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Figure 1. Left acute dacryocystitis, characterized by mucopurulent conjunctival secretions and a tender reddish swelling under the left medial canthus, causing inability to open the eye.

Figure 2. Left acute dacryocystitis. A localized reddish swelling under the left medial canthus and purulent secretions from the lower lacrimal punctum are shown.

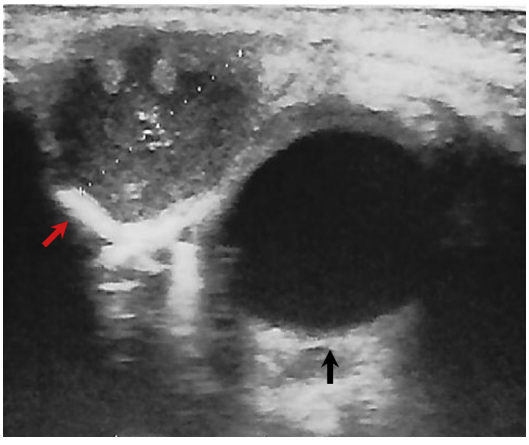

Figure 3. Ultrasonographic image showing a 1.4-cm-diameter subcutaneous abscess in the left medial canthus (red arrow). The cystic lesion contained hyperechoic debris with a corpuscular background and a well-defined margin, deforming the adjacent eyeball (black arrow).

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A 21-day-old infant was referred to the emergency department because of purulent discharge and sublacrimal swelling of both eyes during the past week. During the previous 3 days, the patient had received oral amoxicillin-clavulanic acid, without clinical improvement. The patient was afebrile and well appearing. Physical examination revealed bilateral mucopurulent ocular secretions and a tender red swelling under the left medial canthus (Figures 1 and 2). Pupillary reflexes and ocular movements were normal.

For the diagnosis and teaching points, see page 456.
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hypothetical whole thing. *Look at his kids and tell them losing their dad would create a mountain of paperwork for you, that it would inconvenience you.*

I try to keep my voice even, polite. "Is there anyone else I can speak to? A social worker or a patient care advocate? Anyone?"

"No, ma'am!" she says with sparkling confidence. "You have a good night, now!" She hangs up. She has done her job.

I feel a sick sense of relief when I look on the track board to see the nurse has left me a note that the patient has left AMA. I am ashamed at the relief I feel to have been spared the experience of looking that man in the eye and explaining that the system had, once again, failed him. I am ashamed to have become another cog in a broken system, one that has reduced the Hippocratic oath and the complexity of dealing with human beings to, *like, a whole thing*. But the once-empty rooms have filled with patients while I was on the phone, and there are others, always others, that I must care for now. I close the patient's chart and say a silent prayer for him as I walk into the next room.

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DIAGNOSIS:

Uncomplicated acute dacryocystitis. Dacryocystitis is an acute infection of the nasolacrimal sac, usually occurring in the neonatal period as a complication of a congenital nasolacrimal duct obstruction.[1,2]

Dacryocystitis is characterized by erythema and the presence of a tender lesion proximal to the medial canthus of the eye, mucopurulent secretions from the lacrimal puncta, and concomitant conjunctivitis.[1,3,4] The infection can spread quickly, giving rise to orbital and facial cellulitis or meningitis, requiring prompt systemic antibiotic treatment.[1,2] Normal extrinsic ocular movements and pupillary reflexes are helpful in ruling out orbital cellulitis, and ultrasonography can be useful to exclude expansive lesions (hemangiomas, nasal glioma, encephalocele, and dermoid cysts) or intraorbital complications such as orbital cellulitis.[4,5]

In our patient, ultrasonography revealed an abscess of the lacrimal sac (Figure 3). He was treated with intravenous ceftriaxone for 5 days, with rapid improvement and complete healing in 1 week. Seven days of oral antibiotics were provided at hospital discharge. Ocular culture swab was positive for methicillin-sensitive *Staphylococcus aureus*. Blood culture results were negative. Follow-up evaluation of nasolacrimal duct patency was arranged.

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