A blocked tear duct (nasolacrimal duct obstruction, dacryostenosis) sometimes occurs in infants and young children. It results in chronic tearing (epiphora) and mucous discharge from the affected eye(s). The parents have to constantly wipe away the tears and clean the mucous from the eyelid. The discharge can be severe enough where it “glues” the eye shut, especially upon waking up in the morning or after a nap. Occasionally periocular dermatitis can develop from this chronic problem, especially on the lower eyelid and lateral corner (canthus) of the eye.

Tears are produced by the lacrimal gland, which is located superior-temporally to the eye. The tears then flow toward the medial canthus and into the lacrimal drainage system. The nasolacrimal duct obstruction is usually caused by a membrane in the interosseus portion of the tear duct system (within the maxillary bone) or more inferiorly at the valve of Hasner. This blocks the drainage of tears from the eyes resulting in the aforementioned symptoms.

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Sometimes a significant amount of yellowish or greenish mucopurulent discharge may develop. In such cases, ophthalmic antibiotic eye drops or ointment can be applied to clear the discharge. However the parents should be advised that the antibiotic will not open the blockage and that the symptoms (tearing and mucous) will usually return to its normal baseline once the medication is stopped.

The nasolacrimal duct obstruction will resolve spontaneously in the majority of the children. However if it is still present when the child is 5 or 6 months old, a tear duct probing may be performed in the office to open the blockage. Occasionally, in severe cases, the tear duct probing may be performed earlier than this. The procedure takes several minutes and uses topical anesthetics. There is some pain associated with the procedure, such as with an immunization injection; however most children stop crying shortly after the probing is completed. Often times the in-office probing can be performed on the same day as the initial consultation, saving the parents time and missed days off work. A follow-up examination is scheduled several weeks after the probing to evaluate for recurrence of the blockage. The vast majority of obstruction will remain clear after the probing. For those blockages which recur, a repeat in-office probing may be performed.

For children 12 months or older, or for those few where the obstruction recurs after 2 in-office probings, a tear duct stent procedure is performed to open the blockage. This is performed under several minutes of general anesthesia in an outpatient setting at a surgery center. The stent usually falls out spontaneously in a few months.

An exception to extended conservative management is the development of a dacryocystocele (mucocele, amniocele) in an infant. This appears as a firm, raised nodule medial to the lower eyelid that is present at birth or develops shortly after birth. It has a higher incidence of developing acute cellulitis or dacryocystitis. If a short course of topical antibiotics, warm compress and gentle massaging does not resolve the dacryocystocele, then early lacrimal duct probing may be indicated.

If you have any questions, please do not hesitate to contact our office at 817-329-5433.
Meet Our Doctors

Cynthia Beauchamp, MD, FAAP  Dr. Beauchamp, a board certified ophthalmologist, joined the practice in 2008 after completing a Fellowship in Pediatric Ophthalmology & Strabismus at the University of Texas Southwestern and Children’s Medical Center of Dallas and Residency in Ophthalmology at the University of Texas Southwestern. She received her MD from Northwestern University Medical Center in Chicago, where she was elected to the Alpha Omega Alpha Honor Society in her junior year. Dr. Beauchamp received both Bachelors and Masters Degrees in Organizational Behavior from Stanford University in Palo Alto, CA.

Dr. Beauchamp has authored several articles in referenced medical literature and a chapter in a major ophthalmology reference book. She has served as an associate examiner for the American Board of Ophthalmology.

George Beauchamp, MD, FAAP  Dr. Beauchamp obtained his medical degree at Northwestern University School of Medicine and completed his residency at Walter Reed Army Medical Center. Dr. Beauchamp was fellowship trained in corneal surgery and pediatric ophthalmology at the Washington Eye Center and Children’s National Medical Center in Washington, D.C. Dr. Beauchamp is Board Certified in Ophthalmology. He served as a Director of the American Association for Pediatric Ophthalmology and Strabismus and of the American Board of Ophthalmology from 1981 through 1988.

Currently he is Professor of Clinical Ophthalmology at the University of Texas Southwestern Medical Center at Dallas where he teaches ethics. He serves as Chairman of the Board and Chief Executive Officer of the Children’s Eye Foundation. He has published over 80 articles in peer review medical journals, including several book chapters.

Alan D. Davis, MD  Dr. Davis obtained his medical degree from Duke University School of Medicine in Durham, North Carolina and completed his residency at the University of California at San Francisco. Dr. Davis was fellowship trained in Pediatric Ophthalmology at Indiana University and Sydney University in Australia. He is Board Certified in Ophthalmology. Dr. Davis belongs to the American Association of Ophthalmology, Texas Pediatric Ophthalmology Society, American Association of Pediatric Ophthalmology and Strabismus, American Medical Association, Texas Medical Association and Dallas County Medical Society.

Dr. Davis holds Board positions for Dallas Services, Pearle Vision Foundation, Dallas Services for Visually Impaired Children and PediPlace.

John T. Tong, MD, FACS, FAAP  Dr. Tong is double specialized in both Ophthalmic Plastic Surgery and Pediatric Ophthalmology & Strabismus. He obtained his medical degree from Jefferson Medical College in Philadelphia through an accelerated program finishing college in 2 years. He was elected to Alpha Omega Alpha Honor Society during his junior year in medical school. Dr. Tong completed his residency at the University of California in Los Angeles. He finished his first fellowship in Pediatric Ophthalmology & Strabismus with Dr. Marshall Parks at the Children’s National Medical Center in Washington, D.C. Dr. Tong then completed his fellowship in Ophthalmic Plastic Surgery at the University of California in Los Angeles and in Beverly Hills where he received extensive experience in facial rejuvenation including Botox and facial fillers.

Dr. Tong is one of only a few physicians in the nation who is both a Fellow of the American Society of Ophthalmic Plastic and Reconstructive Surgery, and a Member of the American Association of Pediatric Ophthalmology and Strabismus.

In addition to seeing children for pediatric ophthalmology and strabismus, Dr. Tong sees both children and adults for ophthalmic plastic surgery. These include droopy eyelids / ptosis / dermatochalasis, droopy eyebrows, eyelid cancer, tearing / nasolacrimal duct problems, in-turning / entropion and out-turning / ectropion of the eyelids.

Robert P. Gross, MD, FAAP  Dr. Gross received his training in ophthalmology at Northwestern University in Chicago and Boston University in Boston. His fellowship training in pediatric ophthalmology was completed at the Children’s Hospital and Harvard Medical School in Boston. He began his teaching career on the faculty of Harvard Medical School and trained medical students, residents and fellows at The Children’s Hospital and the Massachusetts Eye and Ear Infirmary.

Dr. Gross is currently Clinical Associate Professor of Ophthalmology at the University of Texas Southwestern Medical School in Dallas and the Texas Tech Health Science Center in Lubbock and is board certified in ophthalmology.

Dr. Gross is past chair of the Section of Ophthalmology of the American Academy of Pediatrics and past President of the Children’s Eye Foundation. He has lectured and trained throughout Europe, Asia and South America and has authored or co-authored over 40 peer reviewed papers and textbook chapters. He received the Honor Award of the American Association for Pediatrics Ophthalmology and Strabismus in 2005.
**NEWS**

**Dr. Beauchamp Awarded**

George Beauchamp, MD was awarded the “John Aure Buesseler, PhB, MD, MS (Business Administration) Founding Dean Memorial Award for Distinguished Lecturer by Texas Tech University on June 28, 2013.

**Vision Walk 2013**

Pediatric Ophthalmology joined the fight against blindness by participating in Vision Walk Dallas 2013. Our team helped raise both critically needed funds for research and awareness about the 10 million Americans affected by blinding retinal diseases.

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**Pediatric Eye Disease Investigator Group**

The Pediatric Eye Disease Investigator Group (PEDIG) is a nationwide group effort of pediatric eye doctors, both in private practices as well as at academic medical centers, who carry out important clinical trials evaluating a range of treatment options for eye diseases such as amblyopia, esotropia, nasolacrimal duct obstruction and myopia.

The doctors of our practice, along with doctors at about 100 different sites throughout the United States and Canada, are members of the PEDIG network. The centralized functions of the network are carried out by the PEDIG Coordinating Center that is part of the Jaeb Center for Health Research in Tampa, Florida.

If you think one or more of your patients may be interested in having their child take part in a PEDIG study, please contact our office to find out what studies are currently enrolling patients and whether the child or children may be eligible for one. It is only through the generous participation of individuals, such as your patients, that we are able to evaluate the potential benefits of treatments for childhood eye diseases.

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**PRACTICE PHILOSOPHY** Through excellence in patient care and research, our goal is to be among those who provide the very finest care available in the country, in a warm and personable manner. Early detection is the best prevention against childhood eye diseases. Physicians and staff strive to meet these expectations through the practice of competent, conservative, and compassionate medicine.

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Pediatric Ophthalmology, P.A.
and the Center for Adult Strabismus

**DALLAS**
8222 Douglas Ave., Suite 400
Dallas, TX 75225

T: 214-369-6434
F: 214-696-6273

Cynthia Beauchamp, MD, FAAP
Robert P. Gross, MD, FAAP
John T. Tong, MD, FACS, FAAP

**GRAPEVINE**
1631 Lancaster Drive, Suite 200
Grapevine, TX 76051

T: 817-329-5433
F: 817-329-5532

Cynthia Beauchamp, MD, FAAP
George Beauchamp, MD, FAAP
John T. Tong, MD, FACS, FAAP

**PLANO**
6130 W. Parker Road, Suite 508
Plano, TX 75093

T: 972-981-8430
F: 972-981-3242

Alan D. Davis, M.D.

**www.abceyes.com**

We welcome your input. If you have questions or topics of interest you would like addressed in our next issue, please contact one of our physicians.

A clinical newsletter dedicated to North Texas physicians, Viewpoint is published for the information and use of colleagues and friends. It is intended as a general guide. Physicians with specific questions should consult one of our doctors.