



Glass Syndrome

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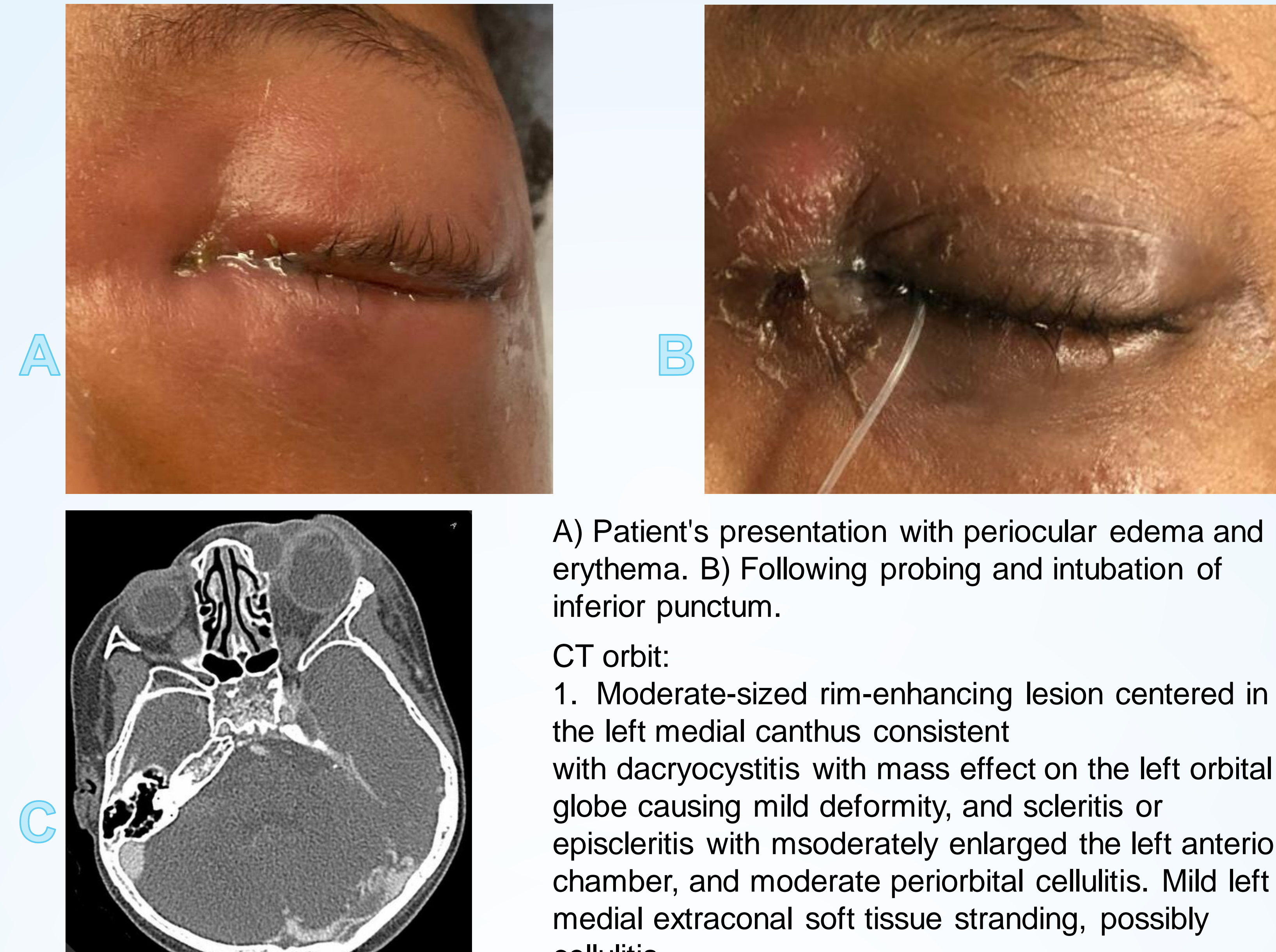
INTRODUCTION

Chromosome 2q32-q33 deletion syndrome, also known as *SATB2* associated syndrome or Glass syndrome. Prevalence <1/1,000,000.¹

- Severe speech anomalies
- Abnormalities of the palate
- Teeth anomalies
- Behavioral issues with or without **bone** or **brain** anomalies
- Onset before age 2.

CASE PRESENTATION

- 2-year-old female with a history of Glass Syndrome found to have left periorbital swelling.
- CT Orbit revealed evidence of left dacryocystitis with mass effect on the left globe.
- Lacrimal probing and intubation was performed in the OR; however, patient was ventilated via bag-valve-mask technique as intubation was precluded by laryngeal stenosis from her Glass Syndrome.
- Superior punctum was unable to be probed due to difficult nasolacrimal and airway anatomy.
- Returned to OR with combined case with ENT for dacryocystorhinostomy and tracheostomy for airway control.
- Both procedures completed without complication. Successfully treated for MSSA.
- No tearing at 9-month follow-up.



DISCUSSION

- Ophthalmic complications of Glass Syndrome include refractive error, strabismus, and dacryocystitis.
- Horizontal strabismus prevalence is reported as 36% in Glass Syndrome patients.²
- 2 of 10 patients in a case series had dacryocystitis.³
- Suggested etiology is lacrimal canal stenosis in setting of craniofacial abnormalities
- Commonly have congenital airway malformation, including laryngeal and sublaryngeal abnormalities, most commonly glossoptosis.⁴

CONCLUSION

- Our patient was previously diagnosed with Glass syndrome with systemic findings of craniofacial abnormalities, hypodontia, and hyperactivity.
- Glass Syndrome is pertinent to ophthalmology as patients may develop ophthalmic complications including dacryocystitis, refractive error, and strabismus.
- Due to the craniofacial and laryngeal complications of this syndrome, these patients often have difficult airways and need special planning with anesthesia to ensure patient safety.

REFERENCES

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