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Editorial

Smart Stent for Obstructed Lacrimal Passages

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Obstruction or atresia of lacrimal passages is a problem for decades. Up till now no satisfactory guaranteed methods are applied successfully. In congenital cases conservative management with decongestant drops up to probing, in the proper time can give permanent cure to many cases less than 2 years age.

Extubation of the lacrimal passages had many trials through decades with guarded success. The main difficulties were in the fact that the lacrimal canaliculi cannot accommodate tubes more than 1:00 mm diameter and the naso-lacrimal duct needs 3:00 mm tube at least to keep it opened.

Trials of tapered tubes introduced through the nasal orifice ascending to the lacrimal sac and then the canaliculi had been tried in Europe with marked failures. Nasolacrimal implants had been tried in suitable cases with already healthy patent canaliculi.

Mohamed Elaswad had introduced his teflon lacrimal prothesis in 1974 where he combined a 1:00 mm 2 tubes for the canaliculi with a 3:00 mm tube for the main nasolacrimal. This prothesis is introduced through opening the lacrimal sac and leading the 3 tubes respectively with appropriate length. This can be done under local anesthesia. It can benefit in traumatic disruption of the passages and in recurring cases. It can be removed through the nose years after.

Bodkin tubes are very useful in congenital nasolacrimal atresia but needs patent canaliculi and also general anesthesia.

Recently after successful catheter maneuvers for heart and brain microvessels; we began to think for lacrimal catheterisation, balloon widening and leaving appropriate lacrimal STENT in place of obstruction either smart or classic. This can be carried under local anaesthesia using special lacrimoscope or even a robot. This non-invasive procedure under illuminated vision can add more knowledge to us about this dramatic lesion [1].

Bibliography

1. Journal of international orbital society 1977, 1981.

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