

## Lacrimal Canaliculitis



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### Abstract

Canaliculitis is an uncommon condition of the lacrimal canaliculi. The presentation is usually unilateral and usually runs with epiphora, hyperemia, edema, and pain, with discharge of secretion by the lacrimal point. The diagnosis is clinical since its findings are quite typical. Surgical treatment with canaliculotomy has been described as the most effective. Canaliculitis should be considered in recurrent cases of conjunctivitis and the ophthalmologist should be aware of the signs for earlier management of cases.

**Keywords:** Canaliculitis, Canaliculotomy, Lacrimal Pathways

### Introduction

Canaliculitis is an uncommon condition of lacrimal canaliculi [1-6]. It may be of primary origin due to local or secondary inflammation [1,3]. There was an increase in canaliculitis secondary to the use of plugs, due to greater use in the treatment of dry eye [7]. The infectious agent most involved in the etiology of canaliculitis is *Actinomyces israelii*, with an increase in cases of involvement by *Staphylococcus* and *Streptococcus* [1,2]. The presentation is usually unilateral and usually runs with epiphora, hyperemia, edema, and pain, with discharge of secretion through the lacrimal point (Figures 1&2) and the presence of concretions can be indicative of recurrent cases.

The diagnosis is clinical since its findings are quite typical. Despite this, the diagnosis is not always made quickly, leading the patient to have several assessments until a correct diagnosis is obtained. Surgical treatment with canaliculotomy (Figure 3) has been described as the most effective, but in milder cases there are reports that local irrigation with antibiotics has had good results [4]. Canaliculotomy is performed with dilation of the tear point, horizontal incision in the portion posterior canaliculus, which may or may not extend from the lacrimal point, curettage, and removal of concretions (dacryoliths), irrigation with antibiotics, whether the closure of the incision may be performed. Treatment without preservation of tear points has good functional results [7].



**Figure 1:** Upper left canaliculitis: discharge from the punctum associated with edema and local hyperemia.



**Figure 2:** Upper right canaliculitis. Edema and a large amount of discharge are observed.



**Figure 3:** Incision using conjunctive scissors, in the horizontal direction of the canaliculus and including the tear point.

### Conclusion

Canaliculitis should be considered in recurrent cases of conjunctivitis and the ophthalmologist should be aware of the signs for earlier management of cases.

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