

## Canalicular Lacerations

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**Category(ies):** Oculoplastics

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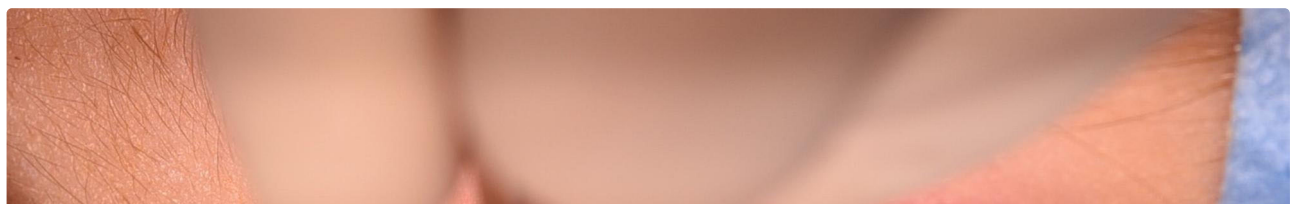
Canalicular lacerations are commonly caused by trauma to the medial aspect of the upper or lower eyelids, which contain the superior and inferior lacrimal canaliculi. The lacrimal canaliculi are prone to damage from lacerations due to their lack of support from the tarsal plates of the eyelids. The accumulation of scar tissue due to unrepaired canaliculi or inflammation may cause the canalicular system to become obstructed, which may cause epiphora, or excessive watering of the eye. Treatment for canalicular lacerations is surgical repair via anastomosis and stenting of the lacerated canaliculus with a [monocanalicular or bicanalicular stent \[1\]](#).

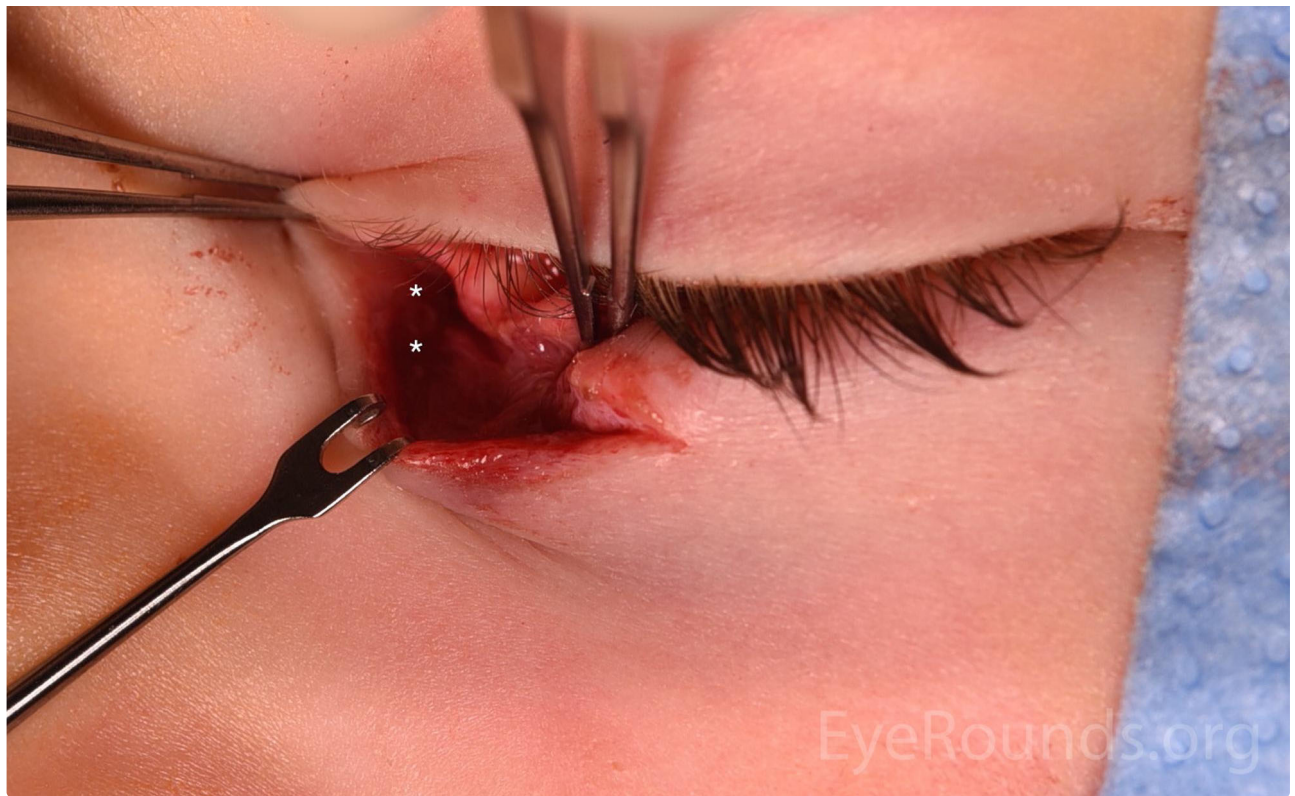


A probe is inserted into the punctum to reveal the lacerated end of the distal canaliculus.

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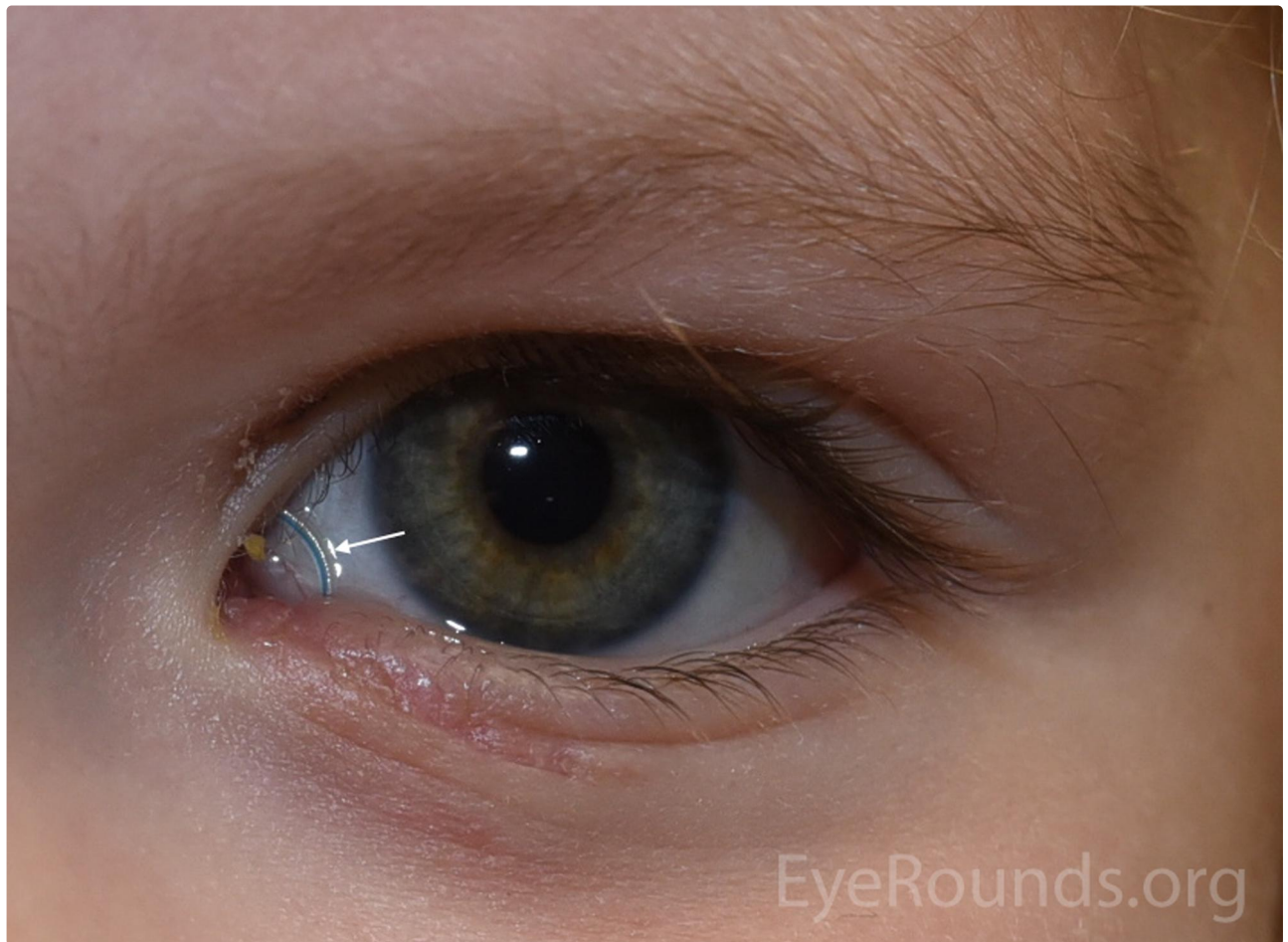
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The proximal lacerated end of the canaliculus (asterisk) is present deep within the medial canthus.

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Photograph demonstrating a visible bicanalicular silicone stent (arrow) after repair and stenting of canalicular laceration.

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Previous Entry: February 8, 2008

Contributor: [Andrew Doan, MD, PhD](#)



Lower lid laceration medial to the lower lid canalicular system.

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The block contains two anatomical diagrams. The left diagram shows a cross-section of the nasal cavity with labels for the Superior Canalliculus, Common Canalliculus, Lacrimal Sac, Nasolacrimal Duct, Inferior Turbinate, Nasal Cavity, and Inferior Meatus. The right diagram shows a cross-section of the eye and lacrimal drainage system with labels for the Lacrimal Gland, Secretory Ducts, Inferior Canaliculus, Superior Punctum, and Inferior Punctum.

[Related Tutorial: Nasolacrimal Stents: An Introductory Guide](#)

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