

TEAR DUCT INFECTION OR BLOCKAGE (Dacryocystitis or Dacryostenosis)

NOLENSVILLE FAMILY MEDICINE
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BASIC INFORMATION

DESCRIPTION

An infected or blocked tear duct causes tears to gather or pool in the eyes and then run down the cheeks even though the person is not crying. Infection of the tear duct is called dacryocystitis. It occurs in all ages, but it is most common in children. A blocked tear duct is called dacryostenosis. It may occur in infants at 3 to 12 weeks of age or in older children and adults.

FREQUENT SIGNS AND SYMPTOMS

- Increased tearing of one or both eyes.
- Mucus and pus drains out of the tear duct. It may drain on its own or come out when pressure is put on the area.
- Pain, redness, or swelling of the eye area.
- Fever (sometimes).

CAUSES

Tears are stored in a sac (lacrimal sac) and are released into the eyes to help keep them clean, for protection, and to provide lubrication. The tears drain out of the eyes through small pinpoint openings in the corner of the eyes. They then flow through a duct or tube into the nose. The duct is called the nasolacrimal duct. When infection or blockage occurs in the duct, the tears can not drain normally and they back up.

RISK INCREASES WITH

- Tear duct is not fully developed or formed properly in a newborn.
- Bacterial infection of the duct.
- Sinus or nasal infection, or abnormal growths or tumors.
- Surgery on the face, nose, or sinuses.
- Eye injury.
- Conjunctivitis (pink eye).
- Fracture of the nose or facial bones.
- Thickening of the tear duct lining as a person ages.

PREVENTIVE MEASURES

No specific preventive measures. Always get prompt medical treatment for eye, nose, or sinus infections. For contact sports, wear helmets and facemasks to protect the face from injury.

EXPECTED OUTCOMES

Infected or blocked tear ducts are usually cured with treatment. Blocked tear ducts in an infant are usually outgrown when they are 9 to 12 months of age.

POSSIBLE COMPLICATIONS

A blocked tear duct may cause chronic infection. Minor surgery is sometimes needed.



DIAGNOSIS & TREATMENT

GENERAL MEASURES

- Your health care provider will do a physical exam of the eye area. A sample of the discharge may be tested to check for the germs causing the infection. To confirm the diagnosis, a harmless dye may be placed in the eye. This helps determine if tears are flowing normally. Other tests may be needed in adults.
- Treatment may involve drugs for infection, massaging the area, and, for some, surgery to open the duct. In some cases, no treatment is needed.
- Clean any drainage from the eye with a cotton ball or washcloth moistened with warm water. Gently wipe away any pus or crusted areas.
- For a child with a blocked duct, massage can help. Do it several times a day for 2 months, or as directed. Wash your hands carefully. Place your index finger along side the nose and firmly massage down toward the corner of the nose. Use a warm compress on the eye area to provide comfort and promote drainage.
- If there is excessive tearing, surgery may be recommended to probe the tear duct. A thin wire is passed through the duct to open any obstruction.
- Other surgery options involve placing tubes in the tear duct that stay in for about 6 months or inserting a balloon to stretch the tear duct and then is removed.
- In adults, tear ducts damaged by chronic infection may need to be surgically replaced by creating a new passage or inserting an artificial duct. Tumors or nasal polyps may need to be removed with surgery.

MEDICATIONS

Antibiotics for infection may be prescribed. These may be eyedrops, eye ointment, or drugs taken by mouth.

ACTIVITY

No limits unless advised by your health care provider.

DIET

No special diet.



NOTIFY OUR OFFICE IF

- You or a family member has symptoms of a tear duct infection or blockage.
- Symptoms don't improve or vision changes.

Special notes:

More notes on the back of this page