Editorial

Functional or Dysfunctional Epiphora? A Reminder for Refined Terminology

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Persistent epiphora with objective tear retention, despite patent lacrimal irrigation and dacryocystography and otherwise normal ocular findings, represents a challenging clinical entity. A variety of terms have been used to describe this condition, including "functional obstruction," "functional epiphora," and "functional nasolacrimal (duct or drainage) obstruction." Although confusion and inconsistency in terminology have been addressed in several articles, a solution has yet to be achieved.[1,2,3,4,5]

Currently, "functional epiphora" and "functional nasolacrimal duct obstruction" are the most commonly used terms. In a 2012 editorial, Perry[5] proposed the term "dysfunctional epiphora," emphasizing the conceptual limitations inherent in the term "functional." Despite its compelling rationale, this proposal has had minimal impact on subsequent literature. A PubMed search from 2012 to 2025 identified 44 publications that use "functional epiphora" or "functional nasolacrimal (duct or drainage) obstruction" in the title or abstract, whereas no publications used the term "dysfunctional epiphora". Here, we aim to reintroduce the term "dysfunctional epiphora" and further refine its use.

Keywords: Epiphora, functional, dysfunctional, lacrimal, terminology

Cite this article as: Yazıcı B, Altın Ekin M. Functional or Dysfunctional Epiphora? A Reminder for Refined Terminology. Turk J Ophthalmol. 2026;56:72-73

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Received: 21.01.2026
Accepted: 26.01.2026
Publication Date: 27.04.2026

DOI: 10.4274/tjo.galenos.2026.77378

Labeling epiphora as "functional" may be misleading, as it implies a normal and physiological process, despite the presence of a symptomatic abnormality. This terminology can complicate communication with patients and colleagues and may lead to the premature cessation of diagnostic and critical thinking processes. In contrast, "dysfunctional epiphora" acknowledges an underlying abnormality even when conventional tests fail to demonstrate a discrete obstruction.

Effective tear drainage requires both an anatomically patent outflow pathway and intact functional mechanisms that allow tears to enter and progress through the system, primarily the lacrimal pump. The phrase "dysfunctional epiphora" accurately reflects epiphora caused by impaired function and should be classified as a symptom-based category, similar to obstructive epiphora.

Dysfunctional epiphora may arise from a wide range of abnormalities. Epiphora associated with facial paralysis clearly illustrates the critical role of orbicularis muscle tone and blinking dynamics in both eyelid position and lacrimal pump function. Other common causes include ectropion, entropion, conjunctivochalasis, punctal apposition syndrome, inadequate globe-eyelid contact, and botulinum toxin injection.

In a subset of patients, no specific cause can be determined. For these cases, often labeled as "functional epiphora" in prior studies, the term "idiopathic dysfunctional epiphora" would be a more accurate description. A further subgroup consists of patients with persistent epiphora following dacryocystorhinostomy despite a patent drainage pathway. These cases may be classified as "postoperative dysfunctional epiphora". Adoption of this terminology may help eliminate confusion in scholarly and clinical communication.

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Declarations

Authorship Contributions

Concept: B.Y., Design: B.Y., M.A.E., Data Collection or Processing: B.Y., M.A.E., Analysis or Interpretation: B.Y., M.A.E., Literature Search: B.Y., M.A.E., Writing: B.Y., M.A.E.

Conflict of Interest: No conflict of interest was declared by the authors.

Financial Disclosure: The authors declared that this study received no financial support.

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