The Ongoing Controversy of Late Probing for Congenital Nasolacrimal Duct Obstructions

Congenital nasolacrimal duct obstruction (CNLDO) is the most common abnormality of the lacrimal system in children. There is little controversy that probing prior to age 2 years with or without irrigation relieves most obstructions. However, experienced pediatric ophthalmologists continue to disagree on whether probing or a more invasive procedure is necessary to cure CNLDO in children older than 2 years. Several studies have demonstrated that probing was not as successful in children older than 2 years. As a result, some pediatric ophthalmologists recommend silicone intubation as the primary procedure in children older than 18 months. However, other studies demonstrated excellent results with probing as the initial procedure in children older than 2 years.

In this issue, the study by Une et al. confirms the results of other studies reporting high success rates for primary probing for CNLDO in children 2 years or older. Both silicone intubation and balloon catheter dilation are more invasive with more potential complications than probing. Because probing as the initial procedure for CNLDO in children 2 years or older has a high success ratio, perhaps it should be considered as the primary option for these children. If approximately 80% of initial probings are successful, then the decision to perform a more invasive procedure could be considered for the remaining 20% who may need a second procedure. However, it is still possible that a second probing could be successful, as it was in 27% of the patients in Une et al.’s study. Further studies on failed first probing in children need to be performed to better identify which patients may have a better chance of success if a second procedure is necessary.

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