



Figura 5 - Caso 5. (A) MRI pesata in T1 che mostra una massa che coinvolge il sacco lacrimale e si estende fino all'orbita. (B) Aspetto del paziente al follow-up a 1 mese. (C-D) La cavità orbitaria è stata riempita con un lembo pedunculato del retto dell'addome attraverso l'anastomosi con la vena giugulare interna e l'arteria facciale.

segno una stenosi del dotto nasolacrimale sono rare, ma devono essere identificate. Le procedure di DCR ab externo ed endonasali sono ugualmente valide nel creare una via alternativa per il drenaggio delle lacrime e quindi la risoluzione

dell'epifora (17).

Tuttavia, indipendentemente dalla scelta personale tra queste due procedure, lo studio preoperatorio del paziente deve essere rigoroso e multidisciplinare (18).

REFERENCES

1. Barry K, Jackson J, Williams K. The tearing patient. *Elsevier Disease-a-Month*. March 2017;63(3):68-71.
2. Nemet Arie Y. The etiology of epiphora: a multifactorial issue. *Semin Ophthalmol*. 2016;31(3):275-279. <https://doi.org/10.3109/08820538.2014.962163>.
3. Paulsen F. New insights into the pathophysiology of primary acquired dacryostenosis. *Ophthalmology*. 2001;108(12):2329-2336. [https://doi.org/10.1016/S0161-6420\(01\)00946-0](https://doi.org/10.1016/S0161-6420(01)00946-0).
4. Yazici H, Bulbul E, Yazici A, et al. Primary acquired nasolacrimal duct obstruction: is it really related to paranasal abnormalities? *Surg Radiol Anat*. 2015;37:579-584. <https://doi.org/10.1007/s00276-014-1391-6>.
5. Linberg JV, McCormick SA. Primary acquired nasolacrimal duct obstruction. A clinicopathologic report and biopsy technique. *Ophthalmology*. 1986;93:1055-1063.
6. Bartley GB. Acquired lacrimal drainage obstruction: an etiologic classification system, case reports, and a review of the literature. Part 2. *Ophthalmic Plast Reconstr Surg*. 1992;8:243-249.
7. Ginzkey C, Mlynski R. Die Behandlung von Tränenwegenstenosen aus HNO-ärztlicher Sicht. *HNO*. 2016;64(6):394-402. <https://doi.org/10.1007/s00106-016-0168-0>.
8. Weber RK, Keerl R, Schaefer SD, Rocca RC. *Atlas of Lacrimal Surgery*. Springer; 2007.

9. Roos J, Ezra D, Rose G. 'Preoperative imaging should be performed for all cases of acquired nasolacrimal duct obstruction'—No. *Eye*. 2017;31:349–350. <https://doi.org/10.1038/eye.2016.236>.
11. Dufour X, Kauffmann-Lacroix C, Ferrie JC, et al. Paranasal sinus fungus ball: epidemiology, clinical features and diagnosis. A retrospective analysis of 173 cases from a single medical center in France, 1989-2002. *Med Mycol*. 2006;44:61–67.
12. Dufour X, Kauffmann-Lacroix C, Ferrie JC, et al. Paranasal sinus fungus ball and surgery: a review of 175 cases. *Rhinology*. 2005 Mar;43(1):34–39.
13. Lopez A, Tang S, Kacker A, Scognamiglio T. Demographics and etiologic factors of nasal pyogenic granuloma. *Int Forum Allergy Rhinol*. 2016;6:1094–1097.
14. Lisan Q, Laccourreye O, Bonfils P. Sinonasal inverted papilloma: from diagnosis to treatment, Elsevier Review. *Eur Ann Otorhinolaryngol Head Neck Dis*. November 2016;133(Issue 5):337–341.
15. Mirza S, Bradley PJ, Acharya A, Stacey M, Jones NS. Sinonasal inverted papillomas: recurrence, and synchronous and metachronous malignancy. *J Laryngol Otol*. 2007; 121. <https://doi.org/10.1017/S002221510700624X>, 09.
16. Krishna Y, Coupland SE. Lacrimal sac Tumours-a review. *Asia Pac J Ophthalmol*. 2017;6:173–178.
17. Jawaheer L, MacEwen CJ, Anijeet D. Endonasal versus external dacryocystorhinostomy for nasolacrimal duct obstruction. *Cochrane Database Syst Rev*. 2017;2(2), CD007097. <https://doi.org/10.1002/14651858.CD007097.pub3>.
18. Confalonieri F, Balia L, Piscopo R, Malvezzi L, Di Maria A. Epiphora and unrecognized paranasal sinuses pathology. *Am J Ophthalmol Case Rep*. 2020 Jul 3;19:100798. doi: 10.1016/j.ajoc.2020.100798. PMID: 32671284; PMCID: PMC7350086.