

Management of Congenital Nasolacrimal Duct Obstruction: Comparison of Probing Vs Conservative Medical Approach

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Objectives: The treatment of congenital nasolacrimal duct obstruction (CNLDO) continues to be a subject of controversy. Some authors advocate early probing and irrigation, whereas others recommend delaying until the child at least one year old. The focus of this study was to compare the results of conservative treatment for CNLDO with the results of probing and irrigation of CNLDO undertaken for children between the ages of 6 and 24 months.

Methods: A total of 128 patients (I 82 nasolacrimal ducts) with CNLDO were enrolled in a prospective clinical study at Prince Hashem Hospital in Zarka. Initially, all patients were treated conservatively with local hydrostatic massage and topical antibiotic drops. The patients were divided into four age groups. The first group was infants with CNLDO observed for spontaneous resolution during the second half of the year. The other three groups were between the ages of 6 and 24 months with a 6 month interval between each group. Patients of these three groups underwent probing under brief general anesthesia.

Results: Only 77.1% of the infants exhibited spontaneous opening of the CNLDO during the second half of the year. Initial probing undertaken on infants between the ages of 6 and 12 months has been associated with the opening of the lacrimal ducts in 94.1% of cases, whereas, using the same procedure for children between the ages of 12 and 18 months, the success rate was found to be 79.6%. Only 55.9% of obstructed nasolacrimal ducts were patent after probing undertaken on children between the ages of 18 and 24 months.

Conclusion: Results indicate that probing carried out on infants with CNLDO between 6 and 12 months significantly reduces epiphora compared with waiting for spontaneous resolution in infants with the same conditions. At the same time it gave significantly better results, compared to probing undertaken on older age groups.

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