

# ***DACRYOCYSTITIS***

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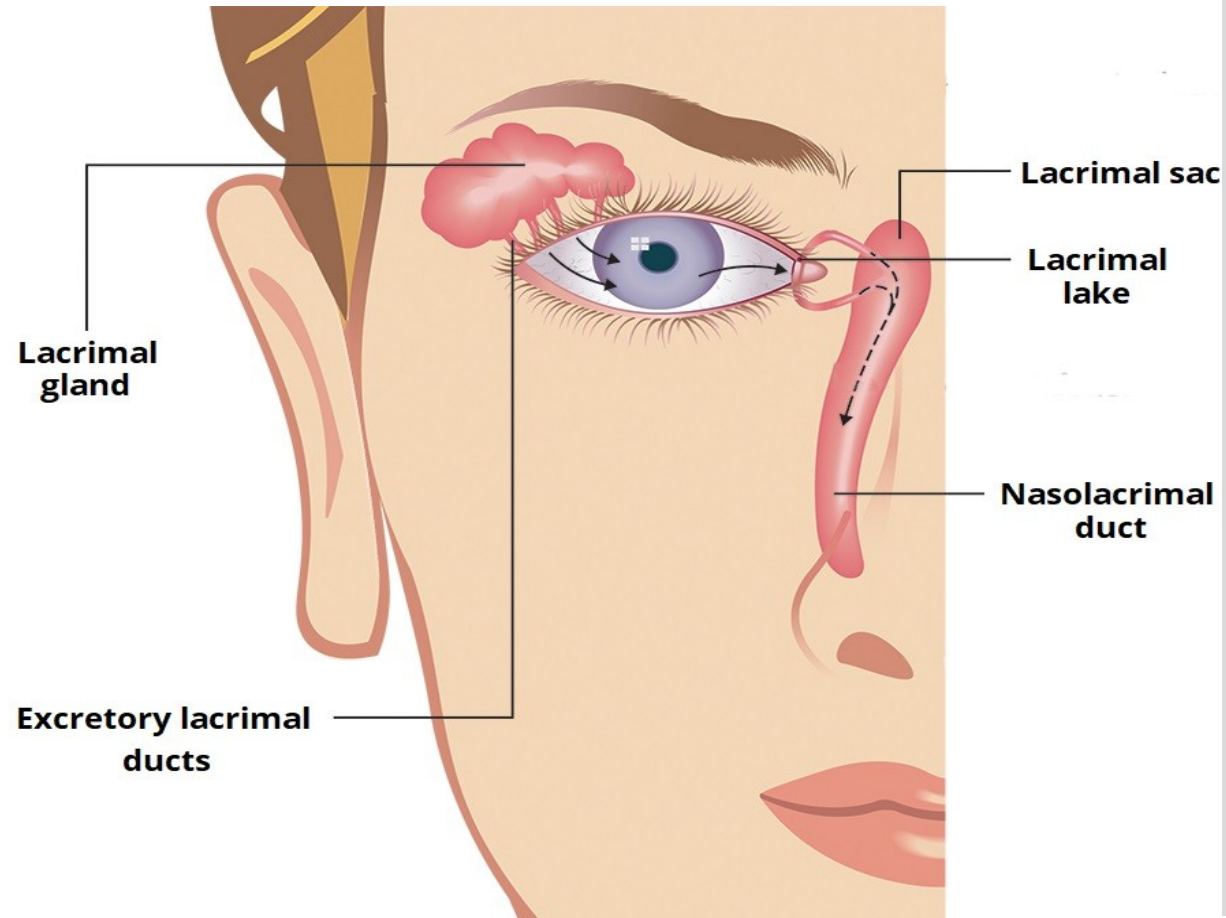
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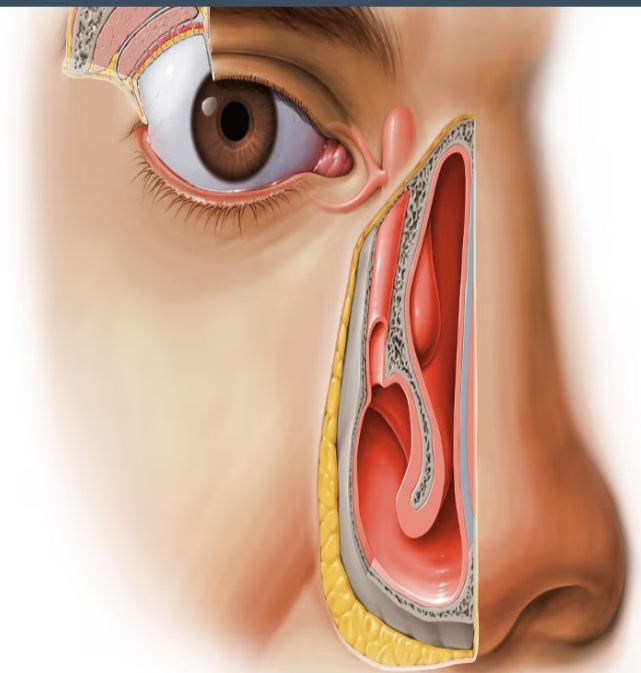
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# Lacrimal apparatus



## *Definition:*

- Infection of lacrimal sac
- Staphylococcal or streptococcal

- Congenital
- Acquired
  1. Acute
  2. Chronic
  3. Acute on chronic

# **Acute Dacryocystitis**

- Pain in medial canthal area
- Watering
- Tender, tense red swelling
- Abscess formation
- May be associated preseptal cellulitis





# *Treatment*

- Warm compresses
- Oral co-amoxiclav or flucloxacillin
- Systemic antibiotics
- Drainage of abscess but carries risk of fistula
- DCR when acute infection subside

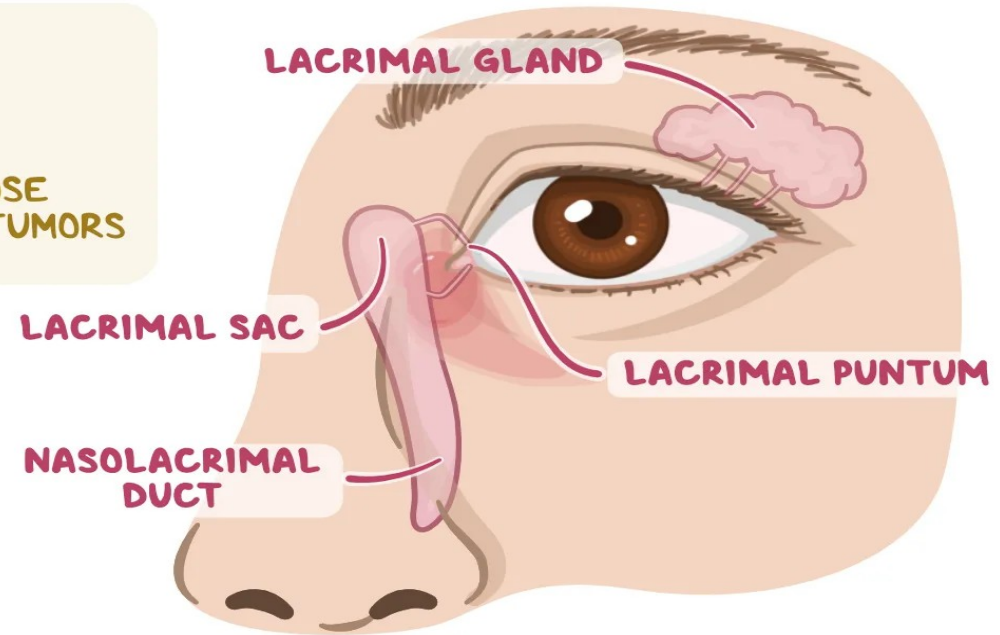


## BACKGROUND

- \* INFECTION of LACRIMAL SAC
- \* MOST COMMON in INFANTS, ADULTS > 40 yrs, THOSE ASSIGNED FEMALE at BIRTH, & LACRIMAL SAC TUMORS

## CLASSIFICATIONS

TYPE	CAUSES
ACUTE	~ BACTERIAL INFECTION ↳ abrupt onset
CHRONIC	~ CHRONIC NASOLACRIMAL DUCT OBSTRUCTION
ACQUIRED	~ REPEATED TRAUMA ~ SURGERY ~ MEDICATION ~ NEOPLASMS
CONGENITAL	~ MEMBRANOUS OBSTRUCTION in DISTAL NASOLACRIMAL SAC



## TREATMENT

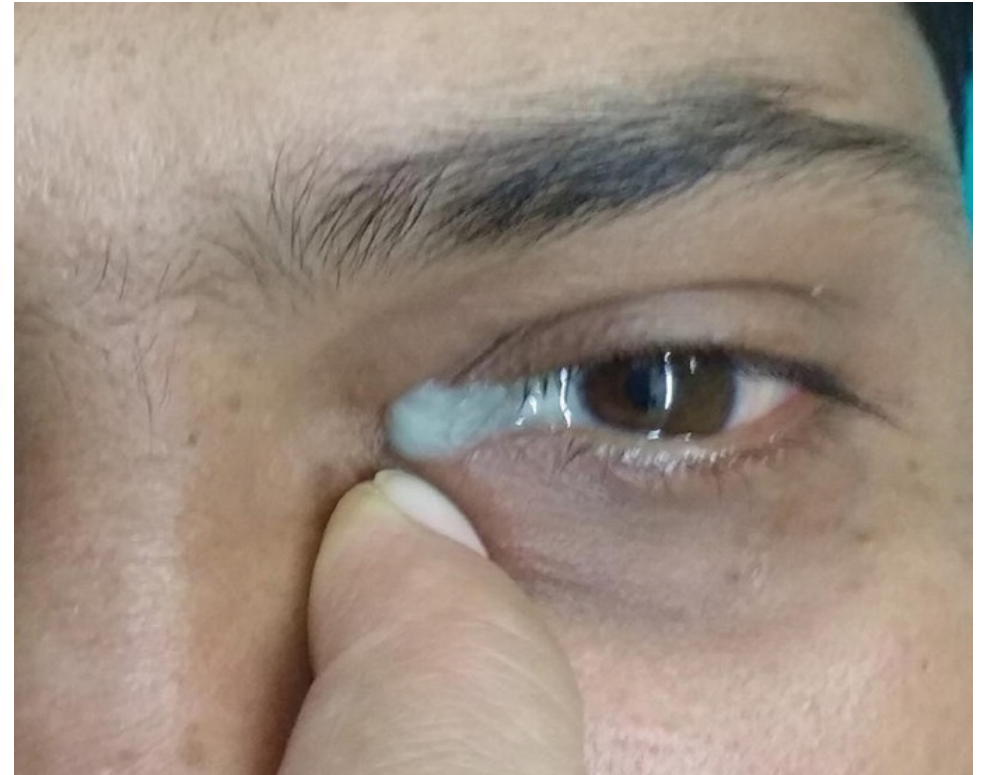
- \* ORAL or IV ANTIBIOTICS
- \* DROPS or OINTMENT
- \* DACRYOCYSTORHINOSTOMY (DCR)
- \* CRIGLER MESSAGES
- \* WARM COMPRESS

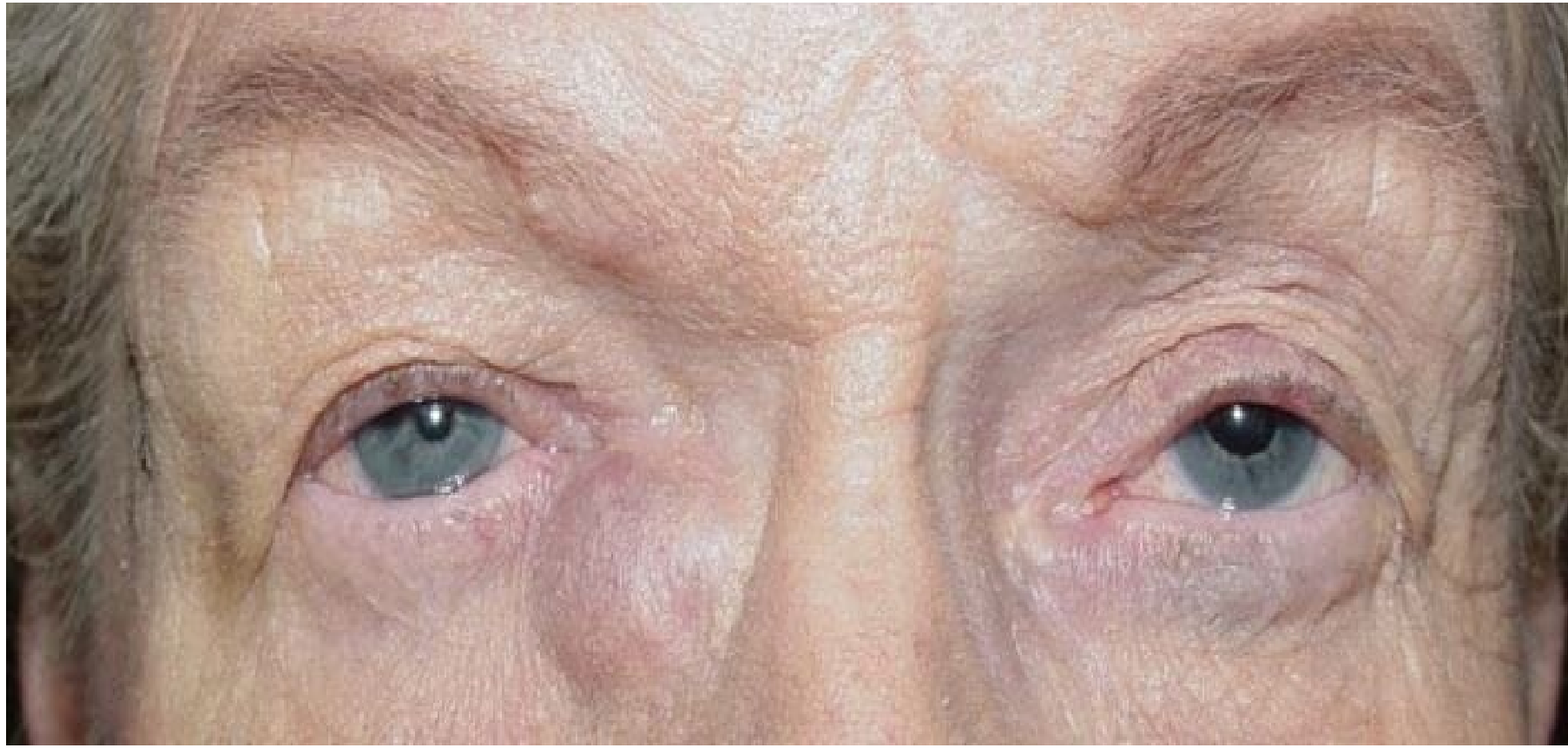


# **Chronic Dacryocystitis**

- Cause : NLDO
- Chronic epiphora
- Chronic/Recurrent conjunctivitis
- Mucocele
- Regurgitation test positive

# ***Regurgitation Test***





# *Treatment*

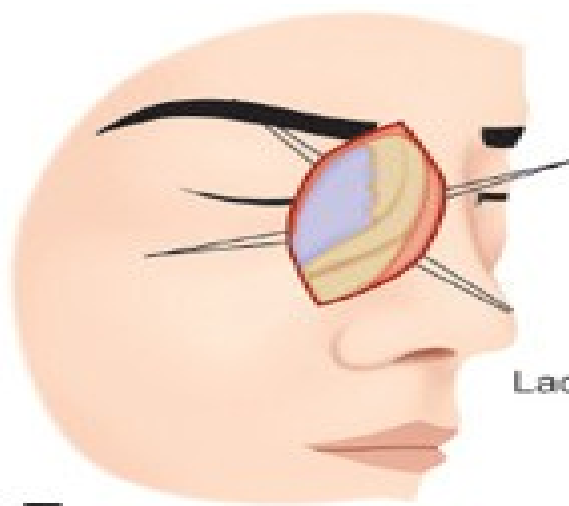
- Dacryocystorhinostomy
  - External DCR
  - Endoscopic DCR

# **Steps of DCR**

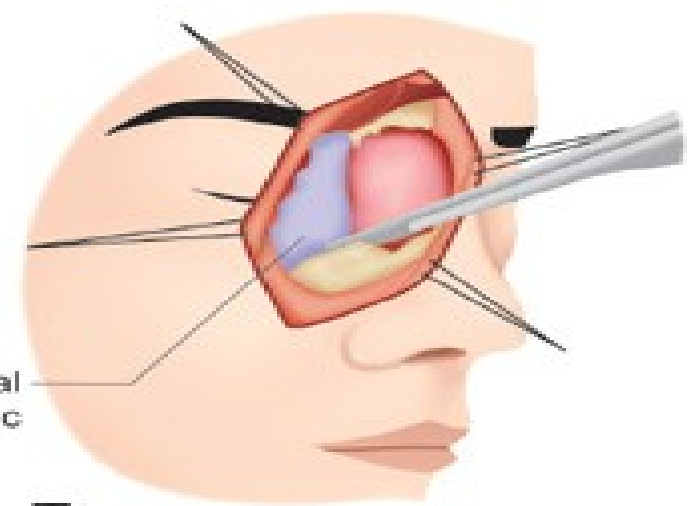
- Incision
- Osteotomy
- Flap formation
- Tube placement
- Flap suturing
- Muscle and skin suturing



**A**

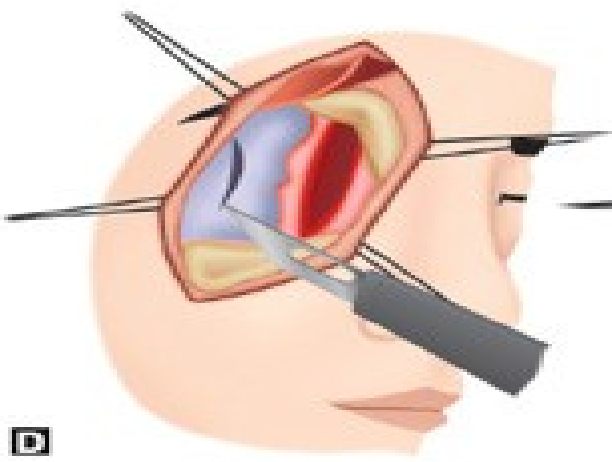


**B**

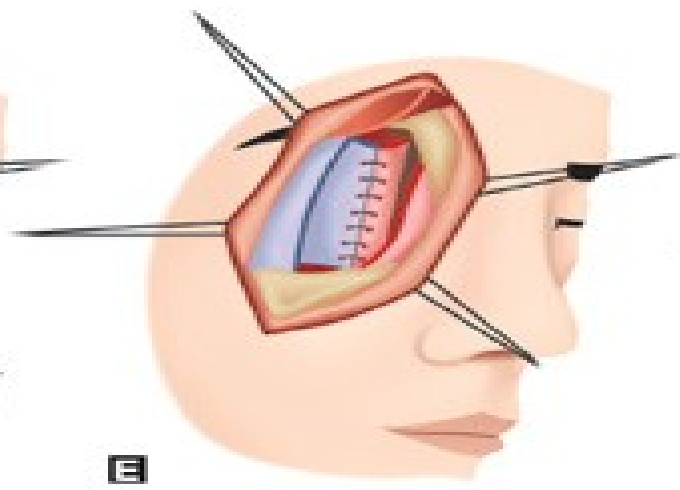


Lacrimal  
sac

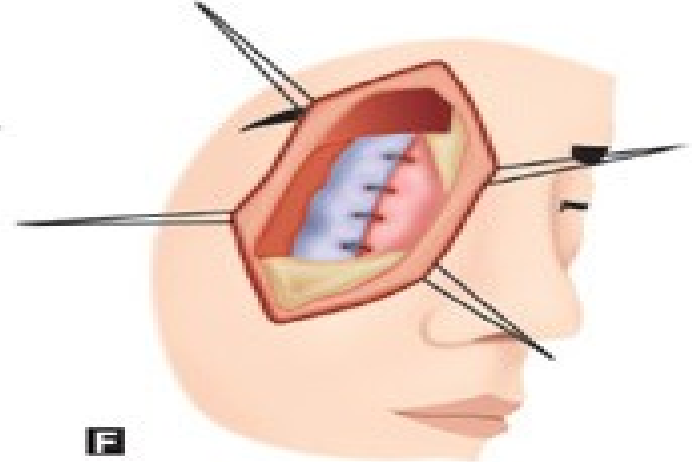
**C**



**D**



**E**



**F**

Thank you for your  
attention!

