Treatment of Congenital Nasolacrimal Duct Obstruction

Congenital nasolacrimal duct obstruction (CNLDO) is the most common abnormality of infants’ lacrimal apparatus, occurring in 2% to 6%.\(^1\) Although controversy continues to exist, most studies have shown spontaneous remittance in 80% to 90% of affected infants by 12 months of age.\(^1\) If symptoms of CNLDO persist to 13 months of age, most pediatric ophthalmologists would proceed to a probing procedure. If symptoms of CNLDO are not resolved after the first probing, then whether to repeat the probing procedure or proceed directly to a nasolacrimal intubation is determined by the pediatric ophthalmologist’s previous training and experience. A second probing, if necessary, is often successful for many pediatric ophthalmologists and can be performed with minimal anesthesia. Intubation is a longer procedure and usually requires general intubation and anesthesia.

The study by Napier et al. in this issue found that if initial probing is not successful, nasolacrimal intubation had a significantly higher success rate than repeat probing. However, there were several limitations pointed out by the authors: the numbers in the analysis of secondary surgeries were relatively small, surgery was performed by many pediatric ophthalmologists, and the data were collected retrospectively. Further prospective studies are necessary to resolve the issue of repeat procedures for CNLDO.

REFERENCE


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