

overflow tearing and chronic eye infections in infants

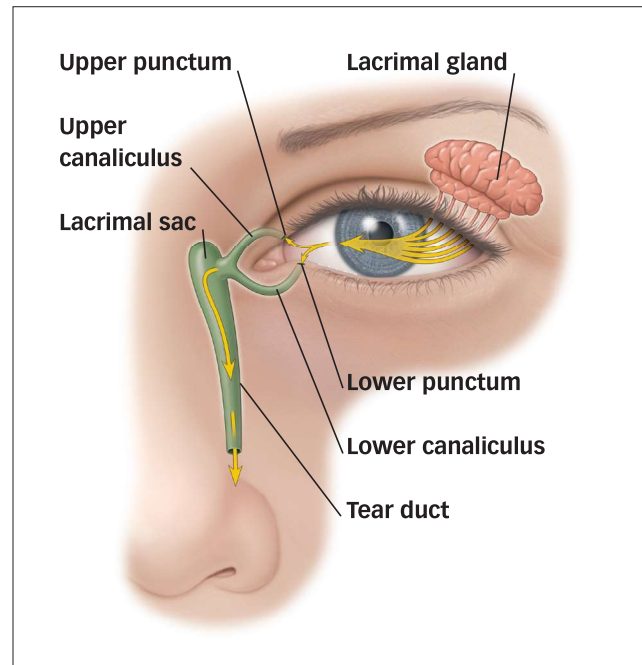
Abnormal or overflow eye tearing is a common condition in infants.

In fact, approximately one-third of all newborns have excessive tears and mucus. It occurs when a membrane (a skin-like tissue) in the nose fails to open before birth, blocking part of the tear drainage system. If tears do not drain properly, they can collect inside the tear drainage system and spill over the eyelid onto the cheek. The tear sac can also become infected, which may lead to the development of conjunctivitis, commonly known as “pink eye.” You should contact your primary care physician or ophthalmologist (Eye M.D.) if the discharge becomes thicker or changes color from white to yellow or green, or the white of the eye becomes red.

HOW DO TEARS DRAIN FROM THE EYE?

Tears are produced to keep your eyes moist. As new tears are produced, old tears drain from the eye through two small holes called the **upper** and **lower puncta**, located at the corner of your upper and lower eyelids near the nose. The tears then move through a passage called the **canaliculus** and into the **lacrimal sac**. From the sac, the tears drop down the tear duct (called **nasolacrimal duct**), which drains into the back of your nose and throat. That is why your nose runs when you cry.

In infants with tear duct obstruction, there is a membrane at the end (bottom) of the tear duct preventing tears from draining into the back of the nose and throat.



The eye's tear drainage system.

ARE THERE OTHER CAUSES OF TEARING?

A very rare condition called **congenital glaucoma** can also cause excessive tearing. With congenital glaucoma, other signs and symptoms will accompany tearing, such as an enlarged eye, a cloudy cornea, high eye pressure, light sensitivity and eye irritation.

Tearing can also be caused by wind, smoke, allergies or other environmental irritants. Rarely, the tear drainage system fails to develop normally. An eye examination by an ophthalmologist will identify the exact cause of the tearing.



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HOW IS OVERFLOW TEARING TREATED?

Your ophthalmologist may recommend:

- applying antibiotic eyedrops or ointment to the eye once or twice daily to fight infection;
- cleaning the eyelids with warm water;
- applying pressure (or massage) over the lacrimal sac.

The purpose of massage is to put pressure on the lacrimal sac to pop open the membrane at the bottom of the tear duct. This is most easily accomplished by placing your hands on each side of the baby's face with your index finger(s) between the inner corner of the eye and the side of the nose, pressing in and down over the lacrimal sac for a few seconds. This should be done several times a day, such as at each diaper change.

The blocked tear duct often spontaneously opens within six to 12 months after birth. If overflow tearing persists, it may be necessary for your ophthalmologist to open the obstruction surgically by passing a probe through the tear duct.

HOW IS PROBING OF THE TEAR DUCT PERFORMED?

A thin, metal probe is gently inserted through the tear drainage system to open the obstruction. The drainage system is then flushed with fluid to make sure the pathway is open. The procedure is performed in an outpatient setting under local or general anesthesia. It causes little or no pain, but tears may be stained briefly with blood or a nosebleed may occur. An antibiotic eyedrop may be prescribed.

ARE ANY RISKS INVOLVED WITH PROBING?

As with any surgical procedure, complications can occur, including:

- infection;
- bleeding;
- re-obstruction of the tear duct.

Re-obstruction of the tear duct may require another probing or additional surgery.

Be sure to discuss potential complications with your ophthalmologist before surgery.

COMPLIMENTS OF YOUR OPHTHALMOLOGIST:

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