
Eyes - blocked tear duct

Summary

- The tear duct system drains tears into the nose and throat.
 - The symptoms of a blocked tear duct include watering and pus around the eye.
 - Babies can be born with blocked tear ducts or it may develop later in life.
 - Treatment may require surgery and antibiotics to treat any associated infections.
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The eyeball is kept moist and healthy by a thin film of tears that is continuously produced by the lacrimal gland situated underneath the top eyelid. Every time you blink, tears are swept towards the inside corner of the eye and drained through two tiny tubes called lacrimal canaliculi. From there, tears pass into the nasolacrimal sac, then into the nasolacrimal duct to the nose and, ultimately, to the throat for swallowing. A blockage along any point of this tear duct system is known as a blocked tear duct or dacryostenosis. The symptoms include a pus-like discharge. Some babies are born with a blockage (congenital dacryostenosis). A range of conditions and events can cause acquired dacryostenosis. In adults, most cases are due to thickening of the lining of the duct leading eventually to blockage.

Symptoms of a blocked tear duct

The symptoms of a blocked tear duct can include:

- watering eye
- tears running down the face
- discharge of pus
- crusted mucus along the eyelashes
- increased susceptibility to eye infections.

Causes of a blocked tear duct

Some of the causes of a blocked tear duct include:

- congenital conditions – some babies are born with a blockage within the tear duct system, usually the nasolacrimal duct. The thin membrane that seals the nasolacrimal duct in utero fails to open at birth or soon after
- chronic nose infections – chronic sinusitis may irritate the tissues and form scars, which may block the tear duct system
- nose trauma – such as a broken nose. The injured tear duct system may be blocked by scar tissue
- inflammation of the lining of the tear duct – in most adult cases, the lining of the tear duct becomes thicker with age, eventually leading to blockage
- conjunctivitis – infection and inflammation of the conjunctiva (the thin membrane covering the eye). In rare cases, the tear duct system may become infected and blocked, especially after some viral infections.

Dacryocystitis

Trapped tears in the nasolacrimal sac can create the perfect breeding ground for bacteria. An infected nasolacrimal sac is called dacryocystitis. The symptoms include:

- fever
- redness, swelling and tenderness beside the bridge of the nose, next to the affected eye
- in severe cases, the infected sac may form an abscess.

Diagnosis of a blocked tear duct

A blocked tear duct is diagnosed using a number of tests, including:

- physical examination – including medical history
- ophthalmic examination – to check for other possible causes
- particular tests to check for tear drainage – for example, a special fluid is flushed into the affected tear duct opening. A diagnosis of blocked tear duct is made if the patient can't taste the fluid in their throat
- x-ray or CT scan – taken of the tear duct area (dacryocystogram).

Treatment for a blocked tear duct

Treatment for a blocked tear duct depends on the cause, but may include:

- observation with no intervention. A baby's tear ducts may spontaneously unblock before the age of 12 months
- if the baby's tear duct doesn't unblock by itself, it may be necessary to professionally 'pop' the membrane. This is a small operation that requires a general anaesthetic
- deep massage of the nasolacrimal duct for babies may be ordered, but it is difficult to do well
- antibiotics, to treat any bacterial infections
- surgery, to make a drainage hole from the tear duct system into the nose (dacryocystorhinostomy or DCR).
- surgical drainage of abscess, if necessary
- the frequent application of hot compresses
- pain-relieving medications.

Where to get help

- Your **GP (doctor)**
- NURSE-ON-CALL Tel. **1300 60 60 24** – for expert health information and advice (24 hours, 7 days)
- Eye specialist
- **The Royal Victorian Eye and Ear Hospital** Tel. **(03) 9929 8666**

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