

Regarding a novel technique to recanalize the nasolacrimal duct with endodiathermy bipolar probe

Dear Editor,

We would like to congratulate the authors about their study "A novel technique to recanalize the nasolacrimal duct with endodiathermy bipolar probe."^[1]

However, we have some concerns and comments about the study.

Recanalization was performed with a 20G endodiathermy bipolar probe introduced into the inferior canaliculus and directed downwards, backwards and medially in a manner similar to one used for probing in children as mentioned in the article.^[1] However, appropriate direction for the same is downwards, backwards, laterally as widely accepted. Our concern here is, regarding false passage that could happen and create problem for opening of physiological passage, when carried out as a blind procedure, without the use of nasal endoscope. However conventional probing is a blind procedure for a congenital nasolacrimal duct obstruction, that has not changed significantly in the past 100 years.^[2] False passage formation, traumatic stenosis and unexpected failures are common problems of this procedure.^[3]

The anatomy of the nasolacrimal duct is variable and rather than being one single passage it may divide into several branches and enters the inferior meatus via >1 meatus.^[2] Value of nasal endoscopy and probing in diagnosis and management of children with congenital epiphora is a published data, where formation of false passages is seen in 15% of cases.^[2] The probe was then re-routed under direct visualization in these cases to form a functional passage.^[2]

There is a scarcity of published data on recanalization of nasolacrimal duct obstruction secondary to chronic dacryocystitis in adults; hence the data published for congenital nasolacrimal duct obstruction could be of use in adults as well. With all these, we feel nasolacrimal duct probing without endoscopy even with proper direction of the probe could be a hindrance for success of the procedure.

In our view, as in your article the new approach and recanalization of nasolacrimal duct obstruction in the symptomatic nasolacrimal duct obstruction with the usage of 20G endodiathermy bipolar probe connected with 7w (450 v) diathermy and intubation of silicon tube under direct visualization with the use of endo illumination light without the use of any nasal endoscopy at this stage with the same outcome as conventional dacryocystorhinostomy, is hard to achieve success initially even by an experienced surgeon. Although the study included a good number of cases that is, 151 eyes for each group, the exact duration of the study (from the start of the study till the period of completion) has not been mentioned.

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References

1. Agrawal S, Gupta SK, Singh V, Agrawal S. A novel technique to recanalize the nasolacrimal duct with endodiathermy bipolar probe. *Indian J Ophthalmol* 2013;61:718-21.
2. MacEwen CJ, Young JD, Barras CW, Ram B, White PS. Value of nasal endoscopy and probing in the diagnosis and management of children with congenital epiphora. *Br J Ophthalmol* 2001;85:314-8.
3. Kakizaki H, Takahashi Y, Kinoshita S, Shiraki K, Iwaki M. The rate of symptomatic improvement of congenital nasolacrimal duct obstruction in Japanese infants treated with conservative management during the 1st year of age. *Clin Ophthalmol* 2008;2:291-4.

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