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Endoscopic methods of treatment of tear duct occlusions

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Excessive tearing is a very common pathological symptom reported by the patient. The causes of this state are different and understanding of the pathology, the implementation of proper diagnosis or the right course of action, contrary to appearances, is not easy. Making a correct diagnosis requires tracking several aspects of the occurrence of excessive tearing. Its main causes include: Tear duct obstruction, excessive production of tears and so-called functional block (tear duct insufficiency). Excessive tearing affects women more often than men (even 4:1). The differences in anatomy (narrower teardrop flow pathways in women), hormonal disturbances at the age of 40, which affect the tear film as well as the more prosaic aspects of more frequent use of cosmetics or wiping the eyes. Methods used in the diagnosis of excessive pathological lacrimation are primarily tubular test, color test (fluorescein disappearance test, Jones's test), dacryocystography, scintigraphy and endoscopy of tear ducts. From the laryngological point of view, we use intranasal endoscopy, computed tomography and MRI in the diagnosis of tear ducts. Tear ducts surgery, depending on the level of occlusion of the tear ducts, may involve each episode: From correcting, through tubal, nasal and tear duct surgery, to the classic operation of anastomosis. For many years, the principle in tear duct reconstruction surgery is temporary intubation with silicone tubes, which we owe 90% efficacy. At present, the most important is attributed to the diagnosis and treatment of pathological laceration by endoscopic method, using diode laser. The undoubted advantage of this method is its minimally invasive and full control of the operating field. The use of the endoscope and diode laser significantly increases the precision of the new tear's pathway and no skin incision minimizes the risk of complications. The procedure can be performed without staying in the hospital.

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