

# ACUTE SUPPURATIVE DACRYOADENITIS

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## SUMMARY

*Acute dacryoadenitis is a rare condition. This case illustrates the acute onset, typical pain and tenderness in the upper outer eye of an enlarged lacrimal gland with purulent discharge. Good response to antibiotics is usual.*

## INTRODUCTION

Infection of the lacrimal gland is a fairly rare entity. The following case illustrates the typical features of an acute suppurative bacterial dacryoadenitis.

## CLINICAL HISTORY

A 14-year-old male presented a three-day history of progressive irritation, pain and swelling in the right upper outer eyelid region. During the preceding 24 hours, he had spikes of fever. There was no history of trauma or foreign body in the eye.

On examination, vision in the right eye was 6/9. There was periorbital edema and tenderness most marked in the lateral upper lid. On lid retraction (Fig. 1) there was localised chemosis, and an enlarged vascular lacrimal swelling with yellow purulent material in the upper temporal fornix. Extreme lateral gaze was slightly limited but there was no fluctuant area in the lid. Systemically he had a fever of 38°C.

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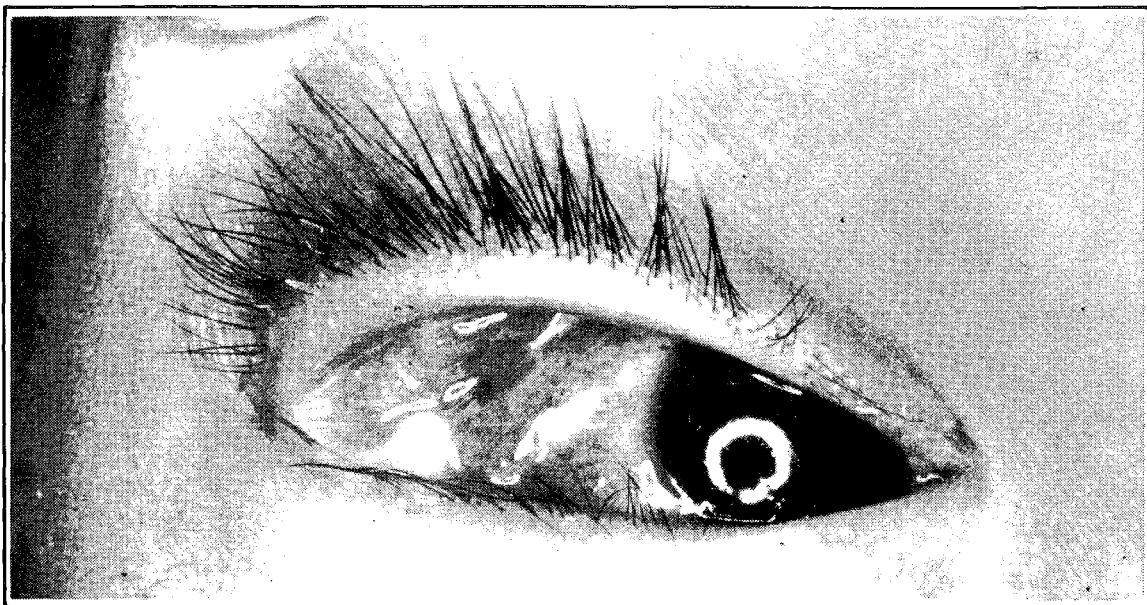
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Gram stain of the discharge showed Gram-positive cocci and culture grew *Staphylococcus aureus*. The patient was treated with oral ampicillin and cloxacillin 250mg qid, topical hourly gentamycin eyedrops and the discharge regularly removed. He showed marked improvement with complete resolution within one week.

## DISCUSSION

The earliest description of dacryoadenitis is that of Todd<sup>1</sup> in 1822 with sporadic reports thereafter. The disease is a rarity with few large studies.<sup>2,3</sup> Various aetiological agents are responsible. Perhaps the commonest are viral infections such as the dacryoadenitis associated with mumps, measles or influenza, and even herpes zoster ophthalmicus. These are usually unilateral without a purulent discharge and are self-limiting. Bacterial infections include those due to *Neisseria gonorrhoea*, *Streptococcus* and *Staphylococcus* which present with an acute swelling, and those caused by tuberculosis and syphilis with chronic enlargement. Rarely parasitic infections with *Onchocerca* have been reported.

Clinically either or both the palpebral and orbital portion of the gland can be involved. The palpebral form is commoner, as in our patient, presenting with pain, mechanical ptosis and marked tenderness. In suppurative cases a temporary conjunctiva fistula forms with purulent discharge in the conjunctival fornix. If untreated either abscess formation or slow resolution with subacute dacryoadenitis ensues. Orbital dacryoadenitis, in addition to the above features, gives rise to proptosis and greater limitation in extraocular movement — untreated, the skin may break down resulting in a fistula. Complication of dacryoadenitis are rare — reports of fistula, cyst formation and lacrimal atrophy are infrequent. Treatment is with appropriate antibiotics and



**Fig. 1 Right enlarged lacrimal gland with purulent discharge**

in those with abscess formation, an incision and drainage either through the skin or conjunctiva will be necessary.

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#### **REFERENCES**

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- <sup>2</sup> Nicolau, Ann. Occulist (Paris), 128, 448, 1902.
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