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Pediatric Sleep Questionnaire As A Screening Tool To Predict Surgical Intervention In Pediatric Sleep Related Breathing Disorders – A Prospective Study

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Paediatric Sleep Related Breathing Disorders (SRBDs) is viewed as a continuum of severity from partial obstruction of the upper airway to continuous episodes of complete upper airway obstruction or obstructive sleep apnoea (OSA). A few published validated questionnaires have been designed to assess the SRBDs and associated symptoms occurring in children. Sleep endoscopy is a consistently reliable tool, which is well established now a days for identifying the site of obstruction in children with SRBDs. The objective of this study was to evaluate the effectiveness of Paediatric Sleep Questionnaire (PSQ) score in predicting the need for surgical intervention in children with SRBDs using the following parameters:

1. By co-relating the PSQ score with sleep endoscopy results in children with SRBDs.
2. The use of PSQ scores as a screening tool to predict the need of surgical intervention in paediatric SRBDs.

Methodology This prospective observational study was conducted in the Department of ENT, Lourdes Hospital, Kochi, Kerala from December 2015 to November 2017. A total of 60 patients clinically suspected to have SRBDs and posted for sleep endoscopy study were selected. On the day of admission, after undergoing routine ENT examination, the parents were requested to answer the questions in the validated Paediatric Sleep Questionnaire. The patient then underwent sleep endoscopy on the following day and the site and severity of obstructions was assessed followed by possible surgical intervention. The score obtained from the PSQ for a particular patient was then co-related with the sleep endoscopy findings with or without surgical intervention.

Results: In this study the PSQ score was found to be effective as a screening tool in predicting the need for surgical intervention in children with SRBDs. The PSQ score obtained also co-related well with the endoscopically assessed severity of obstruction.