



Certificate

SYMPOSIUM

**THE 1ST INASOPRS SCIENTIFIC MEETING
A-Z LACRIMAL SYSTEM**

SEMARANG, OCTOBER 10TH-11TH 2015

THIS IS TO CERTIFY THAT

Hendriati, MD

HAS ATTENDED THE 1ST INASOPRS SCIENTIFIC MEETING AS

SPEAKER

Sri Inakawati, MD
Chairman of IOA Central Java

Ratna Doemilah, MD
President of INASOPRS

Triaksana Nugroho, MD
Chairman



Accredited by Indonesian Medical Association (IDI) : No. 187/JDI/Wil-Jateng/SKP/VIII/2015
Participant : 8 SKP, Speaker : 8 SKP, Moderator : 2 SKP, Committee : 1 SKP



Dacryocystitis with Lacrimal Abscess (case 1)

Hendriati

Reconstruction Oculoplasty Subdivision
Ophthalmology Department Andalas University
M.Djamil Hospital Padang
2015

CASE 1

Man, 27 years old, came to ophthalmology dept. on May 5th 2015, with chief complaint: swelling in the lower inner part of the left eye since 5 months ago

History

- Progressing swelling
- Pain (+)
- Tearing eye (+)
- 2 months ago the swelling discharged pus and blood, the patient then went to hospital and got antibiotics for several times.
- History of traffic accident 2 years ago, nasal bone fracture (+), no surgery

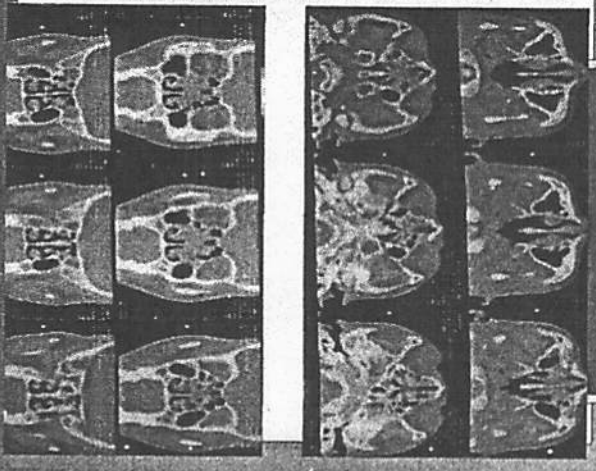


Ophthalmology Examination

	RE	LE
Visual Acuity	5/5	5/5
Eyelid	N	Mass (+) at the medial canthus, 10x10x8 mm, fixed, hard consistency, tenderness, firm boundaries. Anel tests: regurgitation (+) in superior punctum .
Conjunctiva	Hyperemia (-)	Hyperemia (-)
Cornea	Clear	Clear
AC	Deep	Deep
Iris	Brown	Brown
Pupil	Round, Rf (+/+), Ø 3 mm	Round Rf (+/+), Ø 3 mm
Lens	Clear	Clear
Funduscopy	Normal range	Normal range
IOP	Normal	Normal

- Working diagnosis: Nasolacrimal duct obstruction LE ec susp. Dacryocystitis LE
- Differential diagnosis: abscess of nasolacrimal duct LE
- Therapy:
 - Lincormycin 3x300 mg
 - Nonflamin 3x1 tab
- Patient was consulted to ENT department and diagnosed with Nasolacrimal Duct Obstruction ec susp. Dacryocystitis LE → Suggested for CT scan of the Paranasal Sinus.

Paranasal Sinus CT scan:
Soft-tissue swelling in the left nasoorbital, ethmoidal, maxillary and ethmoid sinuses. Right and left osteomeatal complex are closed. Bilateral hypertrophy of inferior nasal concha.



- Performed: Endo DCR + silicon tube intubation LE in general anesthesia.

Video

Day 1 after surgery

- Anamnesis:
epiphora (-)
- Eyelid:
edema / mass (-), pain (-)
- Anel test : (+)

Post op therapy :

- Ceftriaxone 2x 1gram IV
- Dexamethasone inj 3x8 mg
- Tramadol infusion 100 mg



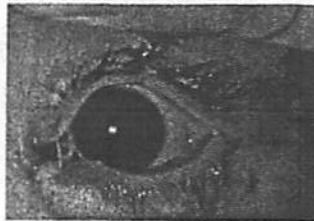
Laceration of Lacrimal Canal and Preseptal Cellulitis (case 2)

Case 2

- A boy, 6 years old, was brought to Ophthalmology dept. with swollen and laceration in the left eyelid since 2 days ago.

History

- Patient was hospitalized and diagnosed with preseptal cellulitis, laceration of the lower left eyelid margin involving the lacrimal canal.
- Patient was treated with IV antibiotic (Cefoperazone 3x750 mg).
- Reconstruction of the lacrimal canal and the lower eyelid margin is scheduled until no more signs of inflammation.



Ophthalmology Examination

	RE	LE
Visual Acuity	5/5	5/5
Eyelid	Edema (-)	edema (-), secrete (+), hyperemia (+), tenderness (+), inferior eyelid marginal rupture (+) \pm 5 mm from medial canthus, size \pm 5 mm full thickness, cycatric (+), anel test (-).
Conjunctiva	Hyperemia (-)	Hyperemia (-)
Cornea	Clear	Clear
AC	Deep	Deep
Iris	Brown	Brown
Pupil	Round, Rf (+/+), \varnothing 3 mm	Round Rf (+/+), \varnothing 3 mm
Lens	Clear	Clear
Funduscopy	Normal range	Normal range
IOP	Normal	Normal

8th day of hospitalization

- The eyelid showed no more signs of inflammation
- Edema (-), secrete (-), hyperemia (-), tenderness (-), ectropion (+)
- The patient is scheduled for lower eyelid reconstruction LE and canalization of the lacrimal canal LE.



● Working diagnosis:

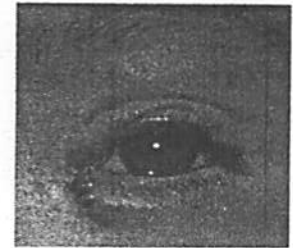
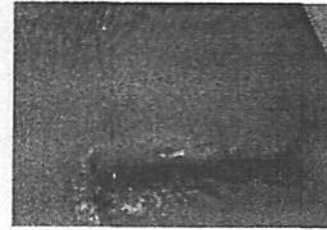
- Inferior eyelid marginal rupture LE involving inferior lacrimal canal LE
- Laceration of inferior lacrimal canal LE

Performed:

- Canalization of inferior lacrimal canal LE
- Inferior eyelid reconstruction LE

video

Day 1 after surgery



**Fistula of the Lacrimal Sac
(case 3)**

Case 3

- Boy, 3 years, was brought to ophthalmology dept. with chief complaint: a tiny hole in the inner corner of the left eye since 18 days old.

Ophthalmology Examination

	RE	LE
Visual Acuity	5/5	5/5
Eyelid	Edema (-)	Fistula (+), ±5 mm from medial canthus. Anel test can not be done due to child being uncooperative
Conjunctiva	Hyperemia (-)	Hyperemia (-)
Cornea	Clear	Clear
AC	Deep	Deep
Iris	Brown	Brown
Pupil	Round, Rf (+/+), Ø 3 mm	Round Rf (+/+), Ø 3 mm
lens	Clear	Clear
Funduscopy	Normal range	Normal range
IOP	Normal	Normal

History



- The patient previously had an abscess in lower left eyelid at 18 days old, with discharged pus and blood.
- Patient was then admitted to hospital and the abscess was drained.
- After recovery, a tiny hole emerged at the site of the abscess, this hole discharged fluid and sometime pus, but stopped with antibiotic.

- Working diagnosis: Susp. Fistula of the Lacrimal sac LE

- Plan:
Diagnostic test (anel test and probing) in general anesthesia