

## **Sleep Disordered Breathing in a Patient with Primary Sjögren's syndrome – A Case Report**

Kaohsiung Municipal Siaogang Hospital<sup>1</sup>, Kaohsiung Medical University Hospital<sup>2</sup>,  
Kaohsiung Medical University  
Huang-Chi Chen<sup>1</sup>, Chia-Yu Kuo<sup>2</sup>, Ming-Ju Tsai<sup>2</sup>

### **Introduction:**

Patients with Sjögren's syndrome (SS) usually suffer from easy fatigue. The association between sleep disordered breathing and SS has not been well established. Herein, we reported a patient with SS complicated with mixed OSA and central sleep apnea (CSA).

### **Case Presentation:**

This 56-year-old man with a history SS involving medulla oblongata, causing epilepsy and respiratory failure, had ever received endotracheal tube intubation followed by tracheostomy creation due to prolonged ventilator use. After his general condition got improved, de-cannulation was done successfully. Few months later, he was referred to our chest clinic due to poor sleep quality, easy desaturation at night, and excessive daytime sleepiness. The overnight polysomnography (PSG) showed disrupted sleep architecture in terms of decreased sleep efficiency (71%), increased wakefulness after sleep onset (WASO), and decreased slow-wave sleep (SWS) and rapid eye movement (REM) sleep (N1: 65%, N2: 26%, N3: 0%, REM: 9.0 %). There was markedly increased apnea-hypopnea index (AHI) (61.4/hour), both central and obstructive types, associated with intermittent arousals and desaturation. There was relatively low mean SpO<sub>2</sub> (86%). We suggested weight reduction for his obesity (body mass index of 29.1 kg/m<sup>2</sup>) and using bi-level positive airway pressure (BiPAP) treatment at home. His sleep quality, nocturnal desaturation, fatigue, and excessive daytime sleepiness improved with BiPAP treatment, and the follow-up PSG showed AHI decreased to 6.1/hour with BiPAP support.

### **Conclusion:**

We present a rare case of SS involving medulla oblongata complicated with obstructive and central sleep apnea. This case highlights the need of considering sleep-disordered breathing as a possible cause of fatigue in patients with SS.

中文題目：一原發性修格蘭氏症候群伴有睡眠呼吸障礙的病例報告

作者：陳煌麒<sup>1</sup>、郭家佑<sup>2</sup>、蔡明儒<sup>2</sup>

服務單位：<sup>1</sup>高雄市立小港醫院 <sup>2</sup>高雄醫學大學附設醫院 胸腔內科