
Evaluation of surgical procedures in management of obstructive sleep apnea syndrome

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Summary. Obstructive sleep apnea is a syndrome characterized by recurrent cessation of breathing during sleep leading to hypoxia and sleep fragmentation. The nocturnal P.S.G is now the diagnostic gold standard for O.S.A but it is expensive and inconvenient. Diagnosis of O.S.A in our study was based on simple data obtained from complete history taking and full E.N.T. examination, supplemented with flexible nasopharyngoscope and Muller's maneuver, plain x-ray lateral view and C.T. neck axial view (oropharynx) to localized the level of obstruction. In addition to investigations including blood gases, pulmonary function tests and overnight oximetry. Non surgical treatment of O.S.A includes weight reduction in the obese patient, avoidance of drugs and alcohol and relief of nasal obstruction. Continuous positive airway pressure (C.P.A.P) is now the gold standard in non surgical treatment of obstructive sleep apnea and challenges tracheostomy in effectiveness. Surgery for O.S.A in this study includes U.P.P.P which is an effective procedure in treatment of O.S.A due to narrowing at the level of velopharyngeal sphincter. The aim of this operation is to remove excess or redundant soft tissue of the oropharynx while preserving palatal function. Summary. However some patients with O.S.A due to obstruction at the level of velopharyngeal sphincter who undergo U.P.P.P were showed no improvement due to improper diagnosis, false technique during surgery, development of restenosis due to increase in the thickness of the soft palate or appearance of airway collapse at the level of the hypopharynx after surgery. Also adenoidectomy or adenotonsillectomy was performed to another group of younger age who have O.S.A due to adenoidal or adenotonsillar hypertrophy with better results. V142 W°