A case of dacryocystocele
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Objective
Our main purpose is to review the principal differential diagnosis of dacryocystocele by prenatal ultrasound.

Methods
We performed a case report and a review of recent literature.

Results
We report a case of a 36 weeks primiparous pregnant woman who was admitted in our hospital to complete the diagnosis of a possible dacryocystocele. We performed an ultrasound examination in which we found a bilateral well-circumscribed hypoechoic-cystic lesion, with displacement of the globe. These findings, according to the literature, suggest the diagnosis of dacryocystocele. Congenital dacryocystocele is a rare variant of congenital nasolacrimal duct obstruction, accounting for only 0.1% of these cases. A functional or mechanical obstruction causes a cystic distention of the lacrimal sac. When dacryocystocele is bilateral, it is typically symmetric. Although dacryocystocele is usually an isolated findings, it can be associated with other structural anomalies suggesting an underlying congenital syndrome. The diagnosis is usually established during the third trimester. Differential diagnosis of dacryocystocele includes nasal glioma, frontonasal/nasoethmoidal encephalocele, dermoid cyst, epidermoid cyst, facial hemangioma and lymphangioma. Spontaneous resolution may occur in many cases. When this not occurs, minimal intervention is needed.

Conclusion
Congenital dacryocystocele can be diagnosed by prenatal ultrasound. Such lesions typically resolve spontaneously in utero or in early neonatal period. Thus, it should be considered as a developmental variant rather than a structural birth defect.