Congenital Dacrocystocele

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History
Newborn with respiratory distress and inability to pass nasogastric tube.

Diagnosis
Congenital Dacrocystocele

Discussion
Dacryocystoceles are caused by the obstruction of the proximal and distal ends of the nasolacrimal duct. Dacryocystoceles are usually noted at or shortly after birth, and manifest as blue-gray swelling of the skin overlying the lacrimal sac and/or superior displacement of the medial canthal tendon. Although dacryocystocele may be obvious clinically, imaging is needed to help differentiate dacryocystocele from other intranasal masses. CT is preferred. Nasolacrimal duct dilation and a homogenous, thin-walled, fluid-filled mass are commonly seen on CT. Dacryocystoceles can lead to nasal obstruction, dacryocystitis or periorbital and thus require prompt treatment. Conservative management includes lacrimal duct massage for a few months, and if unresolved, ductal probing may be performed. Although rare, ductal intubation may be needed in refractory cases.

Findings
CT-Axial and coronal images (bone and soft tissue algorithm) show medial canthus mass, expanded nasolacrimal canal and cystic mass below the middle meatus, bilaterally, with resultant obstruction of the nasal cavity.

Contributor
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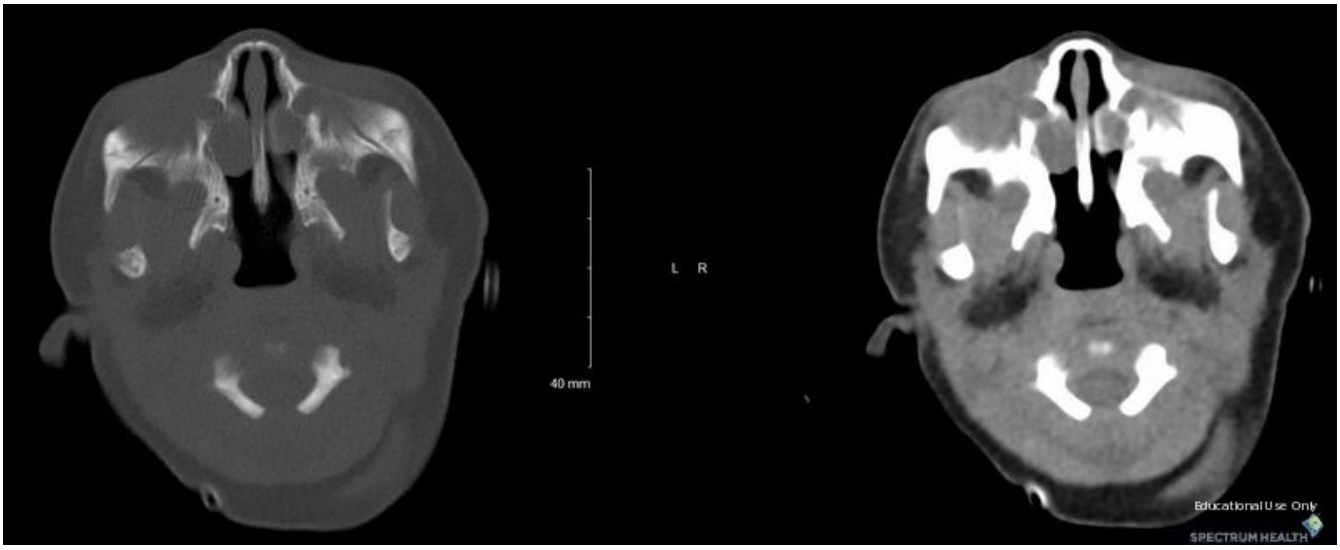
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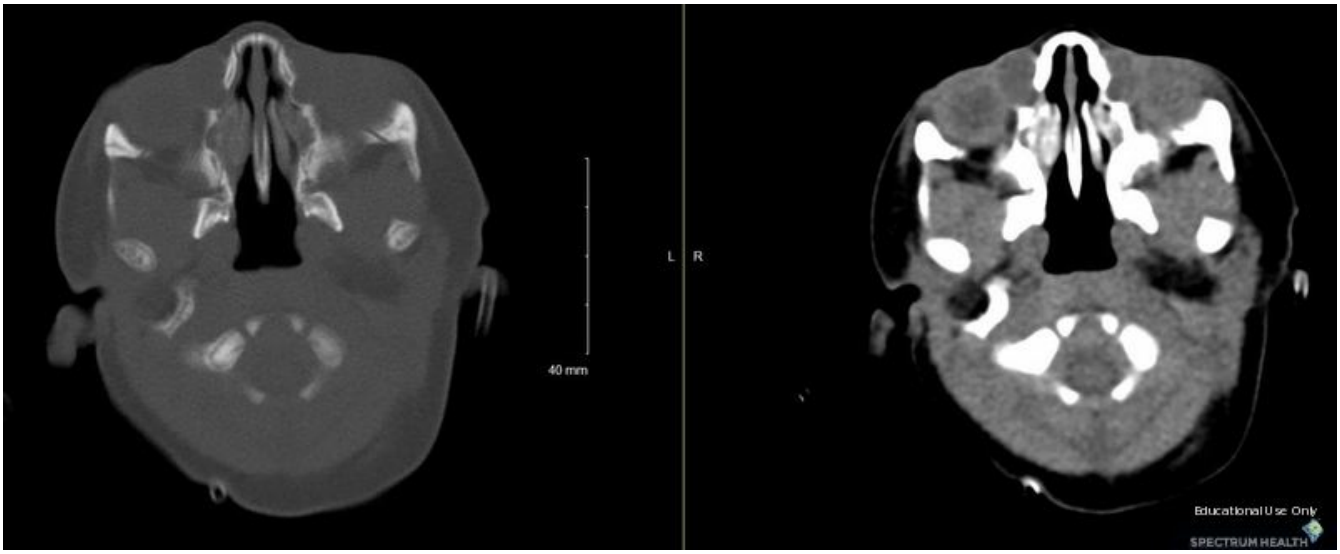
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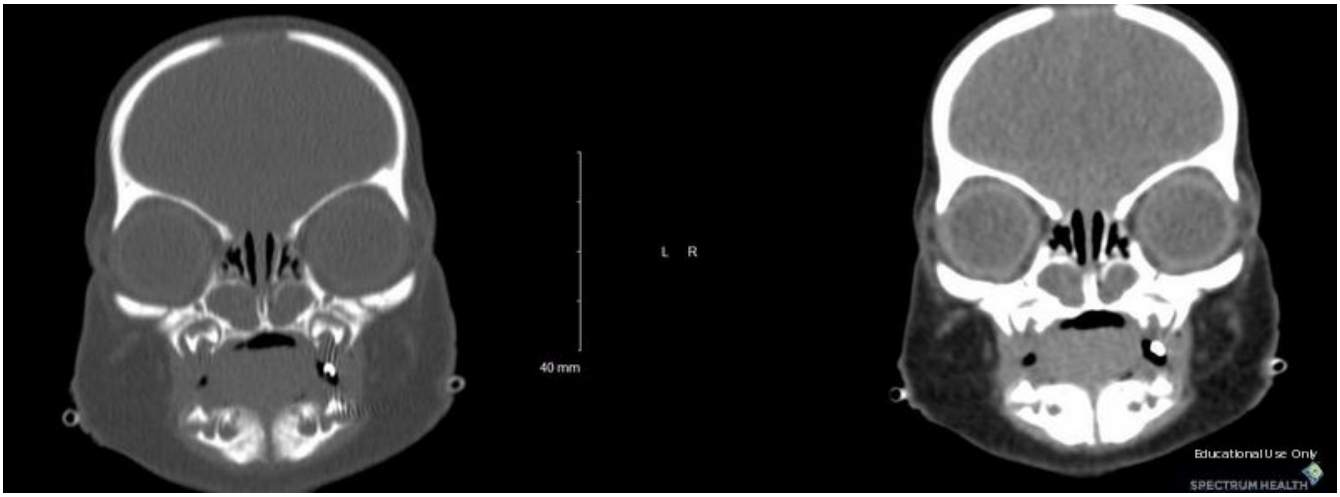
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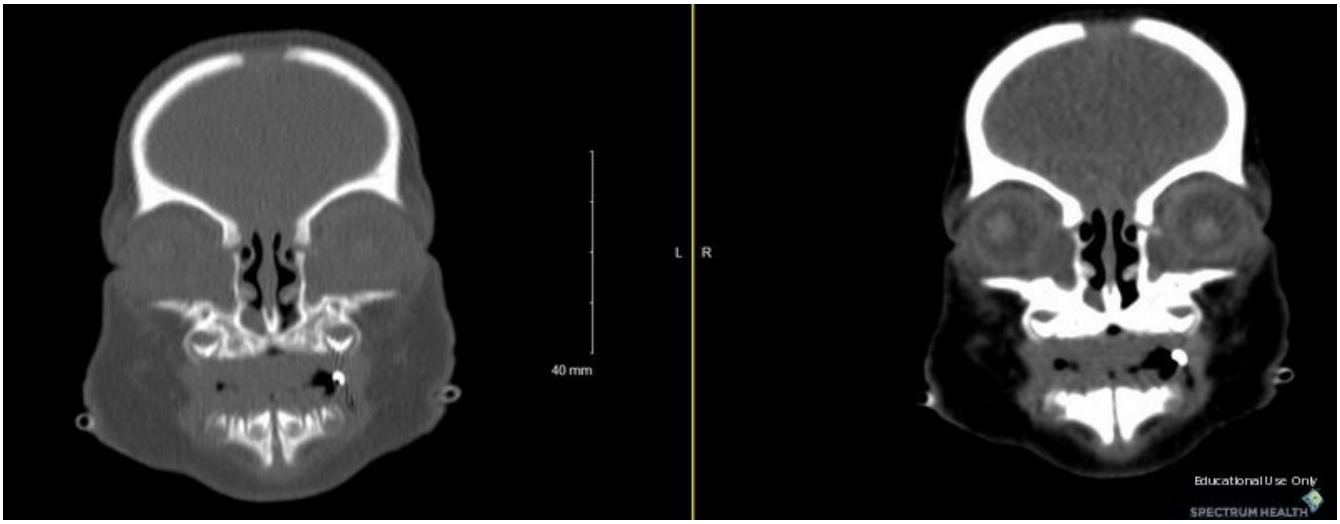
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