Endoscopic Features of Intrasaccal Lacrimal Granuloma

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Clinical Photographic Essay
Institutional review board approval of the LV Prasad Eye Institute was obtained. Intrasaccal lacrimal sac granulomas are uncommon and are usually seen secondary to chronic inflammation.1-3 A 55-year-old woman presented with left-sided epiphora associated with discharge of 5 years. Irrigation and probing were suggestive of a nasolacrimal duct obstruction, and the patient underwent a powered endoscopic dacryocystorhinostomy. Intraoperatively, after the lacrimal sac was exposed above the agger nasi (Figure 1A, black star), a full-length lacrimal sac marsupialization was performed. Following reflection of the anterior and posterior sac flaps (Figure 1A, A and P), a reddish intrasaccal lobular lesion (Figure 1A, black arrow) was noted to arise from the anterolateral wall. Closer examination showed the lesion to arise approximately 5 mm below and anterior to the internal common opening (Figure 1A). The lesion had a broad-based pedicle with diffuse intrinsic vascularity. The lacrimal sac mucosa in the vicinity showed diffuse submucosal fibrosis. A clinical impression of an intrasaccal granuloma was made, and the lesion was carefully excised (Figure 1B). Following excision, the anatomic origin of the lesion was examined and was found to arise from the mucosa of broad-based intrasac (Figure 1B, black arrow). Histopathologic examination confirmed the clinical impression of an inflammatory granuloma. Although uncommon, intrasaccal lacrimal sac granulomas may be found during an endoscopic dacryocystorhinostomy and mandate a careful evaluation to exclude other lesions, such as benign and malignant lacrimal sac tumors. The dacryocystorhinostomy granulomas could be managed according to the existing general guidelines.4

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Mohammad Javed Ali, concepts, surgery, manuscript writing; Edak Ezeanosike, Data collection and manuscript review.

Figure 1. Intrasaccal lacrimal granuloma: endoscopic view of the left lacrimal sac shows the intrasaccal lesion (arrow, panel A) below the internal common opening, and broad-based intrasac synechiae (arrow, panel B) were noted following its excision.
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References


