

overflow tearing and chronic eye infections in infants

EYE FACTS

❖ 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, leading to the development of conjunctivitis (commonly known as “pink” eye).

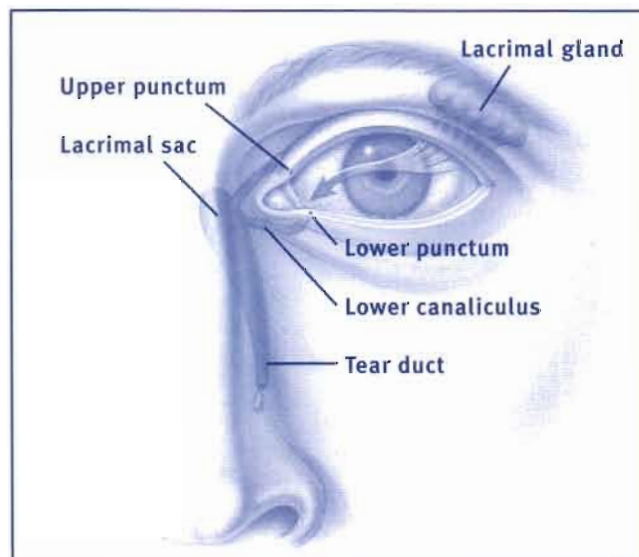
How do tears drain from the eye?

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 punctum**, 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 overflow tearing, the membrane blocking the tear duct prevents tears from draining into the back of the nose and throat.

Are there other causes of tearing?

A very rare condition called *congenital glaucoma* can also cause excessive tearing.



The eye's tear draining system

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.

How is overflow tearing treated?

Your ophthalmologist (Eye M.D.) 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.

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To apply pressure, place your finger under the inner corner of the infant's eye next to the nose, and roll your finger over the bony ridge while pressing down and in against the bony side of the nose. This movement helps squeeze tears and mucus out of the sac.

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 or ointment 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 probe or additional surgery.

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

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