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### Pediatric Sleep Apnea

Obstructive sleep apnea syndrome (OSAS) is a common problem in children, and is increasingly being recognized as a cause of daytime attentional and behavioral problems. Pediatric obstructive sleep apnea (OSA) affects girls and boys equally and usually begins in the first few years of life, though it may go undiagnosed until later. Although snoring is a common symptom in children with obstructive sleep apnea, it is important to remember that 10-20 percent of normal children snore (primary snoring) on a regular or intermittent basis. Unlike adults with sleep apnea, who are often overweight and frequently wake up at night, children with OSA are more difficult to recognize and diagnose.

The diagnosis of OSA in children is usually based on the characteristic symptoms and evidence of adenotonsillar hypertrophy (big tonsils and adenoids) and mouth breathing. A sleep study (polysomnogram) is sometimes obtained to record the nature, duration, and frequency of the breathing disturbances.

In addition to continuous loud snoring, other symptoms of obstructive sleep apnea in children include:

- 1) failure to thrive (weight loss or poor weight gain)
- 2) abnormal breathing during sleep
- 3) enuresis: bedwetting daytime mouth breathing
- 4) headaches
- 5) problems sleeping and restless sleep
- 6) frequent nightmares
- 7) difficulty getting up in the morning
- 8) excessive daytime sleepiness (EDS)
- 9) daytime cognitive and behavior problems
- 10) abnormal sleep patterns

Treatments most commonly used to help children with OSA include adenotonsillectomy and positive pressure breathing. In rare instances, a child may also need to lose weight, use an oral appliance, or have craniofacial surgery.

Although most young children with OSA are not overweight, if a child is overweight, that might contribute to his symptoms. Weight loss is therefore important for overweight children with obstructive sleep apnea.

Other underlying medical conditions, especially allergies, should also be treated. A nasal steroid might help improve nasal obstruction and OSA symptoms in children that also have allergies.

The main treatment for kids with OSA is surgery, with removal of the child's enlarged tonsils and adenoids (tonsillectomy and adenoidectomy or T&A).