

DACRYOCYSTOCELE (MUCOCELE OF THE LACRIMAL SAC).

A 3-month-old baby girl was first observed due to a naso-palpebral nodule directly located beneath the medial palpebral commissura. The nodule was observed from the first days of age and did not increase with time. On physical examination (Fig. 1) the nodule was covered by normal skin and did not change with crying of the baby. At palpation the nodule was 1 centimeter in size and elastic-hard in consistency. A deep heman-gioma or a vessel malformation was clinically hypothesized.

One month later her mother called and told us that during an infectious episode of the upper respiratory tract the nodule went flat with discharge from the palpebral rima of dense, creamy material to swell again later on. On revisiting the little baby, we noticed that the palpation of the nodule was responsible for discharge of whitish, creamy and dense mucous material from the palpebral rima (Fig. 2). An ophthalmological consultation led to diagnose **dacryocystocele** (mucocele of the lacrimal sac and duct) due to congenital obstruction of the lacrimal ducts and to prescribe antibiotic eye-drops, followed by massage of the lacrimal sac and duct. After a few days of treatment the swelling disappeared and did not swell again in a 3-month period of follow up.

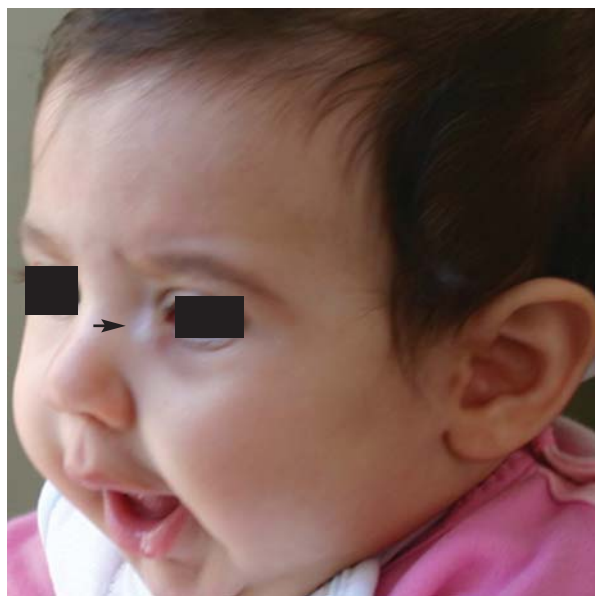


Fig. 1

The tears enter the lacrimal dots, run through the intrapalpebral lacrimal canaliculi and merge into the lacrimal sac. The latter is about 12 millimeters long and located beneath the medial palpebral commissura. The lowest extremity of the sac continues in the naso-lacrimal duct, that crosses the facial bones and opens onto the nasal cavity beneath the lower turbinate bone.

The obstruction of the lacrimal system occurs more frequently due to a persistent membrane located on the distal extremity of the naso-lacrimal duct (4). Lacrimation, deposition of mucus in the lacrimal sac with consequent bacterial proliferation and tumefaction of the sac follow the obstruction. An acute, abscess infection of the sac may follow.

Treatment. In the mild cases, which are more frequent, antibiotic eyedrops three times a day, followed by massage of the lacrimal sac and duct, are enough. In case of acute infection, systemic antibiotics should be added. When the obstruction does not resolve spontaneously, as occurring in most cases within the first 6-12 months of age, an exploration with a probe under general anesthesia should be performed (1, 3).

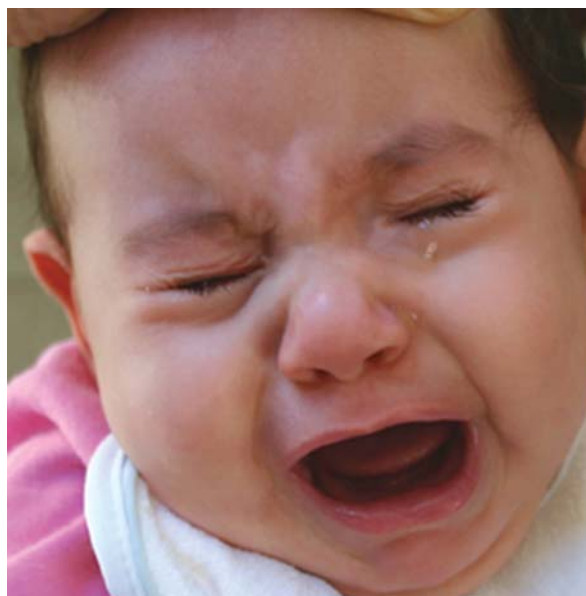


Fig. 2

References

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- 3) Robb R.M. - Congenital nasolacrimal duct obstruction. *Ophthalmol. Clin. North Am.* 14, 443-6, viii, 2001.
- 4) Tanenbaum M., McCord C.D. - The lacrimal drainage system. In: Tasman W., Jaeger E.A., eds. *Duane's clinical ophthalmology*. Vol. 4 Philadelphia: Lippincott, 1993: 1-7.