

Dacryocystoplasty (DCP) by ballon dilatation followed by bicanalicular silicone intubation (IBCN) in acquired partial nasolacrimal duct obstruction.

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Introduction: Dacryocystoplasty (DCP) is an interesting alternative in the treatment of acquired partial nasolacrimal duct obstruction. This technique is most often described without bicanalicular silicone intubation. So we decided to realize a comparative study between bicanalicular intubation isolated, dacryocystoplasty isolated, and the combination of both techniques (DCP+ IBCN).

Material & Methods: This is a prospective study in a single center, New Clinic Bel Air, in Bordeaux, France, by a single surgeon, Dr A P - FERRON, and one anesthesiologist, Dr. G. DESTRUHAUT. We performed 172 procedures on 137 adult patients between April 2014 and July 2015. Patients with other causes of epiphora were excluded (dry eyes, eyelid malpositions, chronic dacryocystitis...).

Surgical procedures: All procedures were performed in the surgical room with troncular anesthesia with sedation during a short hospital stay (less than 3 hours).

Results: The efficacy was evaluated according to Munk's score to 3 months, 9 months and 1 year. Complete success was defined by Munk score 0-1.

Complications: The main complication is represented by premature extrusion of tube before 3 months.

Keywords: acquired partial nasolacrimal duct; moniliform stenosis of nasolacrimal duct, dacryocystoplasty, balloon dilatation, bicanalicular silicone intubation, score Munk.