ABSTRACT

Treatment outcome of intubation in congenital nasolacrimal duct obstruction

Saemah Nuzhat Zafar FRCS, Ayesha Khan FRCS, Clinical Fellow in Pediatric Ophthalmology, Nadia Azad FCPS

Purpose: To report results of lacrimal intubation for management of congenital nasolacrimal duct obstruction.

Design: Prospective interventional case series.

Participants and Methods: Twenty nine consecutive patients (37 eyes) with nasolacrimal duct obstruction requiring lacrimal intubation presenting at the Paediatric Ophthalmology Department of Al-Shifa Eye Hospital, were included in the study with informed consent. After detailed history and ophthalmic examination 37 eyes were treated with lacrimal intubation using olive tip silicon tube in the operating room. Patients were followed up at 1 week, 6 weeks and thereafter at varied intervals according to symptoms or complications such as lateral displacement of the tube. Tube was removed after an average of 6.8 months as an office procedure in most of the cases. Complications of the procedure were noted. Success of the procedure, defined as no watering, mucous discharge or increased tear meniscus seen after intubation was noted. **Results:** Success of intubation was seen in 32 out of 37 intubated eyes (86.48%). Further success was seen in 2 eyes of 2 patients after removal of the tubing. Three eyes required dacryocystorhinostomy surgery for persisting symptoms with regurgitation of discharge. Operative complications of lacrimal intubation included bleeding from nasal mucosa, difficult retrieval of the tube from the nose due to anatomical reasons and slipping off of the tube from its metal probe, punctal tear, unplanned silicone tubing removal, obstruction encountered during the procedure and lateral displacement of the tube.

Conclusion: Intubation in experienced hands is a successful procedure for treating nasolacrimal duct obstruction mostly after failed probing. Complications of the procedure can be avoided by careful surgery and good pre-operative evaluation. Tube removal in office is cost effective and safe. *Al-Shifa Journal of Ophthalmology 2007; 3(1): 31-34* © *Al-Shifa Trust Eye Hospital, Rawalpindi, Pakistan*