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Incision-less solution for punctal stenosis induced epiphora: Is it really effective? Clinical, histological and OCT evaluation

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Background: Punctal stenosis is a common cause for epiphora. The reasons for punctal stenosis vary from mechanical stenosis, iatrogenic stenosis (radiation, chemotherapy), involutional or eyelid position causing stenosis, etc. Understanding the mechanism cannot always solve the stenosis that has already evolved. Several surgical punctoplasty techniques are known. Some of them involve slanting of the punctal circular muscle using a blade.

Method: We would like to present our method in detail, using the Kelly punch in two directions after dilation by a punctal dilator. OCT was performed before and after punctoplasty, in a specific method to be described. All histologic specimens were retrieved from the Kelly punch - tested, also by Masson Trichome stains.

Result: Histologic evaluation revealed only 1 out of 22 specimens to involve muscle, therefore, not influencing the pumping mechanism which is extremely important for the normal tear flow. OCT sections of the punctum before and after punctoplasty will be presented to show anatomical enlargement of the puncta and ampullae which is statistically significant.

Conclusion: Kelly Punch Punctoplasty is a safe method for widening the punctum without sacrificing the tear pumping mechanism, with excellent results supported by histologic and imaging testing.

Biography

Ayelet Priel is an Ophthalmologist at the Chaim Sheba Medical Center at Tel Hashomer. She is a Fellow in Ophthalmic Plastic and Reconstructive Surgery in the Department of Ophthalmology at the University of California in San Diego, California. She is the recipient of a joint American Physicians Fellowship/Israel Medical Association Fellowship grant.

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