

Comments to: Bilateral congenital dacryocystocele complicated with acute dacryocystitis

Comentário para: Dacriocistocele congênita bilateral complicada com dacriocistite aguda

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Dear Editor,

In February 2023, the *Revista Brasileira de Oftalmologia* published a case of congenital bilateral dacryocystocele, by Pierre-Filho et al.⁽¹⁾ and I would like to congratulate the authors for raising this important topic. The article describes a child who presented with bilateral bluish enlargement of the lacrimal sacs from birth, along with tearing, which typically begins between the first and second week of age.^(2,3)

The bluish swelling below the medial canthal ligament, more pronounced on the right side, clearly shown in figure 1, is a typical dacryocystocele – a condition previously referred to as amniotocele. However, it has been renamed dacryocystocele because the content of the lacrimal sac is unrelated to amnion.⁽⁴⁾

The authors attempted massage therapy, but it was unsuccessful. A computed tomography (CT) scan revealed bilateral enlargement of the lacrimal sacs, although the diagnosis can often be made through clinical observation.

While some cases may resolve spontaneously, early probing is essential when the lacrimal sac is enlarged to prevent the development of acute dacryocystitis,^(2,4) as occurred in this child. Massage therapy is not indicated when acute dacryocystitis is present because it will be very painful. Acute dacryocystitis required systemic antibiotics, and in the reported case a spontaneous rupture of the lacrimal abscess led to external drainage of purulent material. Epiphora persisted afterwards due to unresolved obstruction. Ultimately, the child was successfully treated with nasal endoscopic-assisted probing of the lacrimal ducts.

I would like to reinforce the importance of the main subjects related to nasolacrimal duct obstruction in children:

1. Early probing is mandatory in children with enlarged lacrimal sacs to prevent acute dacryocystitis. Systemic antibiotics should be started at least 24 hours before probing to prevent bacteremia.^(2,5)
2. Pediatric acute dacryocystitis is a distinct condition that can evolve into a serious infection, requiring careful evaluation and immediate management.⁽³⁾
3. Surgical challenges in the pediatric age group are unique, with favorable outcomes achieved through endoscopic probing. Endoscopy allows for identifying the location and type of obstruction, directing treatment to the cause.⁽⁵⁾ The ability to observe the passage of the probe through the endoscope increases the chances of therapeutic success. This approach helps avoid false passages and reduces the child's exposure to general anesthesia for repeated probing or other procedures.

⁽⁵⁾ Silicone intubation should not be routine due to the risk of iatrogenic events.^(2,4)

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