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Endonasal dacryocystorhinostomy

First results

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Abstract The authors report 20 cases of endonasal dacryocystorhinostomy using standard otolaryngological surgical instruments. The technique used was, briefly: An osteomucous window was opened just anterior to the medial turbinate, starting superiorly to the inferior turbinate. The lacrimal sac was visualized and its medial wall excised. The lacrimal apparatus was canalized using silicone tubing.

The advantage of this technique is the absence of cutaneous scars. The authors have also found that the results of this technique are comparable to those of classical dacryocystorhinostomy.

Key words Endonasal dacryocystorhinostomy

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Introduction The first descriptions of dacryocystorhinostomies using the external or cutaneous approach date from the first half of the 19th century, although the term dacryocystorhinostomy (DCR) was coined by Toti at the beginning of the 20th century.[1] The nasal approach was described in the last years of the 19th century and proposed as less traumatic by some authors.[2] This later technique might be more physiological, because it damages less anatomical structures. However, it has been used widely only in the last decade, when the development of newer surgical instruments allowed a better visualization of the nasal cavity. We report here our first 20 cases of endonasal DCR.

Material and methods

1. PATIENT SELECTION The nasal cavity of all patients was explored searching for anatomical or pathological nasal processes that could have made the technique more difficult.

A dacryocystography was also carried out and patients presenting scarred sacs were discarded; thus only patients with distended sacs were elected for the operation.

Seventeen patients, 14 with unilateral lacrimal obstruction and three with

Although we know that a period of more than one year is necessary after the operation for a DCR to be considered functional, and that we present some cases of less than one year's evolution, our initial data makes us think that there will be no appreciable differences in the long-term results obtained using either this technique or the classical technique.[5]

Conclusions The technique of endonasal DCR has some important advantages over the classical DCR technique. Also, the functional long term results of these two techniques might be similar.

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