

泪小管炎临床特征及常见误诊情况分析

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Canalicular inflammatory etiology and the common misdiagnosis study

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Abstract

• **AIM:** To analyze the 34 cases of patients with diagnosis of lacrimal duct disease, to explore the cause and clinical characteristics of lacrimal duct inflammation, and to study the common misdiagnosis to improve the diagnosis rate, to provide clinical experience for medical workers.

• **METHODS:** A total of 34 eyes of 34 patients were selected from 2011-06 to 2015-06 to our hospital for lacrimal duct incision. Clinical data of patients including age and gender distribution, eye and lesion location, duration, canaliculitis clinical symptoms and previous misdiagnosis were collected. The operation of lacrimal duct was carried out, and the secretion of lacrimal secretion was checked.

• **RESULTS:** Patients over the age of 40 accounted for 77% of the population, men accounted for 23.5%, women accounted for 76.5%. Left eye in 15 cases, right eye in 19 cases, and were monocular onset, 26 cases (76%) of patients with lower lacrimal duct inflammation. Clinical symptoms: increased secretion, canthal conjunctival congestion, swelling, lesion location around the lacrimal

puncta swelling and tenderness, slightly raised, epiphora, foreign body sensation. The culture results showed 34 cases of discharge inspection. A total of 20 cases were fungal growth, 6 cases of bacterial growth rate were 59%, 18%, and 8 cases were not detected, 10 cases of lacrimal duct stone were found by pathological examination. There were 3 cases of *Aspergillus*, 5 cases of *Candida*, 2 cases of actinomycetes, 4 cases found in Gram staining microscope. Misdiagnosis of canaliculitis for other eye diseases, including 12 cases of chronic dacryocystitis, 8 cases of chronic conjunctivitis, 6 cases of acute conjunctivitis, styne in 4 cases, the misdiagnosis rate reached 88%.

• **CONCLUSION:** In the middle and old aged people, the lacrimal duct is more than that of the male. The main pathogenic bacteria causing lacrimal duct infection may be fungi, which can be treated with anti-fungal drugs. For the removal of the lacrimal duct stone, we should distinguish the types of pathogenic bacteria for the treatment of the disease. In the case of misdiagnosis, the clinical manifestations of different clinical manifestations from the lacrimal duct infection and other diseases of the eye should be carefully examined and carefully treated.

• **KEYWORDS:** Lacrimal duct inflammation; etiology; clinical features; common misdiagnosis

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摘要

目的:通过分析本院34例确诊为泪小管炎的患者,探究泪小管炎致病因素及其临床特征,并研究常见误诊情况以提高确诊率,为医务工作者提供临床经验。

方法:选取2011-06/2015-06来我院进行泪小管切开术的患者临床病例共34例34眼,统计患者的临床资料,包括年龄与性别分布、眼别与病变位置、病程、泪小管炎的临床症状及既往误诊情况。实行泪小管切开术,对泪小管分泌物行微生物培养检查。

结果:所选患者40岁以上人群占77%,男性占23.5%,女性占76.5%。左眼15例,右眼19例,且均为单眼发病,下泪小管炎患者26例(76%)。患者临床症状:分泌物增多、内眦部结膜充血、泪小管四周红肿、病变位置轻微触痛感、泪小点红肿凸起、溢泪、异物感。分泌物送检培养结果显示,34例中共有20例真菌生长,6例细菌生长,检出率

分别为59%、18%,其余8例未检出。10例泪小管结石经病理检查共发现曲霉菌3例,念珠菌5例,放线菌2例,在Gram染色显微镜下有4例发现放线菌丝体。泪小管炎误诊为其他眼部疾病,其中慢性泪囊炎12例、慢性结膜炎8例、急性结膜炎6例、睑腺炎4例,误诊率达到了88%。

结论:泪小管炎多发于中老年人人群中,女性多于男性,且多见下泪小管病变。引发泪小管炎的主要致病菌可能是真菌,临床治疗可辅以抗真菌类药物。对于泪小管结石的清除工作,应区分致病菌的种类进行针对性治疗。对于误诊情况,要从泪小管炎与其他眼部疾病不同的临床表现入手,仔细检查,谨慎处理。

关键词:泪小管炎;致病因;临床特征;常见误诊情况

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0 引言

泪小管炎作为一种并不常见的慢性炎症性疾病^[1],多由念珠菌、曲霉菌、放线菌等细菌感染而成^[2],且因其主要病症流泪、红眼、分泌物增多等与慢性结膜炎、慢性泪囊炎等疾病相似,故而常常引起误诊的发生^[3]。临床上具有发病率低、误诊率高的特点。本文从本院确诊病例出发,探究该病致病因及其临床特征,研究常见误诊情况,以期减少误诊的发生率,现将结果报告如下。

1 对象和方法

1.1 对象 选取2011-06/2015-06间来我院进行泪小管切开术的患者临床病例共计34例34眼,男8例(23.5%),女26例(76.5%),男女比例为1:3.25。年龄22~78(平均 56.7 ± 15.2)岁,其中20~40岁8例,41~60岁8例,61~80岁18例。诊断标准^[4]:不自主流泪、眼点部位发红、分泌物增多;按压泪小管部位流出脓性物或豆渣状分泌物;用泪道冲洗液冲洗病变部位出现少量分泌物与液体回流。纳入标准^[5]:确诊为泪小管炎的患者,并同意进行泪小管切开术,自愿参与本调查。排除标准^[5]:有心、肺、肝脏等严重性疾病者;患有严重器官功能性衰竭者;未坚持整个手术过程或不配合治疗者;患有精神性或心理类疾病者患有其他泪器疾病者。

1.2 方法 首先,行眼部常规检查,以排除其他相关性眼部疾病^[5]。其次,应用泪道冲洗液冲洗患病部位,依据上述诊断标准以确诊。对术眼行局部麻醉之后,实行泪小点扩张,沿插入泪骨探针,以手术刀水平切开泪小管6~8mm,将泪小管结石与粘液分泌物清理,随后进行微生物检查。应用碘伏拭泪小管壁,生理盐水冲洗泪道,术后间隔1日冲洗1次,适当滴眼液配合治疗^[6]。无菌条件下使用棉签在其切口处按压,取适量分泌物,行真菌培养,进行相关细菌培养。因硫磺颗粒是放线菌特征标志,将其用Gram染色,以验证是否存在^[7-9]。

统计学分析:应用SPSS 20.0软件进行分析处理,计量资料以均数±标准差表示,计数资料以百分率表示,组间

对比应用Fisher确切检验, $P < 0.05$ 为差异有统计学意义。

2 结果

2.1 眼别与病变位置 统计所有研究对象,均为单眼发病,左眼15例(44%),右眼19例(56%),左右眼发病率基本持平;上眼病变8例(24%),下眼病变26例(76%)上下泪小管炎例数比为1:3.25。

2.2 病程分布情况及临床症状 所有患者病程在3wk~2a,其中 ≤ 6 mo者8例(24%),6mo~1a者11例(32%), ≥ 1 a者15例(44%)。研究对象多表现以下临床特征:分泌物增多34例(100%)、内眦部结膜充血20例(59%)、泪小管四周红肿(41%)、病变位置轻微触痛感(15%)、泪小点红肿凸起15(44%)、溢泪30(88%)、异物感(35%),泪小管结石10例(29%),其中男性、女性分别为3例、7例,Fisher确切检验显示泪小管结石发生率在不同性别对比差异无统计学意义($P > 0.05$)。

2.3 微生物培养结果 分泌物送检培养结果显示:34例中共有20例真菌生长,6例细菌生长,检出率分别为59%、18%,其余8例未检出。经菌种鉴定,发现真菌分类:曲霉菌6例(18%)、镰刀菌6例(18%)、念珠菌8例(24%);细菌分类:凝固酶阴性葡萄球菌3例(9%)、草绿色链球菌1例(3%)、放线菌2(6%)。10例泪小管结石经病理检查共发现曲霉菌3例,念珠菌5例,放线菌2例,在Gram染色显微镜下有4例发现放线菌丝体。

2.4 误诊情况 在34例患者中共有30例曾被误诊为其他眼部疾病,其中慢性泪囊炎12例、慢性结膜炎8例、急性结膜炎6例、睑腺炎4例,误诊率达88%。

3 讨论

作为一种在泪器疾病中发病率仅2%的慢性炎症性疾病^[8],泪小管炎在人生各个时段均可能发生。多数研究表明:泪小管炎多发于中老年人人群中^[9]。感染等因素致泪小管黏膜增生进而使其部分堵塞,进一步慢性泪囊炎或结膜囊内细菌蔓延感染可引发泪小管炎。引发泪小管炎最常见的致病菌是放线菌,该菌种是一种存在于人体口腔、肠道等部位的条件致病菌,在一般情况下非人体致病因素,但因中老年人身体抵抗力差,放线菌往往会造眼部感染,从而引发泪小管炎^[10]。尤多发于长期大量服用激素类药物或者抗生素的情况下,放线菌会直接感染致病或通过口腔间接感染,最新研究表明葡萄球菌及链球菌较放线菌来讲,临床感染速度更快^[11-12]。

一般研究认为泪小管炎多发于女性^[11],这与本研究契合。这可能与女性平时多使用化妆品、长期从事家务接触大量油烟等原因有关,这些条件使微生物得以滋生,从而感染眼部;随着年龄增加,女性雌性激素水平降低,泪液分泌处于较低水平,眼表保护功能减弱,易发感染;同时,这与女性的骨骼构造也有一定关系。女性狭窄的骨鼻泪管径增加了慢性泪囊炎发生的可能,容易连带感染泪小管炎^[12]。本研究结果上下泪小管炎例数比为1:3.25。下泪小管炎易发,主要考虑以下两点:下泪点更易滋生细菌;致病菌容易通过泪囊及鼻泪管连带感染下泪小管^[13]。经统

计,患者分泌物送检培养结果显示,34例中共有20例真菌生长,6例细菌生长,检出率分别为59%、18%,其余8例未检出。这表明引发泪小管炎的主要致病菌可能是真菌,临床治疗可辅以抗真菌类药物。10例泪小管结石经病理检查共发现曲霉菌3例,念珠菌5例,放线菌3例,在Gram染色显微镜下有4例发现放线菌丝体。对于泪小管结石的清除工作,应区分致病菌的种类进行针对性治疗^[14]。

综上所述,泪小管炎临床病症较为多样化,其可导致临床误诊的主要原因,同时该病低发病率及医师相关诊断意识不足,对泪小管炎认识不清。在治疗中需掌握其多种临床指征,完善相关检查措施,可有效降低误诊率,对确诊该病症有临床意义。

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