A survey was sent by email to 130 oculoplastic surgeons with 10 closed questions on syringing and probing and dacryocystorhinostomy in pediatric cases and responses were analysed. C25 and C27 National Health Service codes in England were looked at from the period of 2012-2016 which cover syringing and dacryocystorhinostomy and syringing and probing procedures respectively. Total admissions coded for these procedures were looked at covering age groups from 0 to 18 years.

Results: A mean of 1607 syringing and probing procedures during the 2012-2016 periods with the most common age group of those in the 1-4 year age group. A minority were performed in those aged less than 1 year. Oculoplastic surgeons would commonly consider syringing and probing in the 1-2 year age group consistent with current evidence. Dacryocystorhinostomy is most commonly performed in the 1-4 age group with the majority performed in the 1-14 age group overall. The highest number of revision dacryocystorhinostomy procedures was performed in the 1-9 age groups.

Conclusion: The majority of syringing and probing procedures were performed over the age of 1 year constant with current evidence. There are a substantial number of oculoplastic surgeons that would consider endonasal dacryocystorhinostomy in pediatric cases although the current preference is for an external approach. Revision dacryocystorhinostomy most commonly occurs in the 1-9 age groups.

Introduction

Congenital nasolacrimal duct obstruction is a condition that occurs commonly in infants22-25 and usually resolves with conservative management alone24-20. It is the most common cause of epiphora in infants.12 70% of neonates present with congenital nasolacrimal duct obstructions at delivery.1 With only 6-20% being symptomatic8 as the obstruction usually resolves before lacrimal secretion begins.9 The common approach in the management of this condition is lacrimal massage and observation with or without topical antibiotic treatment as most cases of nasolacrimal duct obstruction resolve without surgery.9,11 Another option is an immediate office probing approach with topical anaesthesia and restraint and this was not found to be superior to observation and massage.12

The assessment of pediatric epiphora involves looking for a high tear meniscus, recent mucopurulent discharge and applying pressure to the lacrimal sac contents by pressure to reflex the contents.15,17 Other conditions which may present with epiphora need to be excluded including epiblepharon, congenital entropion, congenital glaucoma, keratitis and uveitis.1 The fluorescent dye disappearance test is a non invasive test that can confirm nasolacrimal duct obstruction with 90% sensitivity.8 Down’s syndrome and craniofacial malformations may be associated with a higher prevalence of congenital nasolacrimal duct obstruction which can be confirmed with imaging.12 80% of patients have spontaneous resolution of their congenital nasolacrimal duct obstruction.13 Bilateral symptoms present in 33% of patients.15 Lacrimal sac massage has long been used to increase the hydrostatic pressure to rupture the any nasolacrimal duct membranous obstruction.13,18 Lacrimal sac massage has been shown to be more effective than simple massage or nor massage at all in relieving nasolacrimal duct obstruction.17

Success rates of early probing are similar to those of conservative management.14 Probing can also result in false passages.15 Spontaneous resolution of congenital nasolacrimal duct obstruction can occur after 13 months of age19 in up to 79%. Spontaneous resolution has also been reported unto 48 months of age. There is a variation in practice on when to probe with initial suggestions being at less than 13 months and evidence now showing no variation in probing success upto 36 months.6

Should an initial probing fail with fluorescent in the nose confirmed in the nose, inferior turbinate fracture may be considered10 to increase the space in the nasal cavity with a success rate of 83%. Silicone tubing may be indicated in cases of repeated unsuccessful probing or where there is a focal blockage.14,21 Dacryocystorhinostomy is a procedure of last resort where conservative management, probing, intubation and dilatation have been unsuccessful. It is also indicated in cases of bony obstruction; dacryocystitis or dacryocystocele.22,23 The success of pediatric external DCR has been quoted to be 88-96% and is comparable to endonasal DCR at 82-92%. There appears to be
a variation in practice in the management of congenital nasolacrimal duct obstruction and so this study aimed to look at current practice in England and the United Kingdom amongst oculoplastic surgeons.24

Methods

A survey was sent out to 130 Oculoplastic surgeons in March 2017 with the 10 closed answer questions in March 2017 via email. The hospital episode statistics of England from the period of 2012-2016 were looked at for admissions under the C25 and C27 procedure codes which covered dacryocystorhinostomy procedures and probing procedures respectively. The total number of admissions for the coded procedures was looked at including following age groups: less than 1 year, 1-4 year 5-9 year 10-14 years, 15 years, 16 years, 17 years, 18 years.

Results

The total number of coded procedures for C27.1 Drainage of nasolacrimal duct, C27.2 Dilation of nasolacrimal duct, C27.3 Irrigation of nasolacrimal duct, C27.5 Probing of nasolacrimal duct NEC, C27.8 Other specified operations on nasolacrimal duct, C27.9 Unspecified operations on nasolacrimal duct were combined to include all nasolacrimal duct procedures performed. The majority of cases occurred in the 1-4 age group with a mean of 1607 procedures performed over the 2012-2016 period. 44 procedures were performed in the less than 1 year age group which is typically considered the age of conservative management. This was compared to the survey question 1 at what age do you stop conservative management and consider syringing and probing of a child. The results were consistent with current evidence as most would consider intervention at 1 year with 16 responses selecting this age. No oculoplastic surgeon would consider intervention at less than 1 year and over 3 years of age. Question 2 - up to what age would you consider syringing and probing showed that the majority would consider a procedure at any age of presentation? Question 3-What would you consider the insertion of tubes with a syringing and probing identified that most would consider it at the second syringing and probing, consistent with the current evidence. Few would consider it as a third procedure or not to use tubes at all. With question 4 - After how many syringing and probing showed that the majority would consider a dacryocystorhinostomy at the majority performed in the 1-4 year age group. A significant number of surgeons would now consider endonasal dacryocystorhinostomy for primary and revision surgery although the preference is still for an external approach. Overall an external approach was the most preferred for revision surgery.

Discussion

Overall conservative management is considered unto the age of 2 years with some oculoplastic surgeons now considering conservative management up to the age of 3 years. The most common age group for syringing and probing was the 1-4 year age group with the majority of procedures performed in the 0-14 age group. Dacryocystorhinostomy is most commonly considered at the age of 2 or more years with the majority performed in the 1-4 year age group. A significant number of surgeons would now consider endonasal dacryocystorhinostomy for primary and revision surgery although the preference is still for an external approach. There is a suggestion that the 0-9 age group may have a higher number of revision procedures although the numbers are small and so to draw this conclusion may be inaccurate.

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None.

Conflicts of interest

Authors declare that there is no conflict of interest.

References


