Nasoendoscopic Surgery in Ophthalmology

Sir,

Nasal endoscopy is useful in many ophthalmic procedures including nasolacrimal duct (NLD) probing, intubation, endoscopic dacryocystorhinostomies (EDCR) and removal of space occupying lesions. The benefits include lack of skin incisions, magnified view, increased focal illumination, decreased morbidity, projection on closed circuit TV and option of recording facility. Ideally both ophthalmic and ENT specialists are required. This improves the success rate as eye specialist is better conversant with the lid, canaliculi and orbit, while ENT specialist is more experienced in intranasal manipulations.

A total of 19 procedures were done in CMH Kharian, from October 2007 to November 2008, with the help of nasal endoscope in 17 patients having eye problems. Age ranged from one year to 31 years (mean 12±10). Follow-up ranged from one month to 10 months (mean 3.5±2.3). In NLD probing (4 cases), tip of Bowman probe was visualized in the inferior meatus. NLD intubations (5) and EDCR (7) were done and the tip of DCR tube was retrieved under direct visualization with the help of nasal endoscope. One of the intubation cases had traumatic laceration of inferior canaliculus. In one patient bilateral NLD intubation and in another bilateral EDCR was done. All the cases had significant improvement in their epiphora except one EDCR who required repeat probing. Removal of orbital haemorrhage, pus and polyps causing proptosis was done, each in one case.

Endonasal nasolacrimal probing, intubation and EDCR have been found safe and effective.\(^1,2\) It has been found appropriate also for initial treatment of patients with common canalicular or even canalicular obstruction.\(^3,4\)

In the past, Crawford tubes having probes with the olive tips were located with the help of retrieval hooks in the inferior meatus but it was largely a blind procedure relying on feeling of metal touching a metal. Orbital haemorrhage, abscesses and space occupying lesions can be removed through nose, especially if located near the medial or inferior orbital walls. Orbital decompression in Grave’s disease is also possible by removal of medial and inferior wall of the orbit, with prolapse of orbital contents in ethmoidal and maxillary sinuses, respectively. Optic nerve decompression and repair of orbital floor fracture are also possible with the nasal endoscope.

REFERENCES


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**LETTERS TO THE EDITOR**

**Nasoendoscopic Surgery in Ophthalmology**

A discrepancy has occurred in the name of a co-author in an article titled “Pattern of Nosocomial Infection in Two Intensive Care Units of a Tertiary Care Hospital in Karachi” by Muhammad Furqan Rizvi *et al.* in March 2007 issue of JCPSP Vol. 17 (03): 136-139.

The name of third author has been incompletely published as Abdul R. Memon instead of Abdul Rauf Memon, which may be corrected and read as such.

**ERRATA**

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**Editor**