Letters to the Editor

Nasolacrimal duct recanalization with endodiathermy bipolar probe: Response from authors

Dear Sir,
We appreciate the interest shown in our work. Our response to the queries raised follows.

I. For probing, after entering the puncta, the probe is initially directed medially until a hard stop is encountered. The probe is then slightly withdrawn and rotated upward 90°, in the same plane, and then angled to point 15° posteriorly. Once the probe enters the nasolacrimal duct, its direction automatically becomes slightly lateral (as is the direction of this pathway). Anyone with some experience navigates the pathway with ease. However, we agree that false passages and trauma may occur.

II. We do not undermine the utility of endoscopy in children where pathways are narrow and child being under general anesthesia does not respond to pain. We have demonstrated this procedure only in adults above 18 years. Creation of the false passage in adults is usually painful and with the instrument that we are using the possibility of it being created is reduced though not eliminated. Once the probe is in the inferior meatus, it is visualized with the optic fiber directly. Probably in patients that could not be intubated and those that failed, false passage creation was one of the contributory factors.
III. Regarding the comment on success rate, please note that a probing as a treatment option in adults with blocked nasolacrimal ducts is not new and has been demonstrated to cause a significant symptomatic relief.\(^2\) We have intubated our patients after recanalization, which should logically enhance the success. Moreover, we have specified that our criteria for success were “either a satisfied patient or a patent pathway on syringing”.\(^3\) The process does have a learning curve, but its simplicity makes it worthwhile.

IV. The patient recruitment was carried out from January 2009 to December 2010, and the study was completed in December 2012.

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References

1. Tanenbaum M, McCord CD Jr. Lacrimal drainage system. Duane’s Ophthalmology on CD Rom. 2006th ed. Philadelphia, PA: Lipincott Williams and Wilkins; 2006.
2. Guinot-Saera A, Koay P. Efficacy of probing as treatment of epiphora in adults with blocked nasolacrimal ducts. Br J Ophthamol 1998;82:389-91.
3. 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.