

## Short Communication

ISSN 2572-4355

## Congenital Lacrimal Obstruction

Jorge Schwember\*, Luisa Madrid

Centro Laser, Huanhuali 735, La Serena, 1720412, Chile

### Corresponding author: Jorge Schwember

Centro Laser, Huanhuali 735, La Serena, 1720412, Chile.

E-mail: [jschwember@centrolaserlasarena.cl](mailto:jschwember@centrolaserlasarena.cl)

**Citation:** Jorge Schwember et al. (2018), Congenital Lacrimal Obstruction. Int J Ped & Neo Heal. 2:5, 54

**Copyright:** ©2018 Jorge Schwember et al. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited

**Received:** March 28, 2018

**Accepted:** April 13, 2018

**Published:** May 30, 2018

## Introduction

The blockage of tear drainage occurs due to a thin layer on the valve of Hasner, neglecting to puncture during childbirth.

The rate of symptomatic congenital nasolacrimal duct obstruction (CNDO) is around 5%, of which up to 33% of the cases are bilateral. In prematurely born children, the rate of obstruction is considerably higher.

There is a general understanding that the best early management of CNDO is a mix of nasolacrimal sac massage and topical antibiotics.

The literature recommends to perform the massage with the tip of the index finger over the medial canthus to increase the hydrostatic pressure within the lacrimal sac. If this maneuver fails, a lacrimal probing is indicated after 6 months of age.

Over many years of experience we routinely follow these steps:

**First week:** compression not massage over the medial canthal area with a cotton swab 4 times a day. Eye drop antibiotics every 4 hours. (Fig. 1)

With this strategic pattern we have been very successful with over 90% of our patients not requiring lacrimal probing and avoiding the surgical procedure under general anesthesia.



**Figure 1:** “The head of the baby is firmly held. The pressure exercised by the cotton swab is strong, only once and lasts around one second”.

**Second week:** if the obstruction persists, parents perform manual nasal aspirations 4 times a day and during the day maintain a cotton plug in the contralateral nostril forcing the child to breathe out of the compromised nasal cavity, utilizing the Venturi effect. (Fig. 2)



**Figure 2:** “The head of the baby is firmly held. Manual aspirations are performed several times. The Venturi effect is used here”.