEP - 20110309
PL - United States
TA - Am J Otolaryngol
JT - American journal of otolaryngology
JID - 8000029
RN - 0 (Alkylating Agents)
RN - 50-07-7 (Mitomycin)
SB - IM
MH - Administration, Topical
MH - Adolescent
MH - Adult
MH - Alkylating Agents/*administration & dosage
MH - Combined Modality Therapy
MH - Dacryocystitis/*drug therapy/*surgery
MH - Dacryocystorhinostomy/*methods
MH - Endoscopy/*methods
MH - Female
MH - Humans
MH - Intraoperative Period
MH - Male
MH - Middle Aged
MH - Mitomycin/*administration & dosage
MH - Prospective Studies
MH - Single-Blind Method
MH - Treatment Outcome
EDAT- 2011/03/12 06:00
MHDA- 2012/04/04 06:00
CRDT- 2011/03/12 06:00
PHST- 2010/08/24 [received]
External dacryocystorhinostomy outcomes in sarcoidosis patients.

AB - PURPOSE: To determine surgical outcomes after external dacryocystorhinostomy (DCR) surgery in patients with sarcoidosis. METHODS: We retrospectively reviewed the charts of all patients with sarcoidosis who underwent external DCR surgery between January 2001 and January 2010. Clinical data reviewed included patient demographics, immunosuppressive therapies, biopsy results, use of intraoperative...
triamcinolone, and postoperative outcomes and complications. Success was defined as resolution of epiphora. RESULTS: External DCR was performed on 13 sides of 9 patients with sarcoidosis. Four patients were systemically immunosuppressed with methotrexate or plaquenil, and 4 patients used inhaled corticosteroids only. Intraoperative biopsy in 10 cases (9 patients) revealed non-necrotizing granulomatous inflammation (8 cases) and chronic inflammation (2 cases). Silicone stents were removed at a mean of 2.9 months. Initial DCR surgery was successful in 10 of 13 (87%) surgeries with an average follow up of 31 months (range, 14 to 48 months). None of the 5 surgeries (4 patients) with intralesional triamcinolone injections failed, compared with 3 of 8 (38%) surgeries without intralesional triamcinolone. Of the 3 failures, 2 early failures (3 months) were successfully treated with balloon catheter dilation. In the one patient with a late failure (47 months), subsequent balloon catheter dilation failed. All 3 patients who experienced failures used inhaled corticosteroids only. In contrast, 4 of the 6 patients with successful surgery were systemically immunosuppressed. Complications such as punctal erosion, wound necrosis, or cerebrospinal fluid leak did not occur. CONCLUSIONS: External DCR surgery successfully treats nasolacrimal duct obstruction associated with sarcoidosis. Intralesional triamcinolone may improve the success rate without added complications. Long-term success may be less in patients not receiving systemic immunosuppressive therapy.

AD - Kellogg Eye Center, University of Michigan, Ann Arbor, Michigan, USA.

FAU - Lee, Brian J

AU - Lee BJ

FAU - Nelson, Christine C

AU - Nelson CC
A meta-analysis of primary dacryocystorhinostomy with and without silicone intubation.
OBJECTIVE: To examine possible differences in success rates of primary dacryocystorhinostomy (DCR) with and without silicone intubation, and to find out whether the use of silicone tubes is beneficial. DESIGN: A literature search was conducted in the PubMed, EMBASE, and Cochrane Controlled Trials Register to identify potentially relevant controlled trials. METHODS: Language was restricted to English. The surgical techniques were categorized into external DCR (EX-DCR), endonasal laser-assisted DCR (LA-DCR), and nonlaser endoscopic endonasal DCR techniques (EN-DCR). The main outcome measure was success rates after DCR-with and DCR-without silicone intubation. The statistical analysis was carried out using a RevMan 5.0 software. RESULTS: Of 188 retrieved trials from the electronic database, 9 trials (5 randomized controlled trials and 4 cohort studies) involving 514 cases met our inclusion criteria. There was no statistically significant heterogeneity between the studies. The pooled risk ratio was 0.99, with a 95% confidence interval (0.91-1.08). There was no significant difference in the success rates between the DCR with and without silicone intubation (p = 0.81). Sensitivity analysis and subgroups analyses suggested that the result was comparatively reliable. CONCLUSIONS: Based on this meta-analysis that included 5 randomized controlled trials and 4 cohort studies, no benefit was found for silicone tube intubation in primary DCR. Further well-organized, prospective, randomized studies involving larger patient numbers are required.
FAU - Cai, Jian-Qiu
AU - Cai JQ
FAU - Zhang, Jia-Yu
AU - Zhang JY
FAU - Han, Xiao-Hui
AU - Han XH
LA - eng
PT - Journal Article
PT - Meta-Analysis
PL - England
TA - Can J Ophthalmol
JT - Canadian journal of ophthalmology. Journal canadien d'ophtalmologie
JID - 0045312
RN - 0 (Silicones)
SB - IM
MH - *Dacryocystorhinostomy
MH - Databases, Factual
MH - Humans
MH - *Intubation
MH - Lacrimal Duct Obstruction/*therapy
MH - Nasolacrimal Duct/*surgery
MH - Randomized Controlled Trials as Topic
MH - Silicones
MH - *Stents
MH - Treatment Outcome
Mitomycin C in revision endoscopic dacryocystorhinostomy: a prospective randomized study.

BACKGROUND: Endoscopic dacryocystorhinostomy (EN-DCR) is an effective and safe
procedure when treating saccal and postsaccal nasolacrimal duct obstruction. However, sometimes scarring of the rhinostomy site caused by fibrosis may occur, particularly in revision operations. The application of intraoperative mitomycin C (MMC), an antiproliferative agent, has been introduced as one possible technique to improve the outcome. We conducted a prospective, randomized study to evaluate if the use of MMC improves the success in endonasal revision DCR procedure. METHODS: Thirty revision EN-DCR procedures were performed during 2004-2010. The patients were randomized into two study groups, according to whether the intraoperative MMC was used or not. The technique of EN-DCR procedure in both groups was the same, but in the MMC group, at the end of the procedure a piece of tampon soaked in MMC (0.4 mg/mL) was placed into the rhinostoma for 5 minutes. No silicone stents were inserted. The surgical outcome at the 6-month follow-up visit was considered successful if the lacrimal sac irrigation succeeded and if the patients' symptoms were relieved. RESULTS: The success rate after revision EN-DCR with MMC was 93% and without MMC was 60%. The overall success rate was 77%. The difference between the two groups was not statistically significant (p = 0.08). The relief of the symptoms between groups in both the Nasolacrimal Duct Obstruction Symptom Score and ocular symptoms was statistically significant (p = 0.007 and p = 0.02, respectively). CONCLUSION: The results of our study indicate that the application of intraoperative mitomycin C may improve the outcome in revision EN-DCR.

AD - Department of Otorhinolaryngology, Institute of Clinical Medicine, Kuopio University Hospital, and University of Eastern Finland, Finland.

FAU - Penttilä, Elina

AU - Penttilä E
MH - Female
MH - Follow-Up Studies
MH - Growth Inhibitors/*administration & dosage/adverse effects
MH - Humans
MH - Intraoperative Care
MH - Lacrimal Duct Obstruction/complications/*drug therapy/surgery
MH - Male
MH - Middle Aged
MH - Mitomycin/*administration & dosage/adverse effects
MH - Postoperative Complications/etiology/prevention & control
MH - Prospective Studies
MH - Reoperation
MH - Treatment Outcome
EDAT- 2011/12/22 06:00
MHDA- 2012/05/10 06:00
CRDT- 2011/12/22 06:00
AID - 10.2500/ajra.2011.25.3676 [doi]
PST - ppublish

PMID- 21681436
OWN - NLM
STAT- MEDLINE
DA - 20111028
DCOM- 20120201
BACKGROUND: To compare the success rate of monocanalicular intubation (MCI) compared with bicanalicular silicone intubation (BCI) in congenital nasolacrimal duct obstruction (CNLDO) in infants and toddlers. METHODS: In a prospective, nonrandomized, comparative study, MCI (n = 35 eyes) through the inferior canaliculus or BCI (n = 35 eyes) were performed under general anaesthesia in children aged 10 to 36 months with CNLDO. The tubes were removed 3-4 months after tube placement, and the children were followed up for 6 months after the removal of tubes. Therapeutic success was defined as the fluorescein dye disappearance test grade 0-1, corresponding with a complete resolution of previous symptoms. Partial success was defined as improvement with some residual symptoms. RESULTS: Complete and partial improvement was achieved in 31/35 (88.57%) in the BCI group and 34/35 (97.14%) in the MCI group. The difference between the two groups was not significant (p = 0.584). Complications occurred in both groups. Dislodgement of the tube and premature removal was observed in four BCI cases, and loss of the tube was observed twice in the MCI group. Canalicular slitting was observed in five eyes in the BCI group. Granuloma pyogenicum observed in 2 cases with MCI revealed a few weeks after the tube removal. Corneal erosion in the inferior
medial quadrant was observed in one MCI eye and revealed in a few days after the local treatment without tube removal. CONCLUSIONS: Both MCI and the BCI are effective methods for treating CNLDO. MCI has the advantage of a lower incidence of canalicular slit and easy placement.

AD - Department of Otolaryngology, University Hospital Ostrava, Ostrava, Czech Republic. pavel.kominek@fno.cz

FAU - Kominek, Pavel
AU - Kominek P

FAU - Cervenka, Stanislav
AU - Cervenka S

FAU - Pniak, Tomas
AU - Pniak T

FAU - Zelenik, Karol
AU - Zelenik K

FAU - Tomaskova, Hana
AU - Tomaskova H

FAU - Matousek, Petr
AU - Matousek P

LA - eng

PT - Comparative Study

PT - Journal Article

DEP - 20110617

PL - Germany

TA - Graefes Arch Clin Exp Ophthalmol

JT - Graefe's archive for clinical and experimental ophthalmology = Albrecht von
AB - PURPOSE: To present our experience with pushed monocanalicular nasolacrimal intubation in the management of 90 consecutive cases of nasolacrimal outflow obstruction. MATERIALS AND METHOD: This paper reports a non-randomized study of 90 consecutive cases treated with a pushed Monoka intubation system (Masterka). A
metal guide is placed inside a silicone tube rather than being attached at the
distal end of the tube, as done with traditional pulled intubations. Three probe
lengths are available: 30, 35, and 40 mm. SURGICAL PROCEDURE: The silicone stent
was pushed into a punctum, canaliculus, and nasolacrimal duct by means of the
guide. After passing through the valve of Hasner and reaching the nasal floor,
the guide was then delicately withdrawn while remaining oriented along the axis
of the lacrimal sac and duct. Throughout this phase, the anchoring plug was held
in contact with the punctum. Three study groups were set up chronologically:
group 1: endo-DCR procedures done with Masterka insertions under endoscopic
observation. Group 2: Masterka insertions done with endoscopic guidance. Group 3:
blind Masterka insertions without endoscopic guidance. The patients in groups 2
and 3 were selected on the information obtained by lacrimal probing. Only cases
with mucosal nasolacrimal stenoses were included. All patients had surgery under
general anesthesia with mechanically assisted ventilation (groups 1 and 2) or
spontaneous ventilation (group 3). The anchoring plug was inserted into the
punctum and vertical canaliculus, either by pulling on the probe (group 1) or
using an inserting instrument. RESULTS: A total of 90 pushed Monoka intubations
were done. Endoscopic examination (groups 1 and 2) demonstrated visually that the
pushed intubation method was effective. In none of the 28 cases did the silicone
bunch up when the guide was withdrawn. DEGREE OF DIFFICULTY: This was dependent
upon proper selection for pushed Monoka intubation; the length of the probe and
confirmation that there no false passage was created. The pushed intubation
technique was only slightly more difficult than a simple lacrimal probing. The
average operating time, excluding the anesthetic procedures, was respectively 5
min (group 2) and 4 min (group 3). COMPLICATIONS DURING SURGERY: There were no
anesthetic or general problems observed in the three groups. Epistaxis was also not noted. POSTOPERATIVE COMPLICATIONS: Fifteen percent (13/90). The 13 complications noted were: two cases of canaliculitis, one intracanalicular migration, eight probes that disappeared, one keratitis, and one case of involuntary removal by the patient. DELETERIOUS SIDE EFFECTS: Tearing with the probe was in place was noted in 21.1% of the cases (19/90). This tearing disappeared as soon as the probe was removed in 50% of these cases (10/19). FUNCTIONAL RESULTS: Overall, the success rate (absence of epiphora, absence of mucous discharge) was 90% (81/90) with an average follow-up period of 19 weeks (Range, 1 day to 60 weeks). Two cases were lost to follow-up at day 1 and day 7. Group 1: 90.9% (20/22 cases; average age: 65 years, with an average follow-up period of 24 weeks). Group 2: 100% (6/6 cases; average age: 3.1 years, with an average follow-up period of 14 weeks). Group 3: 88.3% (53/60 cases excluding the two cases that were lost to follow-up; mean age: 2.3 years, with an average follow-up period of 16 weeks). CONCLUSIONS: From a technical perspective, pushed nasolacrimal intubation is much simpler than the traditional pulled types of nasolacrimal intubation. The anesthetic procedure required is the same as that for a late probing procedure, but the functional results are better. The Masterka is an alternative to simple late probing in the treatment of mucosal nasolacrimal stenoses in patients of over 12 months of age.
MH - Intubation/*adverse effects/*methods
MH - Lacrimal Duct Obstruction/epidemiology/etiology/*therapy
MH - Male
MH - Mechanical Processes
MH - Middle Aged
MH - Models, Biological
MH - *Nasolacrimal Duct/pathology
MH - Postoperative Complications/epidemiology/etiology
MH - Stents/adverse effects
EDAT- 2011/06/03 06:00
MHDA- 2012/03/06 06:00
CRDT- 2011/06/03 06:00
PHST- 2010/11/15 [received]
PHST- 2011/02/16 [revised]
PHST- 2011/02/18 [accepted]
PHST- 2011/06/01 [aheadofprint]
AID - S0181-5512(11)00159-8 [pii]
AID - 10.1016/j.jfo.2011.02.008 [doi]
PST - ppublish

PMID- 21353409
OWN - NLM
STAT- MEDLINE
DA - 20110418
Primary diffuse large B-cell lymphoma of the lacrimal sac simulating chronic dacryocystitis.

AB - Primary diffuse large B-cell lymphoma of the lacrimal sac is rare. Herein we report a 55-year-old female presented with epiphora in the right eye. Distention of the lacrimal sac secondary to nasolacrimal duct obstruction was observed. She was scheduled for external dacryocystorhinostomy for the next month. When she came for surgery, a growing mass was recognised over the lacrimal sac region. On computer tomography scan, a subdermal mass causing nasal bone destruction was detected. Excisional biopsy of the mass was performed. Histopathologic and immunohistochemical evaluations revealed primary diffuse large B-cell non-Hodgkin lymphoma of the lacrimal sac. She was treated with cyclophosphamide, vincristine, adriablastine and prednisone for eight courses combined with rituximab for 6 months. During a follow-up period of 25 months, patient is stable with no systemic disease. Although rare, lacrimal sac tumors can mimic dacryocystitis and must be considered in differential diagnosis. In suspicious cases incisional biopsy is recommended.

CI - Copyright (c) 2011 Elsevier Ireland Ltd. All rights reserved.

AD - Ege University Faculty of Medicine, Department of Ophthalmology, Izmir, Turkey.
FAU - Palamar, Melis
AU - Palamar M
FAU - Midilli, Rasit
AU - Midilli R
FAU - Ozsan, Nazan
AU - Ozsan N
FAU - Egrilmez, Sait
AU - Egrilmez S
FAU - Sahin, Fahri
AU - Sahin F
FAU - Yagci, Ayse
AU - Yagci A
LA - eng
PT - Case Reports
PT - Journal Article
DEP - 20110224
PL - Netherlands
TA - Auris Nasus Larynx
JT - Auris, nasus, larynx
JID - 7708170
RN - 0 (Antibodies, Monoclonal, Murine-Derived)
RN - 0 (Antineoplastic Agents)
RN - 0 (rituximab)
SB - IM
MH - Antibodies, Monoclonal, Murine-Derived/administration & dosage
MH - Antineoplastic Agents/administration & dosage
MH - Antineoplastic Combined Chemotherapy Protocols/administration & dosage
MH - Chronic Disease
MH - Dacryocystitis/*diagnosis
MH - Diagnosis, Differential
MH - Drug Administration Schedule
MH - Eye Neoplasms/*diagnosis/drug therapy
MH - Female
MH - Follow-Up Studies
MH - Humans
MH - Lacrimal Apparatus Diseases/*diagnosis/drug therapy
MH - Lymphoma, Large B-Cell, Diffuse/*diagnosis/drug therapy
MH - Middle Aged
EDAT- 2011/03/01 06:00
MHDA- 2011/08/31 06:00
CRDT- 2011/03/01 06:00
PHST- 2010/09/21 [received]
PHST- 2010/12/08 [revised]
PHST- 2011/01/05 [accepted]
PHST- 2011/02/24 [aheadofprint]
AID - S0385-8146(11)00036-8 [pii]
AID - 10.1016/j.anl.2011.01.012 [doi]
PST - ppublish
Acute dacryocystitis associated with Epstein-Barr virus infection.

Acute dacryocystitis is a rare complication of infectious mononucleosis with only three previous reports in the English literature. We present two further children with acute dacryocystitis and clinical and laboratory features of Epstein-Barr Virus related infectious mononucleosis. Both were treated with systemic antibiotics and one child additionally required surgical drainage of a lacrimal sac abscess. Both children made a complete recovery without any lacrimal symptoms. Acute dacryocystitis is uncommon in children without a history of congenital nasolacrimal duct obstruction, and an underlying systemic condition such as infectious mononucleosis should be suspected. In such patients, dacryocystitis can be expected to resolve without symptoms of nasolacrimal duct obstruction and dacryocystorhinostomy is seldom required.

Victoria Eye Unit, Hereford County Hospital, Hereford, United Kingdom.

Ghauri, Abdul-Jabbar
MH - Drainage/methods
MH - Female
MH - Follow-Up Studies
MH - Humans
MH - Infectious Mononucleosis/*complications/diagnosis/drug therapy
MH - Infusions, Intravenous
MH - Lacrimal Duct Obstruction/etiology/physiopathology/*therapy
MH - Male
MH - Metronidazole/therapeutic use
MH - Risk Assessment
MH - Treatment Outcome
EDAT- 2011/10/01 06:00
MHDA- 2012/02/04 06:00
CRDT- 2011/10/01 06:00
PST - ppublish

PMID- 21613626
OWN - NLM
STAT- MEDLINE
DA - 20110928
DCOM- 20111122
IS - 1097-6817 (Electronic)
IS - 0194-5998 (Linking)
OBJECTIVES: To conduct a prospective randomized controlled study to investigate the safety and efficacy of endocanalicular, high-pressure, 5-mm balloon catheter, endoscopic dacryocystorhinostomy (DCR) in adult patients with acquired complete nasolacrimal obstruction. STUDY DESIGN: Prospective randomized controlled study. SETTING: General hospital. SUBJECTS AND METHODS: Sixty-six adult patients with a total of 70 procedures were recruited to undergo endoscopic DCR. They were prospectively, equally randomized into 2 groups: endocanalicular, high-pressure, 5-mm balloon catheter, endoscopic DCR (group I) and conventional endoscopic DCR (group II). Regular follow-up sessions were conducted to document the patient's subjective improvement, judge ostium patency on irrigation, and record any complications. RESULTS: Both groups demonstrated a success rate of 91.4%. There was a shorter mean operative time (25.7 minutes) in group I (P < .001). The number of adverse events was significantly higher in group II (P < .05). Group I showed statistically significantly more comfort during surgery under local anesthesia with minimal sedation (P < .05). CONCLUSION: Endocanalicular balloon catheter endoscopic DCR shares the advantages and success rate of conventional endoscopic DCR. In addition, the former is simpler, requires less manipulation, consumes a shorter operative time, has a better safety profile, and can be conducted under local anesthesia with minimal sedation.
MH - Lacrimal Duct Obstruction/*therapy
MH - Male
MH - Middle Aged
MH - *Nasolacrimal Duct
MH - Prospective Studies
MH - Young Adult
EDAT- 2011/05/27 06:00
MHDA- 2011/12/13 00:00
CRDT- 2011/05/27 06:00
PHST- 2011/05/25 [aheadofprint]
AID - 0194599811410534 [pii]
AID - 10.1177/0194599811410534 [doi]
PST - ppublish

PMID- 21730837
OWN - NLM
STAT- MEDLINE
DA - 20110811
DCOM- 20120118
IS - 1531-7021 (Electronic)
IS - 1040-8738 (Linking)
VI - 22
IP - 5
DP - 2011 Sep
Laser-assisted dacryocystorhinostomy: a viable treatment option?

PURPOSE OF REVIEW: Improvements in endoscopic instrumentation and evolving laser technologies have renewed interest in laser-assisted endonasal applications, and an increasing number of lacrimal surgeons have focused on laser-assisted approaches to dacryocystorhinostomy (DCR). The purpose of this review was to assess the clinical efficacy of laser-assisted DCR techniques with a particular focus on the endocanalicular approach and to describe various laser systems and their associated tissue effects.

RECENT FINDINGS: Recent studies of endocanalicular laser DCR suggest favorable success rates that are comparable with external and endonasal endoscopic DCR, although there is a shortage of robust, prospective, randomized studies.

SUMMARY: Recent evidence suggests that endocanalicular laser DCR is a well tolerated, viable treatment option for nasolacrimal duct obstruction in selected patients with favorable results and shorter operative times. More recent studies seem to suggest improvements in success rates compared with older studies, although additional, well designed, comparative studies are needed.

AD - Department of Ophthalmology, Cullen Eye Institute, Baylor College of Medicine, Houston, Texas 77030, USA.

FAU - Lee, Seongmu
AU - Lee S
FAU - Yen, Michael T
AU - Yen MT
LA - eng
PT - Journal Article
PT - Research Support, Non-U.S. Gov't
PT - Review
PL - United States
TA - Curr Opin Ophthalmol
JT - Current opinion in ophthalmology
JID - 9011108
SB - IM
MH - Dacryocystorhinostomy/*methods
MH - *Endoscopy
MH - Female
MH - Humans
MH - Lacrimal Duct Obstruction/physiopathology/*surgery
MH - Laser Therapy/*methods
MH - Male
MH - Patient Selection
MH - Randomized Controlled Trials as Topic
MH - Treatment Outcome
EDAT- 2011/07/07 06:00
MHDA- 2012/01/19 06:00
CRDT- 2011/07/07 06:00
AID - 10.1097/ICU.0b013e32834994c8 [doi]
PST - ppublish

PMID- 21779017
A clinical trial of endoscopic vs external dacryocystorhinostomy for partial nasolacrimal duct obstruction.

OBJECTIVE: A literature review revealed there is no outcome data for endoscopic endonasal dacryocystorhinostomy (EES-DCR) in the subgroup of patients with acquired partial nasolacrimal duct obstruction (NDO). This study aimed to compare the results of EES-DCR vs external DCR (ext-DCR) in the treatment of partial NDO.

DESIGN: This study is designed as a prospective nonrandomised comparative clinical trial. PARTICIPANTS: In total, 46 adult patients with acquired partial NDO participated in this study. METHODS: Partial (sometimes called 'functional') NDO (epiphora in the presence of patent syringing) was confirmed by nuclear lacrimal scintigraphy or delayed drainage on dacryocystography. Patients with 'functional' epiphora from other causes were excluded. Post-operative outcome was assessed at 6 months. Overall, 21 (46%) patients had EES-DCR and 25 patients had (54%) ext-DCR. MAIN OUTCOME MEASURES: Subjective success was based on patient
symptoms, objective success on patency with syringing and a functioning rhinostomy evaluated using the functional endoscopic dye test (FEDT). RESULTS: In total 18 out of 21 (86%) of EES-DCR patients had marked reduction (n=11) or complete resolution (n=7) and 25 out of 25 (100%) of ext-DCR had marked reduction (n=9) or complete resolution (n=16) of epiphora. In total 17 out of 18 (94%) of the EES-DCR patients with subjective success had a positive FEDT. All 25 out of 25 (100%) ext-DCR patients with subjective success had a positive FEDT. The three failed EES-DCR patients were all blocked on syringing. Statistically, EES-DCR does not achieve the same success rate as ext-DCR in this study (P=0.09, two-tailed Fisher's exact test, 0.045 one-tailed). CONCLUSIONS: Both endoscopic and external DCRs provide satisfactory outcomes in acquired partial NDO. The success rate is nevertheless higher in ext-DCR compared with EES-DCR.

AD - Department of Ophthalmology, Charing Cross and Hammersmith Hospitals, London, UK.

fhz12@hotmail.com

FAU - Zaidi, F H

AU - Zaidi FH

FAU - Symanski, S

AU - Symanski S

FAU - Olver, J M

AU - Olver JM

LA - eng

PT - Clinical Trial

PT - Comparative Study

PT - Journal Article

DEP - 20110722
What is the role of partial middle turbinectomy in endocanalicular laser-assisted endonasal dacryocystorhinostomy?

BACKGROUND: This study was designed to compare outcomes of endocanalicular laser-assisted endonasal dacryocystorhinostomy (DCR) with and without partial anterior middle turbinectomy. METHODS: A prospective randomized comparative study was conducted on 91 subjects with primary acquired nasolacrimal duct obstruction, undergoing endocanalicular (ECL) procedures. Group 1 was composed of 44 (7 bilateral) patients undergoing ECL diode laser-assisted endonasal DCR without partial anterior middle turbinectomy and group 2 was composed of 47 (7 bilateral)
patients undergoing partial anterior middle turbinectomy and ECL diode laser-assisted endonasal DCR. Follow-up period was 11.0 (6.0-14.5 months) months for group 1 and 9.2 (5.0-14.2 months) months for group 2. Functional success was defined as absence of epiphora and anatomic success was defined as ability to irrigate the lacrimal system. Anatomic and functional success at the 1st week, 3rd month, and final postoperative examinations of two groups were compared using chi-square tests. RESULTS: Final anatomic successes were 39/51 (76%) cases for group 1 and 51/54 (94%) cases for group 2. Final functional successes were 36/51 (%71) patients in group 1 and 48/54 (88%) patients in group 2. Group 2 had higher success at the final examination and the difference was statistically significant. CONCLUSION: We recommend partial anterior middle turbinectomy in all laser ECL laser-assisted endonasal DCR, but further studies with larger sample sizes are needed to strengthen our hypothesis.

AD - Department of Ophthalmology, Eskisehir Osmangazi University Medical Faculty, Eskisehir, Turkey. hbasmak@ogu.edu.tr

FAU - Basmak, Hikmet

AU - Basmak H

FAU - Cakli, Hamdi

AU - Cakli H

FAU - Sahin, Afsun

AU - Sahin A

FAU - Gursoy, Huseyin

AU - Gursoy H

FAU - Ozer, Ahmet

AU - Ozer A
FAU - Colak, Ertugrul
AU - Colak E
LA - eng
PT - Journal Article
PT - Randomized Controlled Trial
PT - Research Support, Non-U.S. Gov't
DEP - 20110211
PL - United States
TA - Am J Rhinol Allergy
JT - American journal of rhinology & allergy
JID - 101490775
SB - IM
MH - Adult
MH - Aged
MH - *Dacryocystorhinostomy
MH - Female
MH - Follow-Up Studies
MH - Humans
MH - Lacrimal Apparatus/*metabolism/pathology/surgery
MH - Lacrimal Apparatus Diseases/diagnosis/pathology/physiopathology/*surgery
MH - Lasers/utilization
MH - Male
MH - Middle Aged
MH - Nasolacrimal Duct/pathology/*surgery
MH - Prospective Studies
Effects of Merogel coverage on wound healing and ostial patency in endonasal endoscopic dacryocystorhinostomy for primary chronic dacryocystitis.
AB - PURPOSE: To investigate the effects of Merogel coverage on ostial patency in endonasal endoscopic dacryocystorhinostomy (EES-DCR) for primary chronic dacryocystitis (PCD). METHODS: In all, 260 patients with unilateral PCD were randomized into two groups: the Merogel group and the control group. All patients underwent EES-DCR. The Merogel group received Merogel covering the wound 1-2 mm around the ostium and the control group received no treatment. Patients were followed up for 9 months. The mucosal epithelialization of the wound, the proliferation of fibrosis tissue, and the success rate of ostial patency were compared. RESULTS: Our study included 112 patients in the Merogel group and 115 patients in the control group. At the 2-week review, intact mucosal epithelium lined the ostia in 96 Merogel patients compared with 80 control patients (ITT analysis: chi(2)=4.502, P=0.034). At the 9-month review, scars were present in 18 patients in the Merogel group compared with 39 patients in the control group (ITT analysis: chi(2)=9.909, P=0.002, ITT analysis). No differences were observed in the granulation formation between the two groups. The success rate of ostial patency reached 94.6% (106/112) in the Merogel group compared with 80% (92/115) in the control group (ITT analysis: chi(2)=4.151, P=0.042). CONCLUSION: Merogel coverage may enhance the success rate of EES-DCR for PCD by promoting mucosal epithelial healing and preventing excessive scarring.

AD - Department of Orbital and Oculoplasty Surgery, Eye Hospital of Wenzhou Medical College, Wenzhou, Zhejiang, PR China. wuwencan118@163.com

FAU - Wu, W

AU - Wu W

FAU - Cannon, P S
AU - Cannon PS
FAU - Yan, W
AU - Yan W
FAU - Tu, Y
AU - Tu Y
FAU - Selva, D
AU - Selva D
FAU - Qu, J
AU - Qu J
LA - eng
PT - Journal Article
PT - Randomized Controlled Trial
DEP - 20110311
PL - England
TA - Eye (Lond)
JT - Eye (London, England)
JID - 8703986
RN - 443-48-1 (Metronidazole)
RN - 9004-61-9 (Hyaluronic Acid)
SB - IM
MH - Adult
MH - Chronic Disease
MH - Dacryocystitis/*drug therapy/surgery
MH - Dacryocystorhinostomy/*methods
MH - *Endoscopy

PMID- 21356145

OWN - NLM

STAT- MEDLINE

DA - 20111206
OBJECTIVE: To assess the efficacy of an endonasal dacryocystorhinostomy technique using conventional instruments, without the use of any adjunctive techniques.

STUDY DESIGN: Prospective, non-randomised, cohort study. METHODS: Patients diagnosed with nasolacrimal duct obstruction between January 2006 and December 2008 were included in the study. Seventy-eight endonasal dacryocystorhinostomies (primary or revision) were performed with conventional 'cold steel' instruments. The technique involved complete exposure and marsupialisation of the lacrimal sac. No adjunctive procedures were used. Success was defined as complete resolution of epiphora and a patent lacrimal system, evaluated by lacrimal irrigation and endoscopy, one year post-operatively. RESULTS: Seventy-four of the 78 cases were symptom-free after a minimum follow up of 12 months, giving an overall success rate of 94.9 per cent. The success rates for primary and revision cases were 95.5 and 90.9 per cent, respectively. CONCLUSION: Meticulous surgical technique can ensure high success rates with the use of conventional cold steel instruments, without the use of adjunctive procedures, making endonasal dacryocystorhinostomy a cost-effective, reliable procedure.
AD - Department of Otorhinolaryngology, Sri Siddhartha Medical College Hospital and Research Center, Siddhartha University, Tumkur, Karnataka, India.

FAU - Ananth, L
AU - Ananth L
FAU - Hosamani, P
AU - Hosamani P
FAU - Chary, G
AU - Chary G
LA - eng
PT - Journal Article
DEP - 20110228
PL - England
TA - J Laryngol Otol
JT - The Journal of laryngology and otology
JID - 8706896
RN - 12597-69-2 (Steel)
SB - AIM
SB - IM
MH - Adolescent
MH - Adult
MH - Aged
MH - Child
MH - Child, Preschool
MH - Cost-Benefit Analysis
MH - Dacryocystorhinostomy/economics/instrumentation/*methods/statistics & numerical
data

MH - Female

MH - Humans

MH - Lacrimal Apparatus Diseases/surgery

MH - Lacrimal Duct Obstruction/*surgery

MH - Male

MH - Middle Aged

MH - Nasal Mucosa/surgery

MH - Nasolacrimal Duct/*surgery

MH - *Natural Orifice Endoscopic Surgery

MH - Prospective Studies

MH - Reoperation

MH - Steel

MH - Surgical Flaps

MH - Treatment Outcome

MH - Young Adult

EDAT- 2011/03/02 06:00

MHDA- 2012/03/28 06:00

CRDT- 2011/03/02 06:00

PHST- 2011/02/28 [aheadofprint]

AID - S0022221511100017X [pii]

AID - 10.1017/S0022221511100017X [doi]

PST - ppublish

A 68-year-old woman presented with a painless inflammation of the right superior eyelid that had started several weeks before. The clinical diagnosis concluded in canaliculitis and the solid concretions were surgically extracted from the superior canalicula. The anaerobic bacteria Fusobacterium nucleatum sp. nucleatum was isolated. Signs dramatically regressed two weeks after surgery followed by one course of oral amoxicillin and clavulanic acid associated with topical tobramycin. The clinical signs had disappeared two months later.
Fusobacterium nucleatum isole chez un patient presentant une canaliculite.
AB - PURPOSE: To describe the author's experience with the use of botulinum toxin (Botox, Allergan Inc., Irvine, CA, U.S.A.) injection in the palpebral lobe of the lacrimal gland for symptomatic epiphora due to lacrimal obstruction or gustatory tearing. METHODS: This is a retrospective review of 46 patients treated by the author with botulinum toxin injection in the palpebral lobe of the lacrimal gland for symptomatic epiphora due to lacrimal obstruction or gustatory tearing from 2001 through 2008. All patients were injected with 2.5 units of botulinum toxin, and the patients' subjective responses were assessed 1 to 2 weeks later. If there was insufficient response, they were reinjected with an additional 2.5 units of botulinum toxin and re-evaluated in 1 to 2 weeks. The response to the treatment and complications were evaluated. RESULTS: Overall, 74% of patients treated felt that tearing was mostly or completely improved. The only complication was temporary ptosis in 11% of the patients. CONCLUSION: Botulinum toxin injection in the palpebral lobe of the lacrimal gland can be used effectively and safely for symptomatic epiphora due to lacrimal obstruction and gustatory tearing. Although the beneficial results are temporary, the patient satisfaction in selected patients is high.

AD - The Emory Clinic, Atlanta, Georgia 30322, USA. ophttw@emory.edu

FAU - Wojno, Ted H
AU - Wojno TH
LA - eng
PT - Journal Article
PT - Research Support, Non-U.S. Gov't
PL - United States
TA - Ophthal Plast Reconstr Surg
JT - Ophthalmic plastic and reconstructive surgery
JID - 8508431
RN - 0 (Neuromuscular Agents)
RN - 0 (onabotulinumtoxinA)
RN - EC 3.4.24.69 (Botulinum Toxins, Type A)
SB - IM
MH - Adult
MH - Aged
MH - Aged, 80 and over
MH - Botulinum Toxins, Type A/*administration & dosage
MH - Female
MH - Humans
MH - Injections, Intraocular
MH - Lacrimal Apparatus/*drug effects/secretion
MH - Lacrimal Apparatus Diseases/*drug therapy/etiology/metabolism
MH - Lacrimal Duct Obstruction/complications/drug therapy/metabolism
MH - Male
MH - Middle Aged
MH - Neuromuscular Agents/*administration & dosage
Efficacy of mitomycin C in endonasal endoscopic dacryocystorhinostomy.

OBJECTIVES/HYPOTHESIS: To evaluate the efficacy of intraoperative mitomycin C
(MMC) in endonasal endoscopic dacryocystorhinostomy. STUDY DESIGN: Randomized controlled trial. METHODS: Fifty patients with primary acquired nasolacrimal duct obstruction were enrolled and randomly allocated into the treatment and control group. The patients underwent standard endonasal endoscopic dacryocystorhinostomy with mucosal flaps and mitomycin C or placebo on each group. The ostium size was measured at 3 months, 6 months, and 12 months to evaluate the effect of mitomycin C and placebo, and the patency of the lacrimal drainage system was assessed.

RESULTS: There was no statistical significance in the success rate between the MMC group and the control group at 1-year follow-up (84.6% vs. 79.2%, respectively, P = .59). At the 6-month and 12-month visits, the mean ostium size in the MMC group was 10.8 mm$^2$ (SD = 3.17) and 3.0 mm$^2$ (SD = 1.78), respectively, which were prominently larger than the control group at 7.1 mm$^2$ (SD = 2.62; P < .001, 95% CI, 0.84-5.45) and 1.6 mm$^2$ (SD = 1.18; P = .004, 95% CI, 0.49-2.38). CONCLUSIONS: There was no statistically significant difference in the success rates of both groups, but MMC seems to have a conspicuous effect on the healing process at the ostium.
Endonasal versus external dacryocystorhinostomy for nasolacrimal duct obstruction.

BACKGROUND: Dacryocystorhinostomy (DCR) procedures can be performed using external or endonasal approaches. The comparative success rates of these procedures are unknown. OBJECTIVES: To compare the success rates of external and endonasal approaches to DCR. SEARCH STRATEGY: We searched CENTRAL (which contains the Cochrane Eyes and Vision Group Trials Register) (The Cochrane Library 2010,
Issue 11), MEDLINE (January 1950 to December 2010), EMBASE (January 1980 to December 2010), Latin American and Caribbean Literature on Health Sciences (LILACS) (January 1982 to December 2010), the metaRegister of Controlled Trials (mRCT) (www.controlled-trials.com) (December 2010), ClinicalTrials.gov (www.clinicaltrials.gov) (December 2010) and Web of Science Conference Proceedings Citation Index- Science (CPCI-S) (January 1990 to December 2010).

There were no language or date restrictions in the search for trials. The electronic databases were last searched on 7 December 2010. We requested or examined relevant conference proceedings for appropriate trials. **SELECTION CRITERIA:** We included all randomised controlled trials (RCTs) comparing external and endonasal dacryocystorhinostomies. **DATA COLLECTION AND ANALYSIS:** Two review authors independently performed data extraction and assessment of quality with a predefined form. We contacted investigators to clarify the methodological quality of the studies. **MAIN RESULTS:** We identified one trial that fulfilled the inclusion criteria. This trial compared 64 DCR procedures (32 external and 32 endonasal procedures). Endonasal DCR was four times more likely to fail compared to external DCR. This was statistically significant (95% confidence interval (CI) 1.25 to 12.84). **AUTHORS' CONCLUSIONS:** The only trial included in the review provides evidence that endonasal DCR has statistically higher risk of failure compared to external DCR. However, this conclusion is limited by paucity of RCTs, small number of participants and lack of clarity of the methodological process. Well conducted RCTs with sufficient power are required to answer the research question.

AD - St Paul's Eye Unit, Royal Liverpool and Broadgreen University Hospital, Liverpool, UK, L7 8XP.
Efficacy of mitomycin C in endonasal endoscopic dacryocystorhinostomy.

OBJECTIVES/HYPOTHESIS:: To evaluate the efficacy of intraoperative mitomycin C (MMC) in endonasal endoscopic dacryocystorhinostomy. STUDY DESIGN:: Randomized controlled trial. METHODS:: Fifty patients with primary acquired nasolacrimal duct obstruction were enrolled and randomly allocated into the treatment and control group. The patients underwent standard endonasal endoscopic dacryocystorhinostomy with mucosal flaps and mitomycin C or placebo on each group. The ostium size was measured at 3 months, 6 months, and 12 months to evaluate the effect of mitomycin C and placebo, and the patency of the lacrimal drainage system was assessed. RESULTS:: There was no statistical significance in the success rate between the MMC group and the control group at 1-year follow-up (84.6% vs. 79.2%, respectively, P = .59). At the 6-month and 12-month visits, the mean ostium size in the MMC group was 10.8 mm$^2$ (SD = 3.17) and 3.0 mm$^2$ (SD = 1.78), respectively, which were prominently larger than the control group at 7.1 mm$^2$ (SD = 2.62; P < .001, 95% CI, 0.84-5.45) and 1.6 mm$^2$ (SD = 1.18; P = .004, 95% CI, 0.49-2.38). CONCLUSIONS:: There was no statistically significant
difference in the success rates of both groups, but MMC seems to have a conspicuous effect on the healing process at the ostium.

AD - Departments of Ophthalmology, Faculty of Medicine, Chulalongkorn University and King Chulalongkorn Memorial Hospital, Thai Red Cross Society, Bangkok, Thailand.

AU - Tirakunwichcha S
AU - Aeumjaturapat S
AU - Sinprajakphon S

LA - ENG

PT - JOURNAL ARTICLE

DEP - 20110104

TA - Laryngoscope

JT - The Laryngoscope

JID - 8607378

EDAT - 2011/01/06 06:00

MHDA - 2011/01/06 06:00

CRDT - 2011/01/06 06:00

AID - 10.1002/lary.21292 [doi]

PST - aheadofprint


PMID - 22553710

OWN - NLM

STAT - In-Data-Review

DA - 20120503

IS - 2227-4898 (Electronic)
Aerocyst urethral catheter insertion compared to expansion sponges application in external dacryocystorhinostomy.

AIM: To evaluate the clinical effect and complications of two different filling materials (aerocyst urethral catheter and expansion sponges) applying in external dacryocystorhinostomy (EXT-DCR) and compare their advantages and disadvantages.

METHODS: A retrospective study was made in the period from April, 1 2000 to April, 1 2005. Totally 180 patients (240 eyes) underwent the EX-DCR using different filling materials and divided into three groups randomly: negative control groups (group 1), expansion sponges group (group 2) and aerocyst urethral catheter group (group 3). The gender, etiology, clinical findings, surgical technique, filling materials, the condition of ocular surface and complications were analyzed. Filling materials were removed during day 7. Postoperative success was determined by lacrimal patency to irrigation, a positive dye test, hemorrhage and errhysis conditions after extubation and subjective resolution of epiphora and liquor puris.

RESULTS: During a mean follow-up of 5.14+/−1.69 years, the success rate were 73.7% (group 1), 86.5% (group 2), 98.7% (group 3) in three groups. There was significant statistical difference among three groups in the surgical success rate and the operative complications (including hemorrhage, errhysis, periorbital ecchymosis after extubation)(P<0.05). CONCLUSION: EXT-DCR with aerocyst urethral cathete intraoperatively have higher success rate, fewer
operative complications and a high patient satisfaction, and can be used to simplify and speed up traditional EXT-DCR.

AD - Department of Ophthalmology, the First Affiliated Hospital of Nanchang University, Nanchang 330006, Jiangxi Province, China.

FAU - Shao, Yi
AU - Shao Y
FAU - Yu, Yao
AU - Yu Y
FAU - Pei, Chong-Gang
AU - Pei CG
FAU - Zhou, Qiong
AU - Zhou Q
FAU - Dong, Wen-Jia
AU - Dong WJ
FAU - Qu, Yangluowa
AU - Qu Y
FAU - Yang, Lu
AU - Yang L
FAU - Gao, Gui-Ping
AU - Gao GP
LA - eng
PT - Journal Article
DEP - 20111018
PL - China
TA - Int J Ophthalmol
Case report: Congenital dacryocystocele and dacryocystitis.

Congenital dacryocystocele is a uncommon type of nasolacrimal duct obstruction. Differential diagnosis for masses in the medial canthal region of a newborn include encephalocele, hemangioma, nasal glioma, and dermoid cyst. Because of the risk of becoming infected (acute dacryocystitis) and potentially lethal due to septicemia, aggressive management, including admission for intravenous antibiotics and surgical removal, is now advocated by many pediatric ophthalmologists if the cyst cannot be decompressed. Because of the commonly associated nasal cyst, infants with nasolacrimal dacryocyctocele may also experience respiratory distress especially when breast-feeding. The following case of dacryocystocele, which had progressed to dacryocystitis, was misdiagnosed as an infantile hemangioma. It is important to diagnose this entity quickly and refer for appropriate antibiotic and surgical management to avoid more serious sequelae of sepsis and possible death.

(c) 2011 Wiley Periodicals, Inc.

Department of Pediatrics, Geisinger Medical Center, Danville, PA 17821, USA.

jnfussell@geisinger.edu
AU - Pride H
LA - eng
PT - Case Reports
PT - Journal Article
DEP - 20110125
PL - United States
TA - Pediatr Dermatol
JT - Pediatric dermatology
JID - 8406799
RN - 0 (Anti-Bacterial Agents)
RN - Hemangioma, capillary infantile
SB - IM
MH - Anti-Bacterial Agents/therapeutic use
MH - Dacryocystitis/*congenital/*diagnosis/drug therapy/surgery
MH - Diagnosis, Differential
MH - Female
MH - Hemangioma, Capillary/congenital/diagnosis
MH - Humans
MH - Infant, Newborn
MH - Lacrimal Apparatus Diseases/*congenital/*diagnosis/drug therapy/urine
MH - Lacrimal Duct Obstruction/congenital/diagnosis/surgery
MH - Neoplastic Syndromes, Hereditary
MH - Treatment Outcome
EDAT- 2011/02/01 06:00
MHDA- 2011/06/03 06:00
Pulmonary manifestations of Sjogren's syndrome.

Sjogren's syndrome is a chronic inflammatory disorder characterized by lymphocytic infiltration of exocrine glands, mainly the lacrimal and salivary glands. However, extraglandular organ systems may frequently be involved, including the lungs. Although subclinical pulmonary inflammation exists in more than 50% of patients, clinically significant pulmonary involvement affects approximately 10% of patients and may be the first manifestation of the disease.
The entire respiratory tract may be involved, with a wide spectrum of manifestations including xerotrachea and bronchial sicca, obstructive small airway disease, various patterns of interstitial lung disease, lymphoinfiltrative or lymphoproliferative lung disease, such as lymphoma (usually of MALT type), pulmonary hypertension, pleural involvement, lung cysts, and pulmonary amyloidosis.

Copyright © 2010 Elsevier Masson SAS. All rights reserved.

Service de médecine interne, Centre national de référence des maladies systémiques et auto-immunes rares (sclérodermie), université Lille2, CHRU de Lille, place de Verdun, 59037 Lille, France. pyhatron@chru-lille.fr

Hatron, Pierre-Yves

Tillie-Leblond, Isabelle

Tillie-Leblond I

Launay, David

Launay D

Hachulla, Eric

Hachulla E

Fauchais, Anne Laure

Fauchais AL

Wallaert, Benoît

Wallaert B

en

Journal Article

Review
BACKGROUND: The incidence of nasolacrimal pathway obstruction increases with age, and dacryocystorhinostomy (DCR) is a commonly applied surgical technique to treat severe cases. However, no disease-specific tools to assess the symptoms and the subjective outcome after DCR have been established. We have developed a specific Nasolacrimal Duct Obstruction Symptom Score (NLDO-SS) questionnaire to evaluate the outcome, and tested it in a prospective clinical trial. STUDY DESIGN: Prospective clinical follow-up study. METHODS: Sixty-eight consecutive primary endoscopic dacryocystorhinostomy (EN-DCR) procedures were performed in 64 patients during 2004-2008. Preoperatively and during the three follow-up visits (at 1 week, 2 and 6 months), the patients filled in the NLDO-SS, and at the second and third follow-up visits they also filled in the Glasgow Benefit Inventory (GBI) questionnaire. At one year after the operation, a GBI questionnaire was sent to the patients. RESULTS: The surgical success rate of EN-DCR was 93%. EN-DCR resulted in a significant reduction in all of the eight
symptoms scores of the NLDO-SS (p= 0.001). The GBI scores indicated a significant benefit at 2 months (+37 (SD; 28) and an even higher benefit at 6 months after surgery (+52 (SD; 29), p= 0.001), but no further improvement was found between 6 and 12 months (+52 vs +52, p= 1.0). The correlation between the total GBI and NLDO-SS was significant (p=0.001). CONCLUSIONS: EN-DCR significantly improves the quality of life as measured by the GBI. The NLDO-SS correlated with the GBI and gave more information about the benefits after EN-DCR than GBI alone. The NLDO-SS proved to be an effective tool to evaluate lacrimal obstructions and EN-DCR benefits. Further studies to validate NLDO-SS are needed.

AD - Department of Otorhinolaryngology, Institute of Clinical Medicine, Kuopio University Hospital, and University of Eastern Finland, Finland.

FAU - Smirnov, Grigori
AU - Smirnov G
FAU - Tuomilehto, Henri
AU - Tuomilehto H
FAU - Kokki, Hannu
AU - Kokki H
FAU - Kemppainen, Tatu
AU - Kemppainen T
FAU - Kiviniemi, Vesa
AU - Kiviniemi V
FAU - Nuutinen, Juhani
AU - Nuutinen J
FAU - Kaarniranta, Kai
AU - Kaarniranta K
OBJECTIVE: In the current study, whereas the results of endoscopic primary and...
revision endoscopic dacryocystorhinostomies (END-DCR) were evaluated, the success rates in patients who did or did not undergo nasal surgery were also compared.

METHODS: A retrospective medical record review of 70 patients (with a total of 72 affected cases) who were admitted to our clinic with a primary complaint of epiphora between January 2002 and July 2009 was performed. Patients who required additional nasal procedures were also included in the analysis. A successful DCR was defined as relief of symptoms on testing with irrigation at the last follow-up visit. RESULTS: The success rates were 82.1% (23/28 DCRs) in the primary END-DCR group and 84.1% (37/44 DCRs) in the revision END-DCR group. There were no significant differences between the groups regarding overall surgical success rates (P = 0.829). The need for additional nasal surgery was significantly higher in the revision cases (52.3%) than the primary cases (28.6%; P = 0.048). No significant difference regarding success rates existed between the patients who required an additional septoplasty or ancillary sinus surgery and the patients who did not have nasal pathology and underwent END-DCR alone (P = 0.456). The mean follow-up period was 11 months in the revision END-DCR group and 8 months in the primary END-DCR group. CONCLUSIONS: Endoscopic DCR should be considered as the treatment of choice in cases with intranasal pathologies. Endoscopic DCR is a safe and effective procedure in revision cases, as well as in primary cases.

AD - Department of Otorhinolaryngology, Vakif Gureba Training and Research Hospital, Istanbul, Turkey. drykorkut@yahoo.com

FAU - Korkut, Arzu Yasemin

AU - Korkut AY

FAU - Teker, Aysenur Meric
OBJECTIVE: To compare the efficacy of lacrimal probing and syringing among 3% solution of Sodium Chloride and/or 0.2 mg/ml Mitomycin-C as an adjunctive medication. DESIGN: A prospective, randomized, 2 by 2 factorial design study.

MATERIAL AND METHOD: Forty-eight of nasolacrimal duct obstruction patients with epiphora symptom were randomly assigned to receive either Normal Saline Solution or 3% solution of Sodium Chloride or 0.2 mg/ml Mitomycin-C solution or combined 3% solution of Sodium Chloride with 0.2 mg/ml Mitomycin-C solution, during office probing and syringing. The intervention was performed repeatedly at week 0, weeks 2 and 4. An assessment of epiphora with Visual Analogue Scale were evaluated at week 0, weeks 2, 4, 8 and 12. RESULTS: Probing and syringing was successfully reducing epiphora symptom. Mitomycin-C group showed a significant reduction in mean difference of Visual Analogue Scale score compared with Normal Saline Solution group (2.85, 95% CI: 1.164-4.536, p < 0.001) and 3% Sodium Chloride group (2.175, 95% CI: 0.489-3.861, p < 0.01). No complication or adverse event was found. CONCLUSION: 0.2 mg/ml Mitomycin-C solution of was the most effective medication for office probing and syringing in reducing epiphora symptom in nasolacrimal duct obstruction patients.

AD - Department of Ophthalmology, Phramongkutklao College of Medicine, Bangkok,
[Treatment of nasolacrimal duct obstruction with probing in children younger than 4 years].

PMID: 21121125
OWN - NLM
STAT- MEDLINE
DA - 20101201
DCOM- 20110110
IS - 0023-2157 (Print)
IS - 0023-2157 (Linking)
VI - 112
IP - 7-9
DP - 2010
TI - [Treatment of nasolacrimal duct obstruction with probing in children younger than 4 years].
PG - 221-2
AB - PURPOSE: To evaluate the efficacy of nasolacrimal duct probing as the treatment of nasolacrimal duct obstruction in children younger than 4 years. MATERIAL AND METHODS: A total amount of 320 eyes in 275 children 4 to 48 months old, receiving nasolacrimal duct probing were enrolled in a retrospective study. The patients were divided into 4 groups depends on age: I group--4-12 months, II group--12-24 months, III group--24-36 months and IV group--36-48 months. RESULTS: The percentage of efficient duct probing was: in I group--84%, in II group--79%, in III group--78% and in IV group--59%. CONCLUSIONS: In children 4 to 36 months old, probing is a successful treatment of nasolacrimal duct obstruction with no decline in treatment success with increasing age.

AD - Z Kliniki Okulistyki Dzieciej z Osokiem Leczenia Zeza Uniwersytetu Medycznego w Białymstoku. malgorzata.mrugacz@umwb.edu.pl

FAU - Mrugacz, Malgorzata

AU - Mrugacz M

FAU - Sielicka, Danuta

AU - Sielicka D

FAU - Bakunowicz-Lazarczyk, Alina

AU - Bakunowicz-Lazarczyk A

LA - pol

PT - Comparative Study

PT - English Abstract

PT - Journal Article

TT - Leczenie niedroznosci drog lwowych za pomoca sondowania drog lwowych u dzieci w wieku ponizej 4 lat.

PL - Poland