A 5-year-old boy experienced the onset of yellow conjunctival discharge in the right eye associated with remittent erythema of the lower eyelid. Drops were prescribed for suspected pink eye. Over the next year, these abnormalities persisted unresponsive to topical antibiotics, artificial tears, and careful application of hot packs. At 6 years of age, the discharge increased to become a daily abnormality and he was referred for further evaluation. Ocular examination confirmed 20/25 uncorrected visual acuity in both eyes with normal anterior segments, lenses, and fundi. The applanation intraocular pressure was 16 mm Hg in both eyes. There was no evidence of bulbar conjunctivitis and inspection of the eyelids found patent puncta in the left eye and stenosis of the upper right punctum. The medial third of the right lower eyelid was moderately swollen and the tarsal conjunctiva adjacent to the lower punctum was erythematous. The inferior punctum was clearly patent and easily extruded yellow purulent discharge with minimal pressure on the adjacent eyelid tissue. The lacrimal strips were normal in size and fluorescein dye placed in the fornices was observed in the nose bilaterally in 4 minutes. A procedure was recommended and general anesthesia was administered. Occlusion of the superior punctum in the right eye was confirmed. A #0 Bowman probe was passed without resistance into the lacrimal sac in the right eye. No gritty sensation was appreciated. Irrigation to the nose from the lacrimal sac was successful. An inferior recess off the canaliculus inferiorly could be appreciated with the probe. A small curette was next entered into the inferior punctum. Gentle movement of the curette against the wall of the canaliculus and in the inferior recess produced an abundant amount of yellow discharge with yellow-granular material. This retrieved material was Gram stained and cultured. The Gram stain revealed abundant Gram-positive branching filamentous rods, polymorphonuclear white cells, and a few cocci. The culture grew *Staphylococcus epidermis*, alpha hemolytic streptococci, *Propionibacterium* species, and *Actinomyces* species. Topical and systemic penicillin was recommended. Medications were continued for 2 weeks. Follow-up examinations 1 month following the procedure and thereafter have revealed no abnormality.
The correct answer to *What’s Your Diagnosis?* is *Actinomyces canaliculitis*.

**REFERENCES**