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 and conceptually difficult 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" remain 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 sound rationale, this proposal has had minimal impact on subsequent literature. A PubMed search from 2012 to 2025 identified 44 publications using "functional epiphora" or "functional nasolacrimal (duct or drainage) obstruction" in the title or abstract, whereas none used the term "dysfunctional epiphora." We would like to revisit this terminological nuance and take it one step further.

**Keywords:** Epiphora, functional, dysfunctional, lacrimal, terminology

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Labeling epiphora as "functional" may misleadingly imply a beneficial and physiological process, despite the presence of a symptomatic abnormality. This terminology can complicate communication with patients and colleagues and may contribute to anchoring bias and premature diagnostic closure. 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 lacrimal outflow system and intact functional mechanisms that allow tears to enter and progress through the system, primarily the lacrimal pump. The term "dysfunctional epiphora" more accurately reflects epiphora caused by impaired function and should be used as a symptom-based category, in contrast 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 (DCR) despite a patent drainage system. These cases may be appropriately classified as "postoperative or post-DCR dysfunctional epiphora." Adoption of this terminology may help improve clarity in both scholarly and clinical communication.

## 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.

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