Common Management of Congenital Nasolacrimal Duct Obstruction

It is remarkable that what appears as a straightforward ocular condition, congenital nasolacrimal duct obstruction, lacks consensus among pediatric ophthalmologists in many aspects of its management. This was clearly demonstrated in the survey by Dotan and Nelson in this issue. Although there is no proof that parents’ massage actually improves the recovery rate, because most congenital nasolacrimal duct obstructions resolve by 1 year of age, it seems reasonable to offer massage as a noninvasive form of treatment. It is not surprising that, according to the survey, more than 90% of pediatric ophthalmologists wait until approximately 1 year of age before recommending a surgical intervention for congenital nasolacrimal duct obstruction. One discrepancy in treating congenital nasolacrimal duct obstruction is the initial treatment in older children. Many pediatric ophthalmologists preferred silicone tube intubation and/or balloon dacryoplasty over probing alone. Other pediatric ophthalmologists have found simple probing to be successful in older children. Another discrepancy in treating congenital nasolacrimal duct obstruction is the choice of procedure when the initial probing is unsuccessful. Although many performed a silicone intubation or balloon dacryoplasty in these patients, others attempted a second probing. Again, this study highlights the striking lack of consensus among pediatric ophthalmologists on many aspects of management of congenital nasolacrimal duct obstruction.

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