

المؤتمر السنوي الدولي للجمعية الرمدية المصرية
INTERNATIONAL CONGRESS OF THE

EGYPTIAN OPHTHALMOLOGICAL SOCIETY

EOS 2023



Approach A Case of A Tearing Patient

Presented By

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Chorus of the Day

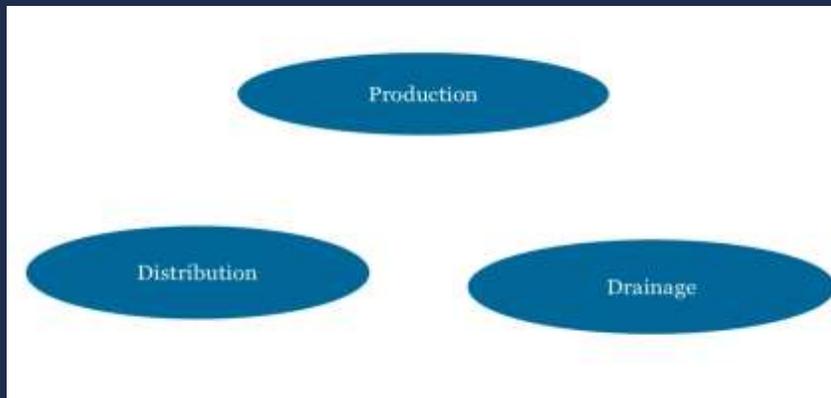
بِسْمِ اللَّهِ الرَّحْمَنِ الرَّحِيمِ

قالوا سبحانك لا علم لنا
إلا ما علمتنا
إنك أنت العليم الحكيم

البقرة [٣٢]

'96,7 T's Studio

- Excessive Tearing is Due To A Disturbance In The Balance Between Tear Production & Distribution And Tear Drainage



Excessive Tearing

Production

- Dry Eye (Reflex Tearing)

Distribution

- Tear Film Stability

Drainage

- Lacrimal Pump
- Obstruction of the Lacrimal Pathway



Epiphora

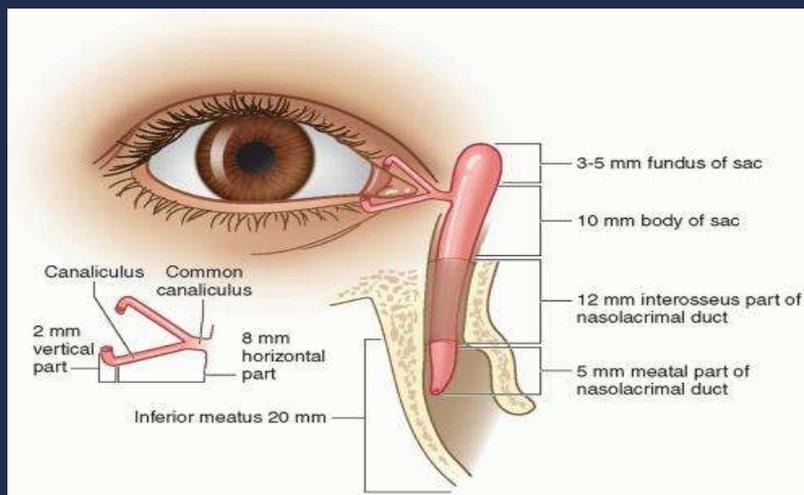
- All the time
- Tears Run over The Cheek
- Usually Problem in Drainage

Watering Eye

- Occasional
- Wet Eyes
- Usually Problem in Production or Distribution

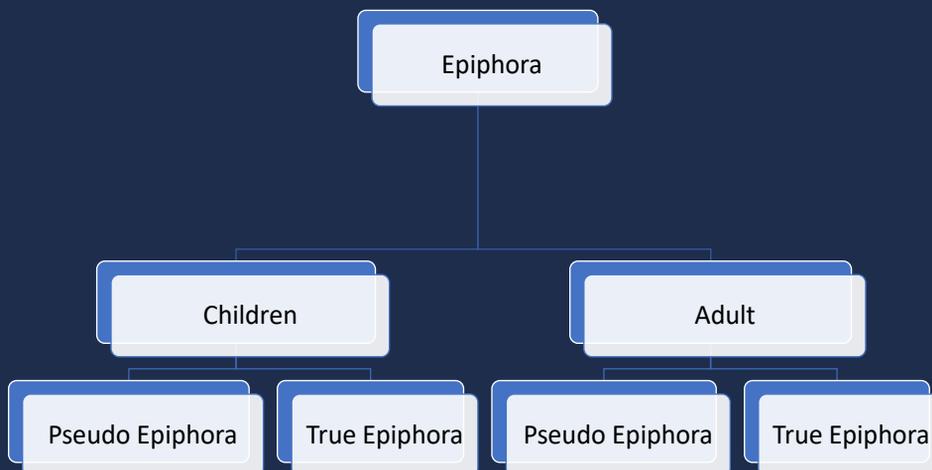


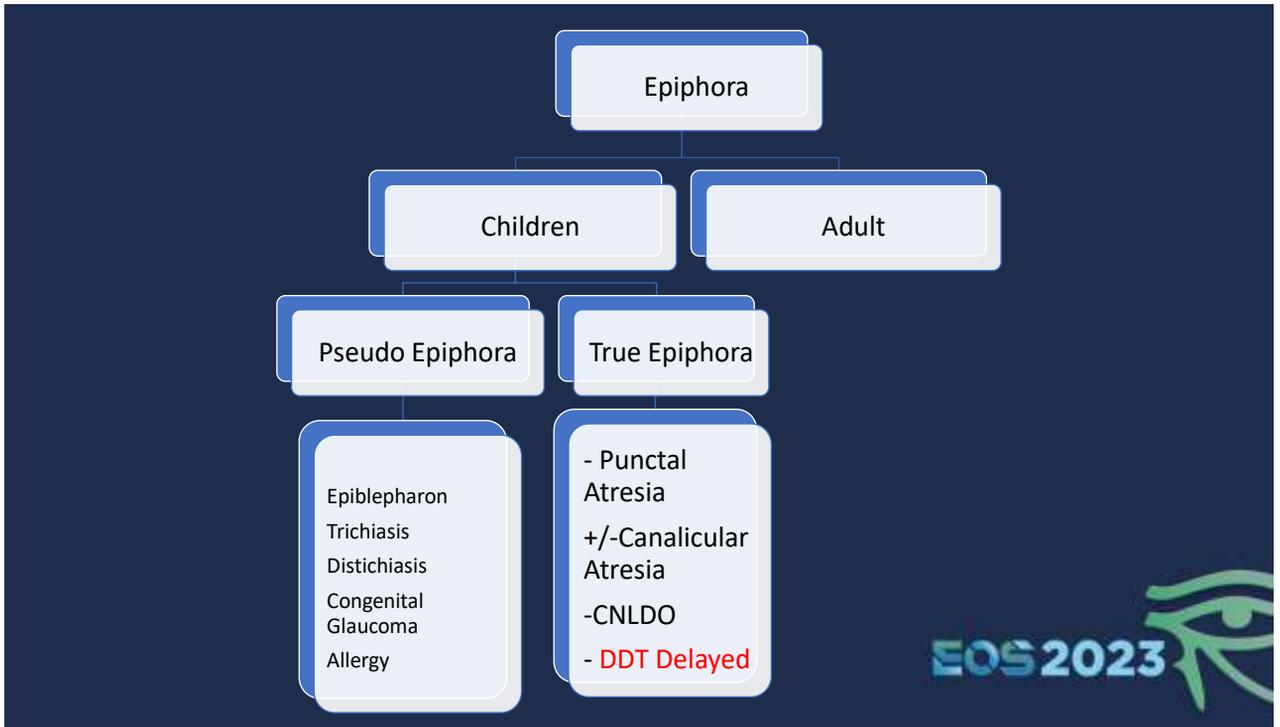
Anatomy Of Lacrimal System



DDT

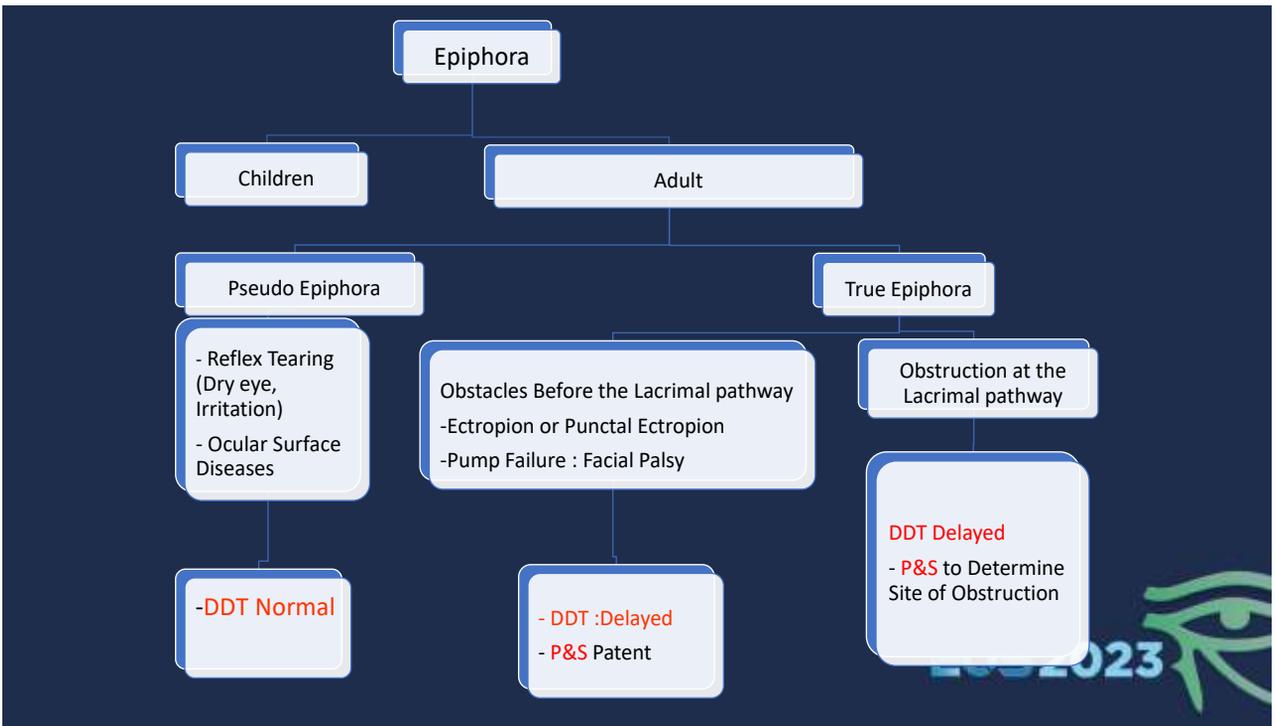
- DDT To Determine Whether A Lacrimal Outflow Obstruction Is Present Or Not.
- Fluorescein Is Instilled Into The Conjunctival Cul-de-sac Bilaterally.
- Persistence Of Significant Dye And Asymmetric Clearance Of The Dye Over 5 Minutes Indicates A Relative Obstruction On The Side With The Retained Dye.

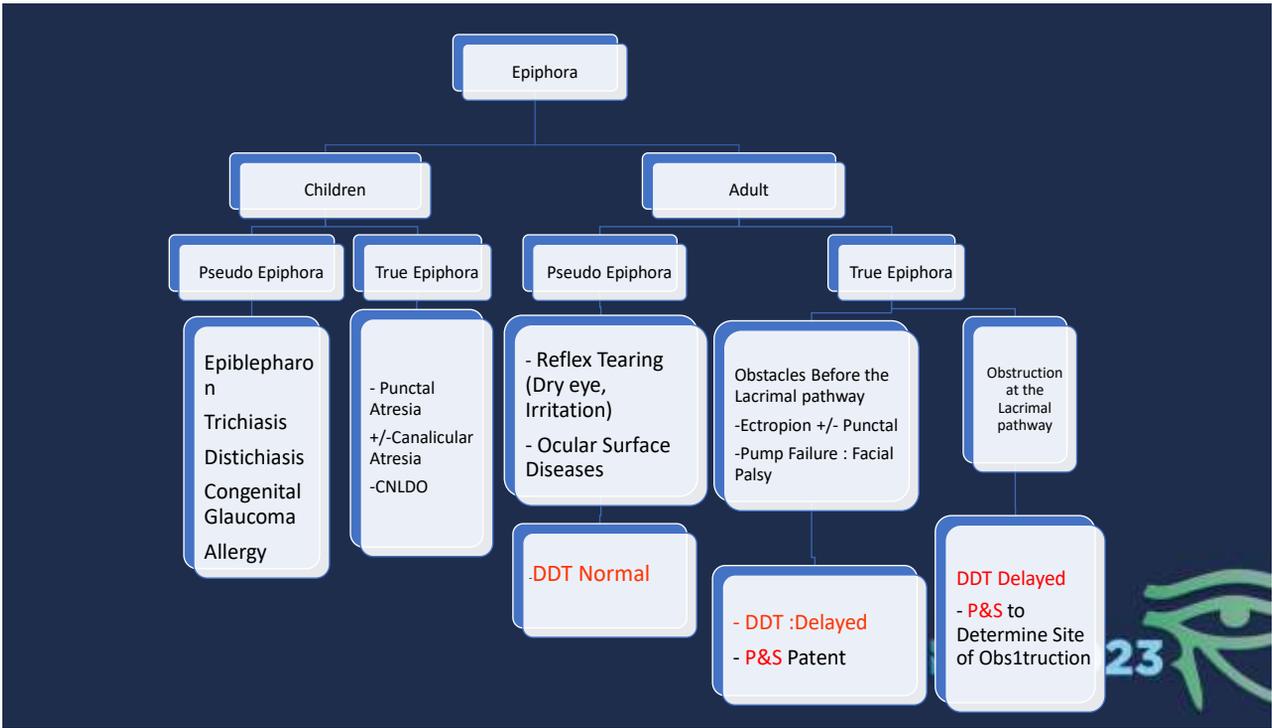




TTT

- TTT : ttt of The Cause
- Massage..
- Probing +/- Intubation...





Probing & Syringing to Detect Anatomic Sites of Obstruction

- Punctum
- Upper and/ or Lower Canaliculus.
- Common Canaliculus
- Distal Obstruction



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- Upper System Obstruction (At Punctum Or Canaliculus): Cause Tearing Only ..Reflux Of Clear Fluid In P&S. (Can Go Intraocular Surgery)
- Lower System Obstruction (NLDO): Cause Tearing Usually With Mucopurulent Discharge..Reflux Of Turbid Fluid In P&s.. (Can NOT Go Intraocular Surgery)

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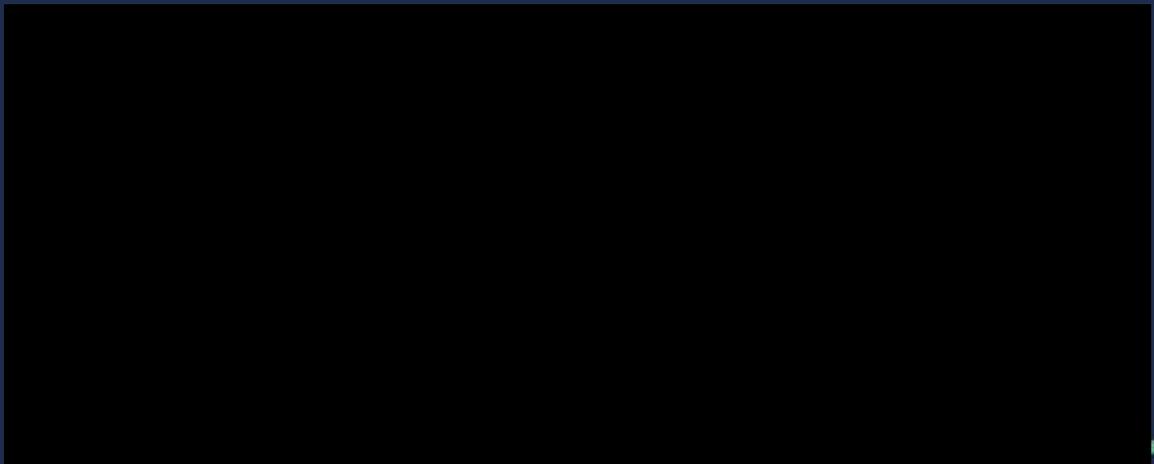


Probing & Syringing (P & S)

- Topical Anesthesia (+/- Local in Irritable Patient)
- A 27-gauge A.C. Cannula On A 3-cc Syringe With Normal Saline
- Without Having To Dilate The Puncta.
- Dilate The Punctum Using Punctal Dilator
- Check Patency Of Canaliculu Using Bowman Probe
- Irrigate With A Lacrimal Canula On A 3-cc Syringe With Normal Saline



Probing & Syringing



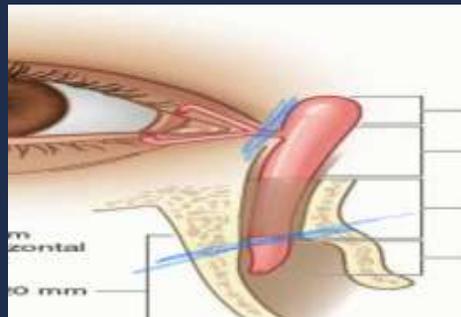
Probing & Syringing

- After Irrigation.. Resistance, Reflux And Delay Or Lack Of Clearance Into The Nasopharynx Suggests The Presence Of Obstruction.
- The **Degree Of Resistance And Reflux** Suggests The **Severity** Of Obstruction, Whereas The **Location Of Reflux** Helps To **Localize The Obstruction**.
- Reflux Through The Same Punctum Suggests Canalicular Obstruction, Whereas Reflux Through The Opposite Punctum Suggests Distal Obstruction.

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- Patent System



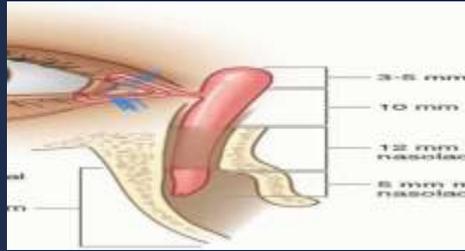
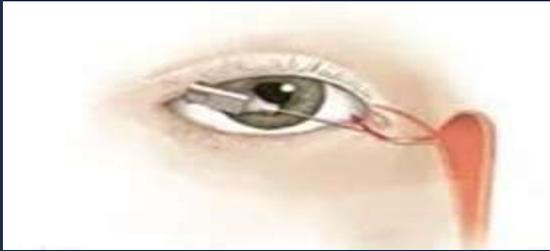
- Common Canalicular Obstruction..
- TTT DCR + INTUBATION



- Sac or NLDO.
- TTT DCR +/- INTUBATION

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- Canalicular Obstruction..

- Both Puncti And / Or Canaliculi Are Occluded..

- TTT: C- Dcr With Jones Tube



Punctum Senosis

- Punctum Stenosis: Dilate And Assess Lacrimal System
- If Punctual Stenosis Associated With Another Site Of Obstruction ..Manage According To The Site Of Obstruction
- If Patent.. So Manage Punctual Stenosis Only By Either **3 Snip Surgery**, Or **Stenting** Mono Or Bicanalicular Stent



Sure Signs of NLDO

- Acute Dacryocystitis
- + ve Regurge
- Mucocele



- SO, The Management dependos on an “Art” Of Evaluation Of The Tearing Patient
- Try To Determine What Processes Are Contributing Most To The Tearing And Then Direct Treatment Accordingly



CONCLUSION

- **History** :Onset , Course , Duration, Uni Or Bilateral, All The Time Or Occasional, Run On The Cheek Or Only Wet Eyes.
- **Inspection**: Tearing, Lid Position, Any Abnormality.
- **Palpation**: Lacrimal Sac And Canaliculi, +VE Regurge Test.
- Check Position And **Laxity** Of The Eyelids..
- **Slit Lamp** Examination For Lids, Conj., Ocular Surface , Puctum....
- Evert The Lids.
- **DDT**
- **P&S** If Delayed DDT
- Please Treat A Patient Not A Disease, So **Complete Assessment**, V.A. , AC & Fundus Examination Should Be Done.

