

**Conclusions.** Contemporary progress of audiology, otology, ear surgery, and modern technologies enable providing effective help to practically any patient with a hearing problem.

## CALCULAR CANALITIES – DIFFICULTIES OF DIAGNOSTICS

**Solodovnikova N., Karpovich N.**

Grodno State Medical University, Grodno, Belarus

**Introduction.** Canaliculitis is an inflammatory disease of the lacrimal tubules, which accounts for about 2.4% of cases among ophthalmic pathology. Patients are sent to the hospital with complications after prolonged inadequate treatment and late diagnosis.

**Purpose of the study.** To focus the attention of practical ophthalmologists on the problem of canaliculitis.

**Material and methods.** 6 patients with diagnoses of chronic dacryocystitis, neoplasm of the lacrimal opening, neoplasm of the upper eyelid were sent to the eye microsurgery department of the Grodno University Clinic. No patient was diagnosed with canaliculitis at the outpatient stage. The terms of outpatient treatment at the place of residence ranged from 4 months to 1 year. The average age is 59.5 years. Men – 2, women – 4.

**Results and discussion.** Clinical manifestations were accompanied by constant lacrimation, purulent discharge, hyperemia, edema in the area of the lacrimal tubules, lacrimal opening and conjunctiva on one side. The protracted course of the inflammatory process, not amenable to treatment, led to edema and deformation of the position of the eyelid and lacrimal opening. In a hospital patients underwent standard ophthalmic examination and diagnostic lavage lacrimal system.

There was no obstruction of the nasolacrimal canal. All patients were diagnosed with canaliculitis and underwent surgical treatment. During canaliculotomy, dacryolites of dense consistency of various sizes were removed from the tubule, which were localized in the tubule and in the lacrimal opening with purulent and mucopurulent contents. The number of calculi varied (from 1 to 8). The size ranged from 1-2 mm to 6 mm. The tubules and the lacrimal opening were distended. Patients have achieved complete recovery after surgical treatment. Actinomycetes were isolated among the pathogens in 82% of cases.

**Conclusions.** Canaliculitis is a rare disease and requires correct diagnosis by an ophthalmologist in the early stages of the disease. In the presence of calculi in the lacrimal tubules and chronic inflammation, the only effective treatment is surgery.