

Future of Lacrimal Intubation

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Lacrimal obstruction can be:

- Congenital: due to delay or non canalizations mainly the naso-lacrimal ducts.
- Post inflammatory either the lacrimal sac or the nose.
- Trauma to the lids, nasal bone or nasal cavities.

Congenital lacrimal obstructions is commonly treated topically by antibiotics and decongestants till 6 months of age to give time for delayed canalizations. From 6 - 12 months simple Probing of lacrimal canaliculi is usually sufficient -if done correctly - to most of the cases.

After first year of life and in failed probing, intubation is advised.

There are many types of tubes are published mainly:

- Budkin tubes with twin probes build in. Which can be introduced through patent lacrimal canaliculi; left in place for 6 - 8 months.
- Aswad lacrimal Prothesis can be used especially in obstructed canaliculi, traumatic adhesions or mucosal atrophy of the node. The prothesis is introduced through the lacrimal sac where the narrow tube (one ml tube is forced retrograde through the narrow or occluded canaliculi till appears from the punctum; and the thick 3 ml tube forced to the inferior meatus of the nose after probing or dissecting adhesions in the Nasolacrimal duct.

The Aswad prothesis is made from Teflon. The narrow canalicular part can be removed after 6 months through the punctum. The thicker N.L. tube can be left in place in cases of nasal mucosal disease or removed through the nose one year later.

Future of lacrimal intubation is LACRIMAL STENT where similar to carotid vessels a stent can be applied through Canaliculoscope to the occluded or stenosis part only and left forever. It can be smart with heparin like coating.

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