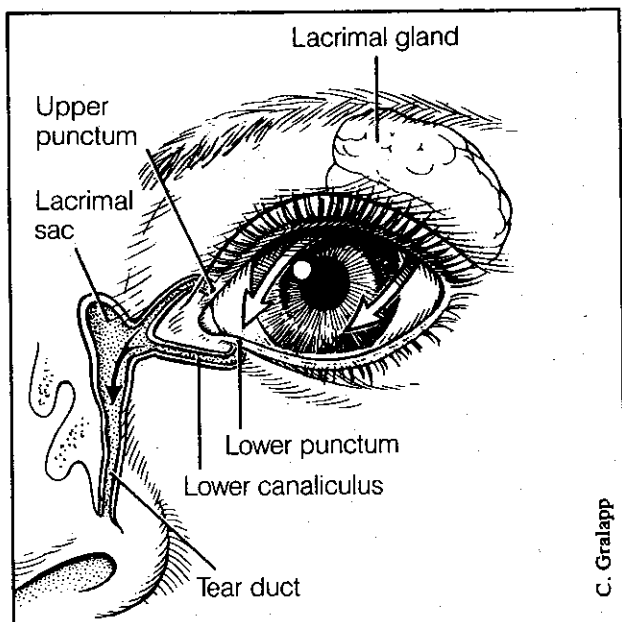


Overflow Tearing and Chronic Eye Infections in Infants

Abnormal or overflow tearing is a common condition in infants and babies. In fact, approximately one-third of all newborns have excessive tears and mucus. It is also common for babies' eyelashes to stick together after sleep, a situation that can cause the eye(s) to become chronically infected.

How do tears drain from the eye?

Tears are necessary to lubricate the eyes. They drain from each eye through two small openings called the *upper and lower punctum*, located along the upper



C. Gralapp

Tear Drainage System

and lower eyelids near the nose. They then flow through the *canaliculus* into the *lacrimal sac* located under the skin on each side of the nose.

From the sac, the tears are pumped by the blinking action of the lids into the *tear duct*. These ducts go through the side bones of the nose and empty the tears into the back of the nose. That's why your nose may run when you cry.

What causes overflow tearing?

Overflow tearing in children is usually caused by the presence of a persistent membrane that blocks the lower end of the tear duct near the nose. Normally this membrane stretches or pops open before birth. In many infants, however, it remains closed, clogging the tear drainage system. The blockage may open spontaneously in a few months as the infant grows.

Are there other causes of tearing?

Very rarely, tearing can be caused by congenital glaucoma, a serious condition. There are other signs and symptoms associated with congenital glaucoma, such as an enlarged eye, a clouded cornea, high pressure in the eye, light sensitivity, and irritability. Tearing can also be caused by wind, pollen, smoke, or other eye irritation.

How is overflow tearing treated?

Initially, your doctor may recommend antibiotic eye drops or ointment used once or twice daily, along with pressure (or massage) over the tear sac.

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To apply pressure, place a finger under the inner corner of the infant's eye next to the nose, and roll the finger over the bony ridge while pressing down and in against the bony side of the nose. This expresses mucus and tears from the sac. Following pressure on the sac, place an antibiotic in the eye. Most tear blockage in infants disappears by six months of age. If the tearing persists, it may be necessary for the ophthalmologist to open the tear ducts by passing a probe through the tear drain.

How is probing of the tear ducts performed?

In the first few months of life, probings may be done in the office, without anesthesia. A thin, blunt metal wire is gently passed through the tear drainage system to open the obstruction. Fluid is then irrigated through the system into the nose to ensure that the pathway is open.

Infants experience no pain after the probing but some blood-staining of the tears or nasal secretion is common and a discharge from the eye may be present for several days. Antibiotics may be prescribed. Obstruction can recur and additional procedures may be required.

If probing is not successful, a balloon catheter or a silicone tube can be placed in the drainage canals. These are longer procedures than probing and require general anesthesia. Occasionally, further surgery is needed to bypass the blocked tear duct and create a new opening through the bone into the nose.

What complications can occur with treatment?

As with any surgical procedure, there is the possibility of infection or bleeding. Scarring can re-obstruct the opening, requiring additional surgery. Chronic obstruction can lead to infections of the tear sac at any age.

Why are regular medical eye examinations important for everyone?

Eye disease can strike at any age. Many eye diseases do not cause symptoms until the disease has done damage. Since most blindness is preventable if diagnosed and treated early, regular medical examinations by an Eye M.D. are very important.

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