Lacrimal Duct Obstruction
Tear Duct Obstruction

The tear duct (*lacrimal duct*) is a small duct that drains from the inner corner of the eye into the nose. This is why your nose runs when your eyes are watering. The path to the tear duct begins as two small tubes – one at the inner corner of each eyelid called canaliculi, which join at the lacrimal sac. Obstruction can happen in either *canaliculus*, in the lacrimal sac or the lacrimal duct. The blockage causes tears to overflow and run down the cheek instead of draining normally into the nose.

Simple obstruction that causes tearing is common. It is more annoying than harmful. This condition is most common in infants. This is because their tear ducts are not fully developed and clog easily. As a result, babies may have episodes of tearing and infection. However, in most cases, the problem gets better as the child grows. If infection happens, a red and swollen lump may appear between the inner corner of the eye, near the lower lid and the nose. This is a more serious condition called *Dacryocystitis*.

SYMPTOMS
- Constant welling up of tears in the affected eye.
- Tearing that runs over the edge of the lower lid and down the cheek.

DIAGNOSIS
In adults, diagnosis is made based upon the history of symptoms. A diagnosis is also made by placing a small amount of green dye (*fluorescein*) in the affected eye. Then, the patient will blow their nose after a few moments. If no dye appears on the tissue, it suggests that the tears are not getting through to the nose.

In children, it is often necessary to make the diagnosis with probing of the ducts. This is done under general anesthesia.

TREATMENT
Adults
- If this condition does not respond to antibiotic eye drops, it usually requires probing and irrigating of the tear drainage system. This can clear any obstruction that may be present. This can be done in the office and without medicine to numb the area.
- Sometimes, the obstruction is due to a narrowing (*stenosis*) of the openings to the canaliculi on the lids, the small openings may require that they be made larger (*dilated*) as well.
- In more severe cases, permanent tubes can be put into the canaliculi to help the tears drain to the nose.
- In very severe cases, surgery may need to be performed to create a direct opening from the tear sac into the nose (*Dacryocystorhinostomy*).

Infants
- The problem often goes away within the first one half year of life. Gently massaging the area between the eye and the nose down towards the nose often makes the condition get better faster.
- Your ophthalmologist may also prescribe some antibiotic drops to rid the ducts of any bacteria.
- If there are no results from these above measures, it may be necessary to have the tear drainage system probed to open them up. In infants, this is usually done quickly and under a *general anesthetic*.

SEEK IMMEDIATE MEDICAL CARE IF:
- If you or your child develop increased pain, swelling, redness, or drainage from the eye.
- If you or your child develop signs of generalized infection including muscle aches, chills, fever, or a general ill feeling.

- If an oral temperature above 102º F (38.9º C) develops, not controlled by medication.

Return for a recheck as instructed, or sooner if you develop any of the symptoms (problems) described above. If antibiotics were prescribed, take them as directed.

Document Released: 03/23/2007 Document Re-Released: 03/26/2009
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