Reader's Views Lacrimal Sac Diverticulum due to Rhinosporidiosis

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We have gone through the article by Dr. S. Varshney et al. in the October–December 2007, issue of Indian Journal of Otolaryngology and Head & Neck Surgery which is reported as a Lacrimal sac diverticulum. The case report itself indicates the lack of exposure of faculty (reporting this case) to clinical presentations of Rhinosporidiosis. At Raipur (Chhattisgarh) Medical College hospital, we have seen more than thousand cases of rhinosporidiosis. Amongst cases of rhinosporidiosis with mucosal involvement, lacrimal sac is second to nasal & nasopharyngeal disease. Lacrimal sac involvement may occur due to access of spores through lacrimal pathways or it could be ascending involvement via nasolacrimal duct, in which appearance like lacrimal sac diverticulum as reported in the case is most commonly seen feature. Presence of nasal disease in itself verifies this fact.

Management of rhinosporidiosis cases by lateral rhinotomy or any other surgical procedure causing exposure to more healthy tissue is almost contraindicated, as it is likely to open new frontier for dissemination of disease. Removal of lacrimal sac disease is also advisable (as far as possible) through endoscopic approach. Biopsy and CT Scan for confirmation of disease is almost unnecessary and undesirable.

The discussion part of article is focused only regarding the disease, which has been published many times in

number of journals and does not concentrate on the involvement of lacrimal sac, as is expected in a case report. At this center in Raipur, we have seen more than 300 numbers of ophthalmic cases and even bizarre presentations where the disease has involved structures like tongue, parotids, larynx, pharynx, tracheostomy stoma, bones, skin & subcutaneous tissue. It is obvious that the article was not sent to suitable reviewers for comments before accepting it for publication.

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