

Anesthesiology Rounds
May 2005

Obstructive Sleep Apnea Syndrome (OSAS) in Children

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Objectives:

- To assess the epidemiological and clinical importance of the problem created by obstructive sleep apnea syndrome (OSAS) in children who must undergo an adenotonsillectomy.
- To identify useful diagnostic criteria (laboratory, clinical) that can be used for assessing OSAS patients and managing perioperative risk.
- To describe elements of the anesthetic technique that can influence the prognosis of OSAS patients who must undergo an adenotonsillectomy.

Questions: (only one response is correct)

1. Which of the following statements about the physiopathology of OSAS is false?
 - a. Anatomical characteristics probably contribute to OSAS.
 - b. A lower vagal tone contributes to the severity of OSAS.
 - c. An inflammatory process in the upper airways can increase OSAS obstruction.
 - d. Respiratory obstruction occurs during rapid eye movement (REM) sleep.
2. Which of the following statements about diagnosing OSAS is false?
 - a. Polysomnography is the "gold standard."
 - b. It is a pathology that can generally be easily and accurately clinically diagnosed.
 - c. The prevalence among children is on the rise.
 - d. Oximetry can be used for preoperative OSAS assessment.

3. Which of the following statements about caring for pediatric OSAS patients who must undergo an adenotonsillectomy is false?

- a. Inhalation induction of anesthesia is likely to cause a respiratory obstruction.
- b. Atropine can help reduce the respiratory obstruction.
- c. Surgery for severe cases of OSAS must be done in a setting where postoperative intensive care is available.
- d. Local anesthesia of the pharynx helps reduce postoperative complications.

4. Which of the following general statements is false?

- a. OSAS is a pathology with long-term repercussions.
- b. OSAS is associated with an increase in postoperative complications.
- c. The pathology is more common in girls.
- d. Afro-American children have a higher prevalence of OSAS.

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