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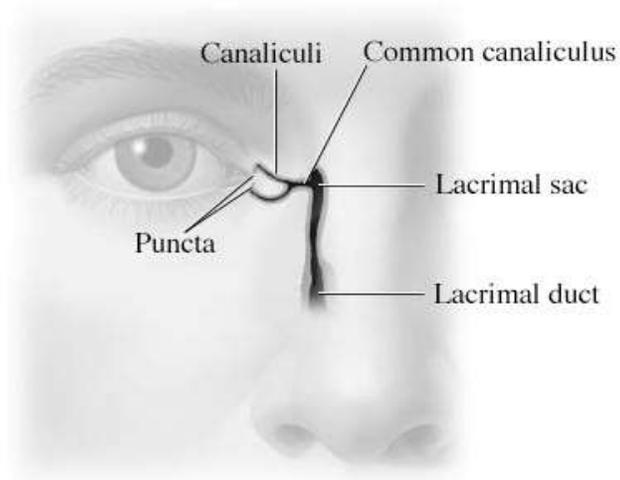
Blocked Tear Duct

Blocked tear ducts are a fairly common problem in infants, with as many as one third of children born with this condition. Over 90% of cases will clear spontaneously during the first year of life with little or no treatment.

Tear Duct Anatomy

Tears keep the eyes lubricated and clean and contain antibodies that protect the eyes from infection. They drain out of the eyes through two ducts called punctum or lacrimal ducts, one on each of the upper and lower lids. From these ducts, tears enter small tubes called canaliculi, which are located at the inner corner of the eyelids. They pass from the eyes into the lacrimal sac, a small sac that is located next to the inner corner of the eyes.

From the lacrimal sacs, tears move down through the nasolacrimal duct and drain into the back of the nose. When you blink, the motion forces the lacrimal sacs to compress, squeezing tears out of them, away from the eyes, and into the nasolacrimal duct.



What is a blocked tear duct?

A blocked tear duct occurs when the nasolacrimal duct gets blocked. Many children are born without a fully developed nasolacrimal duct, called dacryostenosis or congenital nasolacrimal duct obstruction. Most commonly, an infant is born with a duct that is more narrow than usual and therefore does not drain properly and becomes blocked easily. Another cause is the failure of a membrane at the end of the tear duct to open normally at or near the time of birth.

Signs and Symptoms of a Blocked Tear Duct

Children are usually diagnosed with a blocked tear duct according to the signs and symptoms present. The following are common signs and symptoms of a blocked tear duct:

- excessive tearing, even when your child is not crying (called epiphora)
- during crying, nostril on blocked side remains dry
- child wakes up with a crust over the eyelid or in the eyelashes
- if infected, redness at the inner corner of the eye, slight tenderness, and swelling or bump at the side of the nose

Treatment

In most cases, blocked tear ducts resolve on their own. Until this happens, the following treatments may be used:

- cleansing of any discharge or matter around the eyes with a clean, warm washcloth
- nasolacrimal massage, in which you massage the inside corner of your child's nose several times per day (it is important to wash your hands thoroughly prior to this)
- apply a warm compress to help promote drainage and ease any discomfort
- antibiotic eye drops if the eye becomes infected or the drainage become excessive (this will not open the blocked tear duct – only treats the resulting infection)
- if not resolved by 9 to 12 months, surgical intervention may be required

When to call your doctor

Call your child's doctor immediately if signs of infection are present, such as:

- redness or swelling of the eyelids
- the presence of pus
- the presence of a red lump at the inner lower corner of the eyelid

Call during regular office hours when:

- yellow discharge is present on the eyelids or eyelashes
- your child is 12 months of age and excessive watering is still present

Sources:

“Blocked Tear Duct” accessed from www.pediatrics.about.com on 3/25/2008

“Nasolacrimal Duct Obstruction” accessed from www.aapos.org on 3/25/2008

“Tear Duct, Blocked” accessed from www.kidsgrowth.com on 3/25/2008

“Tear Duct Obstruction and Surgery” accessed from www.kidshealth.org on 3/25/2008