INTRODUCTION

Dacryocystitis is a very common and unpleasant disease presenting a constant source of trouble to both patient as well as doctor. Because, it leads to conspicuous and troublesome symptoms and it has a very little tendency to resolve itself. Its adequate treatment also presents problem and disease usually leads to disfigurement of the face to a varying degree, causing a great concern in our curriculum.

This disease covers a wide range of age groups from newborn to the old, though it is predominant in middle age and usually females. The epiphora, which is a universal symptom of the disease, is very annoying particularly to the females with casmatic embarrassment.

The disease dacryocystitis has been known from the earliest time owing to its greater manifestations involving abscesses and fistula on the face but was interpreted variously as a defluxion from the brains or a rottling of the naso-orbital bone. The term dacryocystitis includes all the swelling of the inner canthus upto that time.
Dacryocystitis is the inflammation of lacrimal sac and duct. There is stagnation of the sac contents due to obstruction of the nasolacrimal duct. It forms a ready site for congestion where slight infection once established, will settle. The stasis is invariably followed by infection and when this infection is settled it leads to more obstruction of nasolacrimal duct and more stasis. Thus vicious circle is set up. The infection reaches from conjunctiva or from nasal mucosa. The wall of the sac becomes chronically inflamed and almost atonic. The contents of the sac are at first watery, later on mucoid, due to excessive secretion of mucous by the goblet cells and afterwards mucopurulent, due to exudation of pus cells.

Chronic dacryocystitis is commonly attributed to the effect of obstruction of the nasolacrimal duct arising from chronic inflammation usually of conjunctival or nasal origin. The obstruction of the lower end of nasal duct may also be caused by the pressure of extreme deviation of the nasal septum, hypertrophy of inferior turbinate bone or chronic rhinosinusitis and so on.
Apart from discomfort and social inconvenience its perpetuation tends to inaugurate a vicious circle in that a chronic irritable lacrimal conjunctivitis is produced and some times an eczematous condition of skin and lids both of which aggravate the initial condition and make its relief more difficult.

So the condition never undergo resolution, and at any time an acute inflammation may arise leading to the formation of lacrimal abscess and untreated cases are converted into external lacrimal fistula.

It may occur in newborn also. In these cases it is generally due to imperfect canalization of the epithelial cord in which the nasolacrimal duct is formed. Such cases may be rarely due to tuberculosis, leprosy or syphilis, usually originating from the surrounding bones.

The aetiology of any disease resolves into two factors, the direct and the indirect. In other words there are some predisposing causes and some direct causes which lead to a disease. The former includes the age, sex, race, geographical and socio-economic
condition, the anatomical and physiological considerations whereas the later mainly comprises of infections by various organism and its origin, trauma, neoplasm and congenital anomalies.

In addition to above we see the effect of disease in untreated cases also. Non-treated cases of dacryocystitis may affect the cornea. Minute abrasions of cornea are liable at any moment to become infected and may give rise hypopyon corneal ulcer. There is always the risk of panophthalmitis if any intraocular surgery is undertaken of this time, by mistake.

The present study is undertaken to evaluate the role of bacterial flora of conjunctiva and nasal pathology in chronic dacryocystitis.