

References

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Sir,

Spontaneous displacement of polyurethane nasolacrimal duct stent into the throat 4 years after insertion

Hollow stent insertion in the nasolacrimal duct (NLD) has been used as an alternative to dacryocystorhinostomy (DCR) for treatment of epiphora. Song and associates¹ first reported using a polyurethane stent in 1995. This is normally inserted in a retrograde fashion by radiologists. There are reports of a high success rate of insertion and patency of the stents.² To date there has been no report of these stents being displaced spontaneously. Here we report a case of polyurethane stent migration nearly 4 years after its original insertion.

Case report

A 66-year-old man presented to us nearly 4 years following the successful and uncomplicated insertion of a left polyurethane NLD stent. He had brought with him the stent wrapped in a tissue (Fig. 1)! He gave a history of foreign body sensation in his throat while asleep, followed by difficulty in breathing. He subsequently managed to remove the stent from his throat by coughing. He was well after this episode and had recovered fully.

Polyurethane stents are 35 mm long and quite flexible (Fig. 1). The tip is mushroom-shaped and measures 5 mm in diameter and 5 mm long. This part lies in the lacrimal sac. The hollow body of the stent has an external diameter of 2 mm and an inner diameter of 1.5 mm. The



Fig. 1. The polyurethane nasolacrimal duct stent.

main indication for insertion of these stents is NLD obstruction, especially at the junction between the lacrimal sac and NLD or at the NLD. This procedure is also used as primary management of NLD obstruction before DCR. NLD stents are considered a safe and non-invasive alternative to DCR with a relatively good success rate of patency. In a recent study² a high 93% success rate of insertion and 88% success rate of patency was reported in a mean follow-up period of 7 months. Blockage of the stent has been reported as the most frequent cause for failure.^{3,4} Song's group reviewed 571 cases of stent insertion, of which 142 were removed because of obstruction.³

Although polyurethane stent insertion is a fast, safe and reversible procedure, these stents are also prone to migration into the throat. This complication has not previously been reported and could potentially be a very serious hazard with regard to upper respiratory tract obstruction of patients who are predominantly elderly. It is therefore important to be aware of such an unusual complication and patients should be warned about it.

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