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THE OBSTRUCTIVE SLEEP APNEA (--HYPOPNEA) SYNDROME -- THE GENERAL PAEDIATRICIAN'S VIEWPOINT

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The most common symptom of OSAS in childhood is snoring. It clearly needs watchful waiting or sometimes diagnostic investigations because monosymptomatic snoring which was regarded benign earlier, is a "waiting-room" for severe OSAS of adulthood. The respiratory difficulties during sleep make the patient (pt) prone to serious (cardial, developmental etc.) complications. These are of the greatest importance but may be reversible in children. The general paediatrician has to play a decisive role in recognising the syndrome in time and treating typical cases. The diagnosis-making is usually not much problem with the help of comprehensive health history, physical assessment and home audiotape. It is always necessary to perform a polysomnogram in the case of i.diagnostic uncertainty; ii.inconsistency between complaints and physical examination; iii.chronic CNS or other disease; iv.relative contraindication for tonsillectomy; v.persistent symptoms after tonsillectomy. The author summarizes data of 14pts of his paediatric district (1130pts,<18year). Primary conditions: hypertrophied adenoid and/or tonsils -10pts; obesity -2pts; achondroplasia - 1pt; hypoplastic choanas - 1pt; micrognathia - 1pt. Interventions (+considered): tonsilloadenoidectomy - 3(+2)pts, tonsillectomy - 3pts; adenoidectomy - 3(+2)pts. The performed interventions decreased the respiratory disturbances in every case but the degree of improvement varied. Problems may be connected with OSAS: enuresis nocturna and mental retardation - 1pt; chest deformity - 2pts. The general paediatrician's work with the syndrome, especially the care for the children is discussed.

