Silicone tube stenting in endonasal dacryocystorhinostomy

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Dear Editor,

We read with interest the recent article from Dr Saeed [1].

The author achieved a remarkable 100 % of success rate following endoscopic dacryocystorhinostomy (EN-DCR) without employing silicone tube stenting. However, he did not report whether they were all primary cases. In fact, whereas avoiding stenting is in line with more recent evidence [2, 3], silicone tubes are often employed in revision DCR [4].

The intended purpose of the article was to propose guidelines as to when employ or not the adjuvant procedure.

In particular, the author suggested considering tube stenting for patients with stenosed lacrimal puncti (“second of the clinical criteria”). In this respect, it has to be highlighted that silicone tubes would not have effect on it, and other procedures such as punctoplasty are to be employed. A nasolacrimal duct obstruction gives indication for DCR, which creates a direct bypass between the lacrimal sac and the nasal cavity, whereas conjunctivorhinostomy must be considered in case of more proximal obstructions [5].

When assessing the effect of any additional procedure or adjuvant on the surgical success rate in EN-DCR, the osteotomy size represents a fundamental factor as it can influence the success rate [4, 6]. Therefore, we would stimulate Dr Saeed to provide some information in that respect.

Finally, we would challenge him to agree that proper clinical investigation should be always performed to ascertain the existence of complete lacrimal drainage system and locate the site of obstruction. Probing the lacrimal canaliculi and, particularly, syringing is essential. Easily, a low obstruction is manifested by the fluid regurgitating through the upper punctum and the absence of fluid passed into the nasopharynx.

Whereas it is acceptable avoiding instrumental investigations, which could better confirm the diagnosis and exclude the presence of neoplastic etiology, we query why the author considered the simple clinical assessment not required.

Conflict of interest Authors do not have financial interest or conflict of interest to disclose.

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