

IMAGES IN CLINICAL MEDICINE

Chana A. Sacks, M.D., *Editor*

Acute Dacryocystitis



Jennifer Hoffmann, M.D.
Susan Lipsett, M.D.

Boston Children's Hospital
Boston, MA
jennifer.hoffmann@childrens.harvard.edu

A 4-WEEK-OLD BOY WAS BROUGHT TO THE EMERGENCY DEPARTMENT AFTER having drainage from both eyes for 2 days and redness and swelling under his left eye for 1 day. The perinatal history was uncomplicated, and he was breast-feeding well. Physical examination revealed a temperature of 38.2°C, purulent drainage from both eyes, and a 1-cm erythematous, fluctuant mass inferior to the medial canthus of the left eye. The white-cell count was 14,000 per cubic millimeter (reference range, 7500 to 15,500). He received a diagnosis of acute dacryocystitis — infection of the nasolacrimal sac — resulting from congenital nasolacrimal duct obstruction. In rare instances, acute dacryocystitis can progress to orbital cellulitis, abscess, and meningitis. The patient received intravenous antibiotic agents, and the fever and eye drainage resolved after the first day of treatment. Culture of a specimen of the drainage fluid grew methicillin-sensitive *Staphylococcus aureus*. Cultures of urine, blood, and cerebrospinal fluid were negative. He was discharged with a 5-day prescription for cephalexin and bacitracin ophthalmic ointment. The application of warm compresses and nasolacrimal duct massage were recommended. The erythema resolved within 1 week after discharge. Two weeks after discharge, a pediatric ophthalmologist performed nasolacrimal duct probing to prevent recurrent infection, and the residual swelling resolved.

DOI: 10.1056/NEJMicm1713250

Copyright © 2018 Massachusetts Medical Society.