

## OPHTHALMOLOGY

### Teary eyes in children

Many children suffer from this condition which is mostly caused by blockage of the tube that drains tears away from the eyes.



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**W**atery or teary eyes are relatively common in children. The most common cause is tear duct (the tube that drains tears away from the eyes) blockage. This condition occurs in up to 20% of children in the first year of life, as the tear duct is slow to develop or the lower end of the tract is not fully opened.

#### Tear duct blockage: symptoms & treatment

Children with blockage of the tear duct will usually present with tearing, matting of the lashes and some sticky discharge. These symptoms may be constant or intermittent, made worse when the child has a cold, or other flu symptoms. This condition is usually not serious and the problem usually goes away when the tear ducts are fully opened. However, should the child have any red eyes and excessive discharge or pain, the child should be seen immediately by an eye doctor experienced in tear ducts to exclude serious infections of the tear sac (where tears accumulate).

Treatment is usually lacrimal massage, and parents are taught the correct method to massage the area adjacent to the inner corner of the eye. This helps to increase the pressure within the tear sac, which pushes out any accumulated tears and debris and may help to accelerate the opening of the lower end of the tear duct. In a minority of cases, the condition persists beyond 12 months of age and requires flushing and probing of the tear system.

#### Teary eyes: other causes

Another common cause of tearing in children is epiblepharon, where an extra



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horizontal fold of muscle causes the lashes to turn inwards. This is usually more common in the lower lids. The constant rubbing of the lashes against the cornea causes irritation, tearing, redness and glare, and increases the risk of scarring and infection of the cornea. Mild cases can resolve with age as the facial structures elongate and mature, while severe cases need to be corrected with surgery. Surgery is usually performed to direct the lashes outwards, away from the cornea.

Viral or bacterial infections of the eye can also cause tearing. These are usually transient and resolve once the acute infection resolves. Viral conjunctivitis can be preceded by a cold or there may be a positive contact history with someone who has a similar infection. However, if a newborn has red and sticky eyes from birth, bacterial infections such as chlamydia have to be suspected. This is usually passed from the mother to the baby through the birth canal. Hence patients with severe conjunctivitis should be evaluated by an eye

specialist, who will advise on the appropriate treatment.

A rare but serious cause of tearing in infants that needs to be excluded is congenital glaucoma. It is commonly diagnosed between the ages of three and six months and typically presents with – apart from tearing – over-sensitivity to light, involuntary closure of the eyes, redness, cloudiness or enlargement of the eyes. A thorough examination of the eye pressure and other parts of the eye is needed to diagnose the condition and its severity. Delayed diagnosis or treatment of this condition would result in potentially irreversible blindness.

Generally, once the more serious causes have been excluded, tearing in children is a relatively harmless condition that can be managed conservatively. Unless there is a definite bacterial infection, usually just keeping the lids clean and wiping away any discharge without antibiotic eyedrops is sufficient. 