

TREATMENT OF NASOLACRIMAL DUCT OBSTRUCTION WITH POWERED ENDONASAL DACRYOCYSTORHINOSTOMY.

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Introduction and aim: External dacryocystorhinostomy (DCR) has been the gold standard for treatment of epiphora. Currently several endoscopic DCR techniques are described. We evaluated the short and long term results of endonasal DCR in our institution.

Materials and methods: A retrospective chart review was performed of all patients that underwent a DCR procedure between March 2007 and June 2009. To assess long term results patients were subjected to a questionnaire a minimum of 6 months postoperatively.

Results: Nineteen consecutive endonasal DCR procedures performed in 16 patients (6 males) by a single surgeon (LD) were reviewed. Mean age was 60 (range 32 - 79). All patients suffered from epiphora (4-60 months), 7 had recurrent dacryocystitis. Dacryocystogram was performed in 11 patients to confirm and localize nasolacrimal duct obstruction. The technique involved the creation of a large rhinostomy using a microdebrider with a rough diamond burr and apposition of nasal mucosal and lacrimal sac flaps. A silicone tube was placed in the nasolacrimal system. In 12 patients a septoplasty was performed to widen the middle turbinate view. Patients were discharged day 1 and 15/16 reported immediate relief of symptoms. Postoperative complications were limited to epistaxis in one patient. Patients were seen a mean of 3 times at clinic to perform suction cleaning until complete internal healing. The silicone tube was removed (at the last but one visit) after a median of 15 weeks (range 9-26 weeks) postoperatively. Long term follow-up was available in 15 out of 16 patients. After a median follow-up of 19 months 12 patients were completely symptom free. Two patients reported minor symptoms sporadically. One patient reported recurrence of symptoms but didn't show up yet.

Conclusion: Powered endonasal DCR with internal marsupialisation of the lacrimal sac is a safe and highly successful procedure for the treatment of nasolacrimal duct obstruction.