Purpose: To report the outcomes after treatment for lacrimal outflow obstruction in children with Down's syndrome.
Method: 25 eyes of 15 patients with Down's syndrome (mean age 14 (2-33 years), who underwent surgical treatment for nasolacrimal drainage obstruction are included in this study.
Patency to irrigation and decrease in epiphora were the success criteriae.
Results: 18 eyes of 10 patients had probing and bicanalicular intubation with inferior concha fracture, 8 eyes of 4 patients improved however 10 eyes of remaining 6 patients who did not benefit from and bicanalicular intubation with inferior concha fracture underwent external dacryocystorhinostomy with bicanalicular silicone intubation (DCR-BI). 7 eyes of 5 patients over the age of 15 years underwent DCR-BI. 12 of 17 eyes who had DCR-BI had complete resolution of epiphora (70.58%). 5 failed eyes had revision DCR-BI for management of epiphora. The follow-up time was between 28-55 months (avg: 35 months)
Conclusion: Congenital nasolacrimal outflow obstruction in Down's syndrome patients are seen more often, and may require lacrimal drainage surgery more frequently when compared to normal individuals with congenital NL outflow obstructions. They respond well to DCR-BI.