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### RESEARCH ARTICLE

#### REPAIR OF EYE LID AND CANALICULAR LACERATION: CASE REPORT

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#### Abstract

The canalicular laceration of the lacrimal tract is a pathology of young adults with male predominance in 59% of the cases. The main etiologies found are aggressions, public road accidents, falls and dog bites. The most common lacerations are those of the lower lacrimal canaliculus (56% of cases). Diagnosis is made by slit lamp examination. Tear trauma is a deferred emergency. Tear repair should be done by an experienced surgeon. We present the clinical case of a 30 year-old young man, with no notable pathological history. He is a victim of a knife attack with the right eye point of impact. Following the aggression, a 5mm long lower eyelid laceration was observed in the inner corner of the right eye, with injury to the inferior canaliculus. A Mini-Monoka® monocanicular intubation stent was inserted on the seventh day with anastomosis of the proximal and distal ends of the canaliculus laceration. The skin was then sutured with a polyglactin 8/0 suture. The postoperative treatment consisted of tobramycin and dexamethasone eye drops four times per day for a duration of 10 days. A good progression was observed: the position of the inferior lacrimal punctum was adequate, and syringation was normal. The Mini-Monoka® was removed after 14 weeks. We obtained good anatomical, esthetic and functional results in this patient.

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#### Introduction:-

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**Figure 1:-** Repair of eye lid and canalicular laceration( A: before surgery, B: two months after surgery)

**Competing interest:**

No potential conflict of interest relevant to this article was reported.

**Authors' contributions:**

All authors have contributed to redaction, verification, and correction of this work.