

Comment on: Effect of intubation in patients with functional epiphora after endoscopic dacryocystorhinostomy

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Dear Editor,

We read with interest the article by Han *et al*^[1] in which they retrospectively assessed the effect of bicanalicular intubation for functional epiphora after a failed endoscopic dacryocystorhinostomy (DCR). They confirmed the post-DCR “functional obstruction” based on fluorescein dye disappearance (FDDT) and irrigation test^[1]. They then performed bicanalicular intubation and observed >90% success rate within 2 years’ follow-up^[1]. We would like to make two comments regarding the diagnostic approach and the type of intubation in symptomatic patients after a failed DCR.

Irrigation test is associated with iatrogenic lacrimal system injury^[2] as well as discomfort and pain^[3] which, at times, makes patients uncooperative for performing the test.

A 5-minute FDDT has shown a sensitivity and specificity of 71.1% and 94.8% in patients with primary acquired nasolacrimal duct obstruction^[4]. Its sensitivity has increased to 100% (specificity=86.3%) for the anatomical success after a DCR procedure^[5]. It means that negative FDDT after a DCR procedure means no anatomical obstruction but positive FDDT requires additional investigations. Our group has also shown a 100% specificity of the air bubble test (ABT)^[3] for the anatomical

success after a DCR procedure, *i.e.*, a positive ABT means no anatomical obstruction but negative ABT requires additional investigations. Considering the previous publications^[2-5], we introduced a new approach for differentiating the functional from anatomical obstruction after the DCR procedure in which irrigation test is just performed in a minority of patients after negative regurgitation, positive FDDT, and negative ABT test^[5].

On the other hand, since monocalicular intubation is a less invasive procedure with the same success rate as bicanalicular intubation^[6], it could be a better option when a lacrimal drainage system intubation is indicated.

We again thank Han *et al*^[1] for their interesting study which was a trigger to highlight a less invasive diagnostic as well as and treatment approach for a failed DCR procedure.

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