

LONG-TERM OUTCOMES OF MT-DCR

FEIJÓ, E. D.

CAIXETA, J. A.

SOUZA, B. A.

PARREIRA, Y. A.

FERREIRA, A. R.

LIMONGI, R. M.

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Autor: FEIJÓ E.D.; Coautores: CAIXETA, J. A., SOUZA, B. A., PARREIRA, YA, FERREIRA, AR, LIMONGI, R.M.

Departamento de Oculoplástica da Universidade Federal de Goiás (CEROF/GO)
Hospital Oftalmológico de Anápolis (HOA)

INTRODUÇÃO

Dacryocystorhinostomy (DCR) stands as the traditional surgical technique for treating primary acquired nasolacrimal duct obstruction (PANDO)⁽¹⁾. The modified transcanalicular diode laser dacryocystorhinostomy (MT-DCR) aims to mitigate excessive thermal injury, fibrosis, and excessive scarring of the nasal mucosa, which might otherwise result in anatomical or functional complications⁽²⁾.

MATERIAL E MÉTODOS

This prospective and interventional study enrolled 141 patients (159 procedures) who underwent MT-DCR from January 2017 to June 2022. Patients were monitored for at least a year after the intervention. Anatomical success was determined by ostium patency upon irrigation, while functional success referred to epiphora resolution.

RESULTADOS

A total of 159 lacrimal drainage systems (112 women and 29 men) were included in this study. The average age of the cohort was 58 years (range: 34–91 years). One year after the surgery, MT-DCR exhibited anatomical and functional success rates of 84.9% (135/159) and 83% (132/159), respectively.

DISCUSSÃO

MT-DCR is minimally invasive and short operative time. The making of the nasal mucosa flap is performed before the application of the laser. This is the main difference to T-DCR. In MT-DCR, effective bleeding control, short operative time, and low laser power are key factors in achieving high success rates^(3,4).

FIGURAS, TABELAS E GRÁFICOS

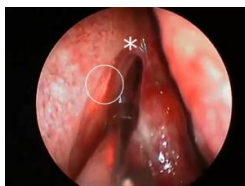


Figure 1. Laser probe reaching the medial wall of the lacrimal sac (asterisk: axilla of the middle turbinate; circle: the laser probe)

Table 1. Patient data and anatomical success of the procedure.

| | MT-DCR (159 procedures) |
|------------------|-------------------------|
| Gender (F/M) | 112/29 |
| Age (Years) | 58 |
| Side (R/L) | 89/70 |
| Duration | 24 min |
| Surgical success | 135 (84.9%) |
| Failure | 24 (15.1%) |

CONCLUSÃO

As illustrated in this study, the success rate of MT-DCR was 84.9%, which constitutes an excellent outcome when compared to the established gold standard procedures. However, further comprehensive studies are required, encompassing a larger sample size and a longer follow-up time.

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