

LACRIMAL APPARATUS DISORDERS

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- Lacrimal apparatus consists of two systemic.
- SECRETORY SYSTEM
- Lacrimal gland.
- Accessory lacrimal glands. ie Gland of wolfring Gland of krause Meibomian gland,goblet cells.

EXCRETORY SYSTEM

- Upper and lower punctum.
- Upper and lower canaliculum.
- Common canaliculum.
- Lacrimal sac.
- Nasal lacrimal duct.

ACQUIRED COMMON DISEASES

- Naso lacrimal duct occlusion leads to chronic dacryocystitis.
- Infection of the sac leads to acute dacryocystitis and sometimes sac abscess
- Or mucocele has Danger of developing pre septal cellulitis.

DIAGNOSTICS

- 1. Regurge on pressure over the sac and if positive it indicates nasal lacrimal duct obstruction.
- 2. Syringing – Fluid is injected from one punctum.

DIAGNOSTICS CONT'

- If fluid reaches throat then no blockage present
- If clear fluid regurgitates from other punctum and does not reach throat then common canaliculum block.
- If mulo purulent regurge from other punctum, then nasal lacrimal duct block.
- 3. PROBING- Special probes are passed through the punctum and type of stop noted.

DIAGNOSTICS CONT'

- Hard stop –nasal lacrimal duct obstruction.
- Soft stop- common canaliculum block.

MANAGEMENT

- Infection of the sac is painful over the swelling and require systemic antibiotics and painkillers
- Duct occlusion require surgery.

CONGENITAL DACRYOCYSTITIS

- Seen immediately or a few days after birth.
- Presents with tearing or mucoid eye discharge.

MANAGEMENT

- External hydrostatic sac massage
- Chloromphenical Eye drops.
80% resolve within 9 months while 20% require surgery.