A case of different Jones Tubes types simultaneously in a patient to resolve longstanding nasolacrimal duct obstruction after multiple failed surgeries

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INTRODUCTION

In patients with epiphora from canalicular obstruction or with failed dacryocystorhinostomy (DCR), insertion of a transconjunctival lacrimal bypass tube may be effective. Traditionally, this is done with a Lester Jones Tube (LJT) but an important complication is extrusion. The StopLoss Jones Tube (SLJT) is a newer variety with an internal silicone flange that reduces extrusion.

AIMS

To present a case of bilateral, likely congenital, nasolacrimal duct obstruction (NLDO) with multiple previous surgeries, whose epiphora improved with a Lester Jones tube (LJT) in one eye and a StopLoss Jones tube (SLJT) simultaneously in the other eye.

CASE PRESENTATION

BACKGROUND:
A 50-year-old female had a 30-year history of bilateral NLDO with multiple repeat nasolacrimal surgeries, including rhinal surgery for previous trauma. 6 months prior to attending clinic, she had repeat bilateral endonasal DCR done abroad.

CLINIC ASSESSMENT: Bilateral O'Donaghue tubes were seen in place and removed as they were causing local irritation. She developed repeat epiphora at follow-up and lacrimal syringing showed complete obstruction of both superior and inferior canaliculi.

CASE INVESTIGATIONS

CT ORBIT/SINUSES showed chronic rhinosinusitis and fracture/loss of anteromedial orbital walls bilaterally secondary to surgery.

ENDOSCOPY showed scarred tissue and distorted anatomy.

CASE MANAGEMENT/OUTCOME

O'Donaghue tube placement: During endoscopic exploration, tubes were placed on the right but the system was too scarred for this on the left.

LJT insertion: epiphora returned 2 months later and LJTs were placed in bilaterally.

Replacement of right LJT with a SLJT: Post-operatively, the right LJT was misplaced and causing conjunctival irritation. The right LJT was replaced with a SLJT (which was the only tube available in the correct size).

Outcome: Postoperatively, the patient has remained asymptomatic for 7 months and reports no difference between the two eyes.

CONCLUSIONS

In a patient with multiple failed DCR surgery for NLDO, LJT can be an effective solution. In such cases, both eyes may behave differently and require different approaches and careful selection of JT types. In this single case report, we had the opportunity to observe different types of JT used on the same person. No significant difference has been observed between both sides either clinically or from the patient's perspective 7 months postoperatively. Based on previous studies, satisfaction with LJT insertion is high. The internal silicone flange on the SLJT reduces extrusion seen with LJT and is an important alternative.