

Global Ophthalmology and Glaucoma Conference

October 13-15, 2016 Kuala Lumpur, Malaysia

Nasolacrimal duct obstruction: Can we get away with membranatomy at the NLD junction and avoid probing

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Purpose: The purpose of the study is know whether we can get away with membranatomy at NLD junction and avoid probing for nasolacrimal duct obstruction.

Methods: A prospective interventional study of patients with congenital nasolacrimal duct obstruction (NLDO), who underwent intervention from June 2012 to June 2015, were included. Firstly, punctal anatomy was noted and sac syringing was performed, if patent, functional epiphora was concluded. If not, inferior turbinate was elevated with periosteal elevator, under the nasal endoscopy guidance, if sac patent, diagnosis of turbinate impaction done. After turbinate elevation, if membrane at NLD junction is seen, membranatomy performed with a sickle knife. If sac patent is seen no probing done. With probe, if observed passing submucosally, it was redirected until the entrance at the NLD junction. If probe not seen at NLD junction, bony obstruction or complex NLD block was diagnosed and endonasal DCR was planned at the same time or later depending on the age of the patient.

Results: A total of 150 interventions on 139 children were performed for the study. The mean age at presentation was 36.38 months (SSD - 25.90). Female-Male ratio: 71:68. Bilateral in 11. Right and left eye ratio: 74:76. Out of 150 cases, 124 had membrane (82.6%) and underwent membranatomy. The success rate was defined as disappearance of watering and discharge by the end of 1 year. In our study we achieved a 100% success rate without any complications and false passages. Out of the remaining 26 cases without membrane 1 patient had punctal atresia. 2 patients had canalicular obstruction, in 3 patients the probe passed sub-mucosally and was redirected into NLD. 16 underwent endonasal DCR at the same time. 4 patients were left for a follow-up and explained the possible necessity of doing endonasal DCR in the future.

Conclusion: Membrane at valve of hasner the most common cause of obstruction in congenital NLD obstruction and membranatomy alone will suffice to opening with a high success rate. Probing can be avoided in majority of patients.

Biography

Kavitha M is a highly qualified and experienced OculoplastyOnco Orbit Aesthetic and Reconstructive Surgeon. After passing various degree courses available in ophthalmology including DO and DNB in ophthalmology in Dec 2005, B M C, she had passed DNB in her first attempt. She joined has Phaco Surgeon at Dahod for 2 years and atVasan has phaco surgeon for another 3 years along with oculoplasty. She worked has phaco trainee at TVPEI, Gujarat for post graduate and others and has trained many under her. She officially joined fellowship in oculoplasty at TVPEI, Gujarat (15 months course), and later continued as consultant in the same institute. A prolific speaker and academician, working in a post graduate institute has experience in all lid surgeries and lacrimal surgeries orbit and onco. Oncology is her passion. Her skills in aesthetic and reconstructive surgeries speak a ton about her.

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