

# Inflammation of the lacrimal gland and lacrimal sac

## Inflammation of the lacrimal gland (dacryoadenitis)

- mostly one-sided
- occurring mainly in children and young people
- acute or chronic

### Acute lacrimal gland inflammation

- often a complication of other diseases (mononucleosis, influenza, typhus, scarlatina)
- less often, the cause of inflammation is the onset of infection in conjunctivitis
- agents are:

1. **viruses** (EBV, HZV, Influenzaviruses)
2. **bacteria** (Streptococci)

### Clinical symptoms

- swelling of the outer third (up to a half) of the upper eyelid
- very painful
- the edge of the lid is sigmoidally curved
- tearing and conjunctival chemosis, sometimes enlarged preauricular nodes
- **differential diagnosis**: chalazion, hordeolum, tumor
- if a tumor is suspected, we **do not**, in any case, perform a **biopsy**, which could harm the patient by the occurrence of metastases or recurrence

### Therapy

- for viral dacryoadenitis, we administer analgesics and cold compresses
- in the case of bacterial origin, we treat the patient with antibiotics or incisions

### Chronic lacrimal gland inflammation

- bilateral
- often a part of systemic diseases (sarcoidosis)
- bulbus is oppressed nasally down → exophthalmos

## Lacrimal sac inflammation

### Acute dacryocystitis

- in young children or people over 40 years of age
- the reason is mainly an obstacle in the outflow of tears due to narrowing or closure of the tear duct due to:
  1. congenital obstruction *ductus nasolacrimalis*
  2. stone or outcrop in lacrimal duct
  3. after surgery in the oral cavity or jaw
  4. after trauma
- infection of accumulating secretion occurs most often by bacteria *Staphylococcus aureus*, *H. influenzae*, *Proteus vulgaris*, rarely *Candida albicans*.

### Clinical symptoms

- lacrimation (epiphora)
- the pain is likened to a renal colic, spreading to the middle of the head and teeth
- lacrimation and secretion in the inner corner
- the lacrimal sac is red and edematous, it may contain mucous secretions

Complications: transfer of infection to the orbit

### Therapy

- in the first phase of the disease, we administer ATB, we do not try to probe (there would be a risk of spreading the infection)
- later incision and drainage
- if it persists, we solve the problem surgically using a dacryocystorhinostomy

## **Chronic dacryocystitis**

- arises sneakily, alternating periods of calm and inflammatory activity
- manifested by tearing, the lacrimal sac may be swollen with mucus

## **Therapy**

- antibiotics can only alleviate symptoms, but do not lead to permanent elimination of the problem
- dacryocystorhinostomy

## **Links**

## **Source**

- ROZSÍVAL, Pavel. *Oční lékařství*. 1. edition. 2006. pp. 373. ISBN 80-7262-404-0.

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