



OČNÁ
KLINIKA
KULANGA
S NAMI VIDITE LEPSIE

STENÓZA SLZNÝCH CIEST U BATOLIAT




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PREPLACHOVAŤ ČI
NEPREPLACHOVAŤ?

TO JE OTÁZKA!





Konzervatívna
liečba
a p.p.
neskorá Invazívna
liečba

skorá
Invazívna
liečba

NIČ ZRIEDKAVÉ

20% VŠETKÝCH DETÍ
DO 1 ROKA

95% MÁ SYMPTÓMY
UŽ V 1. MESIACI

96% SPONTÁNNE
VYLIEČENIE DO 1 ROKA



Epiphora, hnisavý výtok

Published: 01 September 1991

Epiphora during the first year of life

C J Macewen ✉ & J D H Young

Eye 5, 596–600 (1991) | [Cite this article](#)

n=4792



pravdepodobnosť spontánnej remisie

1 MONTH	96%
2 MONTHS	93%
3 MONTHS	90%
4 MONTHS	86%
5 MONTHS	82%
6 MONTHS	75%
7 MONTHS	64%●
8 MONTHS	49%
9 MONTHS	36%
10 MONTHS	23%
11 MONTHS	5%
12 MONTHS	0%

Published: 01 September 1991

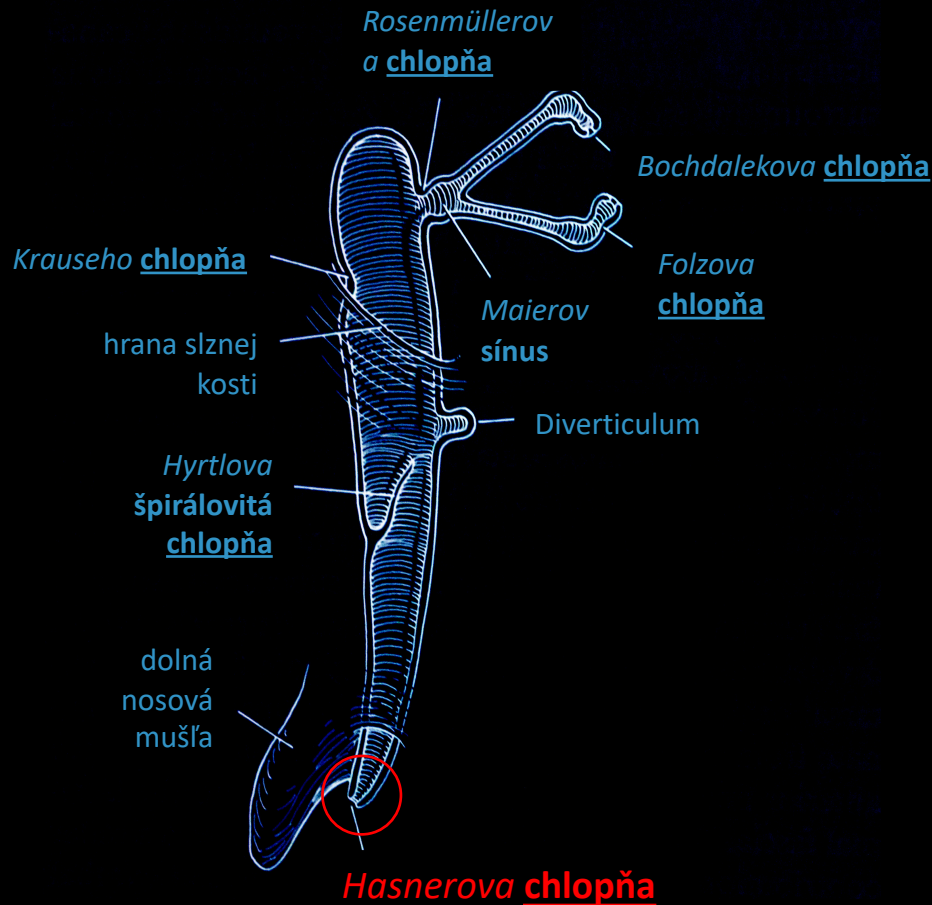
Epiphora during the first year of life

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ČASTÁ PRÍČINA

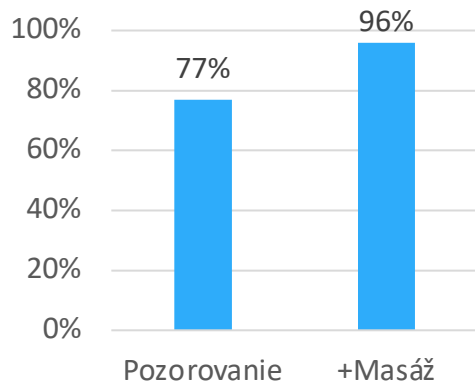


Katherine Hu, Jay Patel, and Bhupendra Patel, 'Crigler Technique For Congenital Nasolacrimal Duct Obstruction', *StatPearls*, 2021
<<https://www.statpearls.com/ArticleLibrary/viewarticle/97076>>



KONZERVATÍVNA LIEČBA

- Pozorovanie a hygiena viečok
- Masáž podľa Criglera



ÚSPEŠNOSŤ LIEČBY



- Neinvazívna
- Lacná
- Jednoduchá
- Na doma



- dlhšie trvanie symptómov

Aldo Vagge et al., 'Congenital Nasolacrimal Duct Obstruction (CNLDO): A Review', *Diseases*, 6.4 (2018), 96





MASÁŽ PODĽA CRIGLERA z roku 1923

24

DACRYOCYSTITIS—CRIGLER

Joseph A. M. A.
[Vol. 7, 1923]

medium. As soon as proper drainage is established, recovery is prompt and complete.

At the St. Louis session of the American Medical Association, May, 1922, there was a discussion before the Section on Ophthalmology on the use and abuse of the probe in the treatment of dacryocystitis in general. In discussing the congenital type, no reference was made to a method of treatment that has been successful in my hands for the last seven years, during which time I have never found it necessary to resort to the use of the probe.

The treatment is simplicity itself. A few others have practiced it in the past, but it has never been put before the profession in such a way as to cause its adoption in preference to the more difficult and painful method of probing. It is conceded, of course, that one successful massage of a medium size nose usually suffices to cure

and pressure. You must instruct the nurse or mother to exert pressure properly to direct the secretions downward. If you do it yourself, you can often feel the obstruction give way.

Fuchs, in the last edition of his textbook, dismisses the subject with the following remarks: "Usually repeated expressions of the lacrimal sac suffice to cure the disease; if not, we must make the nasal duct pervious by the use of sounds."

Roemer says that we need only to teach the mother to press the contents of the sac out regularly (meaning into the conjunctival sac), and the passage into the nose will open spontaneously. If the suppurative should not disappear in a few days, the stenosis may be easily removed by the careful passage of a probe.

Crawford makes use of pressure applied over the sac, and repeats this several times a day as an adjunct

2. The infant's head is held between the surgeon's knees in a manner similar to the method in vogue of inspecting the eyeball. Assuming that it is the right sac that is affected, he places his right thumb over the sac in a way to shut off the return flow through the puncta. This is done by holding the thumb sidewise, with the thumb nail outward and forming an acute angle with the plane of the iris. The edge of the thumb is now pressed downward over the puncta, compressing it against the rim of the orbit; with this point of pressure maintained, the thumb is rotated to the right, at the same time pressing downward, abruptly, over the sac. The fluid, now being compressed by the thumb, transmits the pressure to the walls of the sac, which must give way at its weakest point, which happens to be the site of the nasal opening. Repeated cures after one manipulation of this sort, and no failures so far, extending over a period of seven years, convince me that the probe should never be resorted to except as a last resort.

in, probing and incision

expression, and, in the probed, with gradually ease of the probe, while the use of the probe is on gentle pressure. he probe, he prefers one s that this is not wholly and, but the risk from with fluid from a syringe

course, is based on the a dealing with an imper- duct. If the obstruc- fold of mucous mem- bands in any portion of f no avail, and, for that live. On the contrary, it sd. Such conditions are it by any method other unsatisfactory.

of the treatment here : pediatrician, the obste- tioner as well, to whom If they will recognize has taken place, and will d above when the sac is tion, and not with poi- nd mother's anxiety by

the Eye, Philadelphia, J. B.

and Children.—The Monthly ally for April contained a f laboratories, which shows errors, chiefly school chil- d immunized, when accor- ded the number of peo- New York to more than continue to decline. The of Schick outfit has been the market within the next s of the old capillary tube m of toxin. Occasionally

simply cleansing and pressure, and have not had to use a probe in any case. The cases that come with abscesses of the lacrimal sac are those that have been probed by other oculists. Cases that come to me within a couple of weeks after birth are cured in a very short time by simple cleansing

some of the toxin entered the closed ends of the tube, making the outfit useless. During the year the laboratory produced 1,411,300 cc. of diphtheria toxin and 1,953,100 cc. of diphtheria antitoxin. The value of the antitoxin was \$135,045.00.

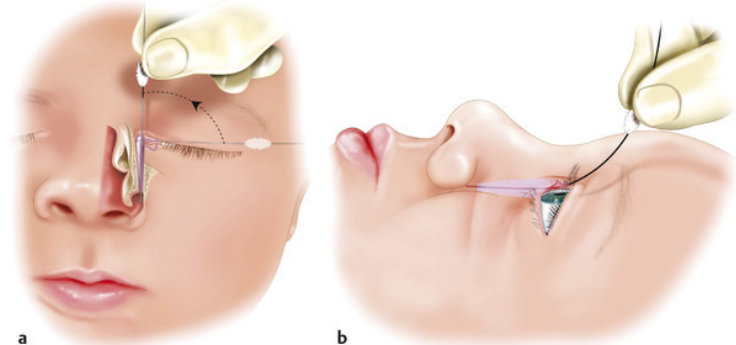
LEWIS W. CRIGLER, 'THE TREATMENT OF CONGENITAL DACRYOCYSTITIS', *Journal of the American Medical Association*, 81.1 (1923), 23–24

INVAZÍVNA LIEČBA

- Preplach Bangartovou kanylou



- Sondáž Bowmanovou sondou



INVAZÍVNA LIEČBA

SKORÁ SONDÁŽ 6-9 mes.



- CA nie je potrebná
- Rýchlejšie odstránenie symptómov
- ~~Prevenca fibrózy~~



- Technicky náročnejšie
- Plačúce dieťa/rodič
- 20% riziko iatrogénnej fibrózy (zákrok naslepo)
- u 2/3 **nepotrebná** kvôli spontánnej remisii

NESKORÁ SONDÁŽ po 12 mes.



- Technicky jednoduchšia

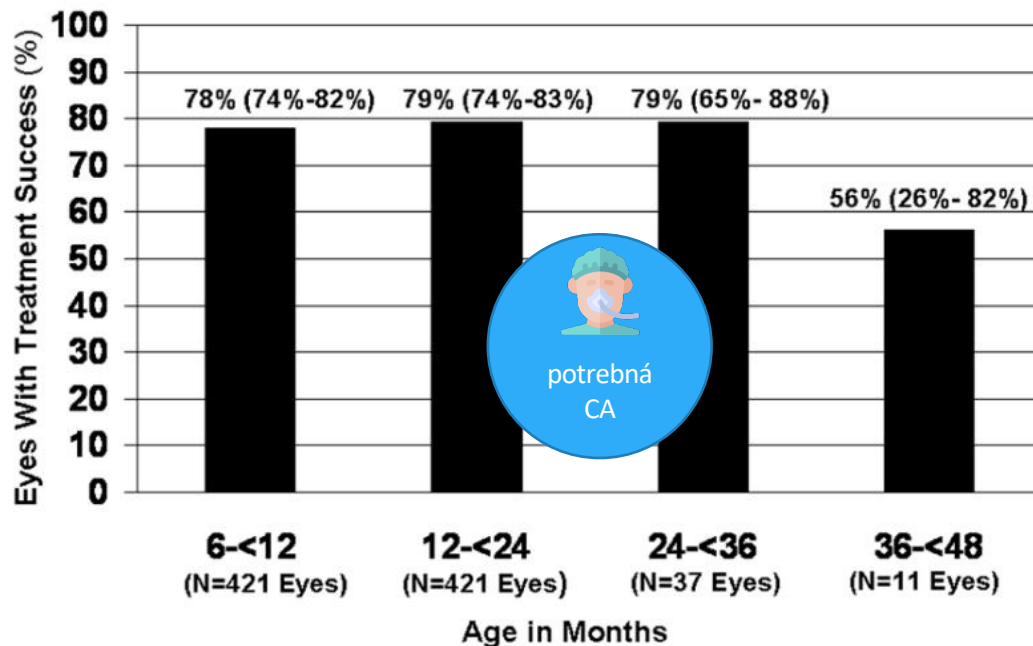


- vyžaduje CA
- 20% riziko iatrogénnej fibrózy

Aldo Vagge et al., 'Congenital Nasolacrimal Duct Obstruction (CNLDO): A Review', *Diseases*, 6.4 (2018), 96



ÚSPEŠNOST SONDÁŽE DO 3 ROKU ŽIVOTA NEKLESÁ



Primary Treatment of Nasolacrimal Duct Obstruction with Probing in Children Less Than Four Years Old', *Ophthalmology*, 115.3 (2008), 577-584.e3

OPAKOVANIE SONDÁŽE

pri 2. pokuse úspešnosť klesá na

52%

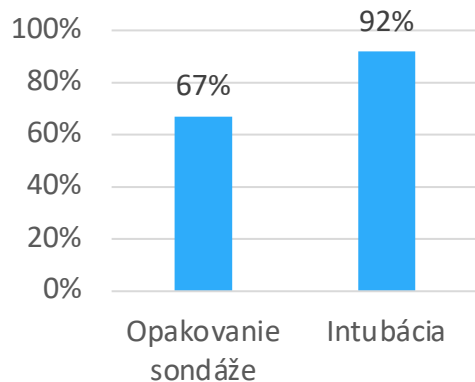
(6-18 mes.)

Katowitz, J.A.; Welsh, M.G. Timing of initial probing and irrigation in congenital nasolacrimal duct obstruction. Ophthalmology 1987, 94, 698–705.

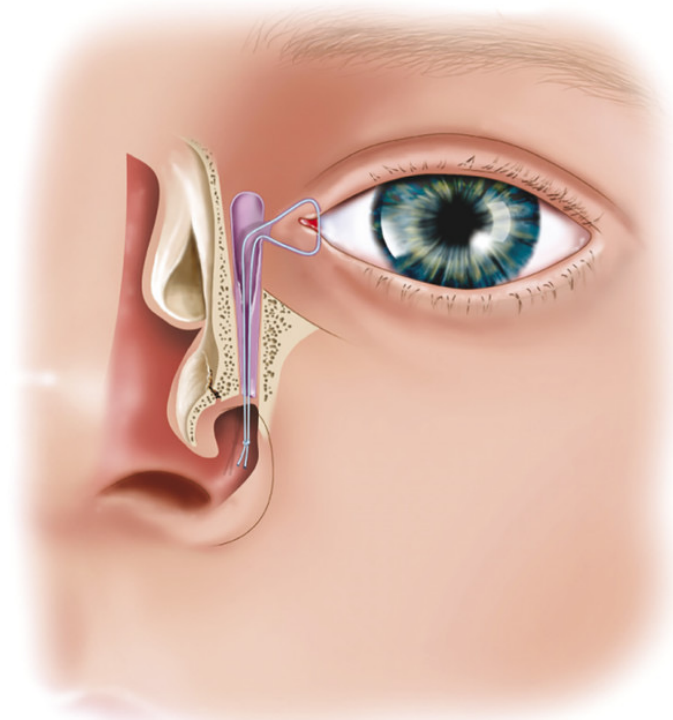


INTUBÁCIA SLZNÝCH CIEST

ÚSPEŠNOSŤ LIEČBY



- drahá, v CA
- monokanalikulárna sonda
úspešnejšia ako bikanalikulárna
- Riziká
 - vypadnutie
 - poškodenie slzných bodov
 - abrázie rohovky a spojovky
 - granulóm

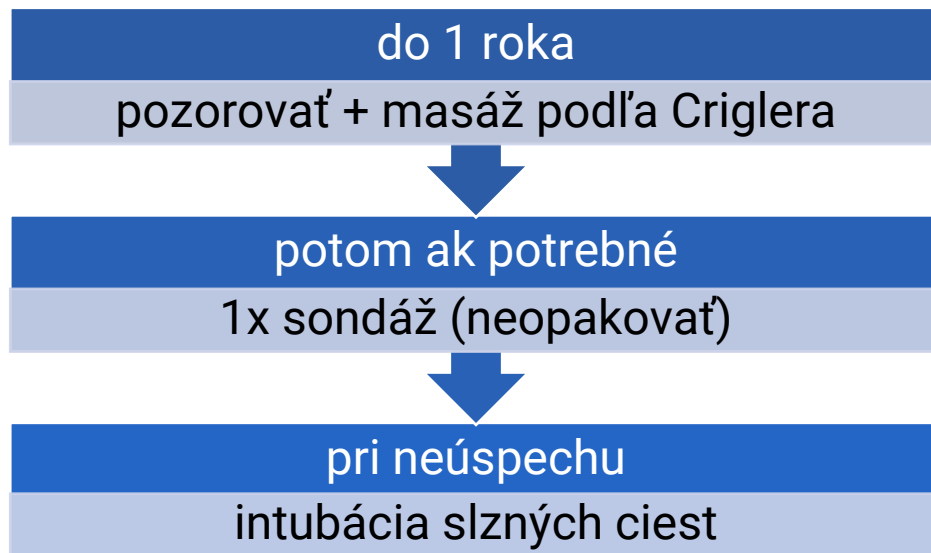


Napier, M.L.; Armstrong, D.J.; McLoone, S.F.; McLoone, E.M. Congenital Nasolacrimal Duct Obstruction: Comparison of Two Different Treatment Algorithms. J. Pediatr. Ophthalmol. Strabismus 2016, 53, 285–291.



ODPORÚČANIE

LIEČBY STENÓZY SLZNÝCH CIEST U DETÍ





OČNÁ
KLINIKA
KULANGA
S NAMI VIDÍTE LEPŠIE

Ďakujem za pozornosť

Veľké biele pleso
Beliánske Tatry