

Obstructive sleep apnoea

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This condition is becoming increasingly diagnosed in children and is important because it can cause sleep deprivation and secondary cardiac complications. It has been implicated in some cases of sudden infant death syndrome. The most common symptom is snoring, which is typically irregular, with the child ceasing respiration (apnoea) and then restarting with a loud inspiratory snort. The child is often restless and may take up strange sleep positions as he or she tries to improve the pharyngeal airway . Surgical removal of the tonsils and adenoid is curative, but it is important to avoid sedative premedications and opiate analgesics postoperatively because they may further depress the child's respiratory drive. OSA may also occur in adults, where the obstruction may result from nasal deformity , a hypertrophic soft palate associated with an altered nasopharyngeal isthmus, obesity and general narrowing of the pharyngeal airway , or supraglottic laryngeal pathology . The initial investigation may include a sleep study ,) during which measurements of the patient's sleep pattern and arterial oxygenation are undertaken. Continuous positive air - way pressure devices may ameliorate OSA by splinting the obstruction open. Surgery may also be indicated, depending on the level(s) of the obstruction. Hypertrophy of adenoid tissue most commonly occurs between the ages of 4 and 10, but the adenoid tissue usually atrophy during puberty , although undergoes spontaneous atrophy some remnants may persist into adult life (Figure 52.17). The relationship of adenoid enlargement to recurrent secretory otitis media or recurrent acute otitis media is not entirely clear.

Figure 52.17 Plain lateral radiograph showing a large pad of adenoid tissue (arrow) in the postnasal space.

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