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NASAL OBSTRUCTION INCREASES THE RISK OF OBSTRUCTIVE SLEEP APNEA?

Fernandes MBL*, Trindade IEK

From the Laboratory of Physiology, Hospital for Rehabilitation of Craniofacial Anomalies (HRAC), University of São Paulo, Bauru, Brazil.

OBJECTIVE: Craniofacial anomalies predispose to upper airway obstruction. Obstructive sleep apnea syndrome (OSAS) is related obesity, hypertension, attention deficit and learning, nocturnal enuresis. **TO STUDY:** prevalence and association of nasal obstruction and OSAS. **METHODS:** Here are preliminary results of an observational cross-sectional study of 83 children (54% males) 6-12 years of age (mean age 10.4 ± 1.82 years) with unilateral cleft lip and palate (UCLP) nonsyndromic. Study consisted of a personal interview with the child/caregivers. Congestion Quantifier Five-Item Test (CQ5) for nasal, patient with score of ≥ 6 are at a level that warrants examination and possible treatment. SN-5 survey as a measure of longitudinal change in health related quality of life (HRQoL).Visual Analog Scale (VAS), a child was asked to evaluate the level of the obstruction of his/her nose. OSAS was identified by the presence of snoring,intermittent pauses and/or gasps. The Sleep Disturbance Scale for Children (SDSC) cut point sleep-disordered breathing (SDB>6) for OSAS. **RESULTS:** Twenty-nine children (35%) presented with CQ5 ≥ 6. Mean SN-5 score was 1.8 (± 1.97). Mean SDB 6.3 (± 2.94). Thirty-four children (40%) had SDB>6 (mean 9.3±3.01). At baseline, the mean VAS on the cleft side was 5.8(±3.13) and noncleft side was 9.1(±3.52). Symptoms of obstructive sleep apnea syndrome (OSAS) with SDB>6 were observed in 69% of children with CQ5 ≥ 6 (mean 11.8 ± 5.92). **CONCLUSION:** Children with nonsyndromic UCLP present high prevalence of symptoms suggestive of obstructive sleep apnea syndrome (OSAS). Symptomatic nasal obstruction increases incidence of symptoms of OSAS.