

We present a patient with recurrent episodes of syncope and sleepiness at the wheel, which were found to be the complication caused by obstructive sleep apnea (OSA).

This 50-year-old male bus driver only had the past history of hypertension and type II diabetes, no other medical cause for syncope was determined. Physical examination at ENT outpatient clinic revealed multiple obstructive levels of upper airway, include bilateral hypertrophic nasal turbinates which cause limited nasal breathing; narrowed oropharyngeal space and redundant soft palate which cause severe obstruction during sleep especially in supine position; he also had a large neck circumference (41.5cm) with high BMI (34.0). Sleep apnea diagnostics with polysomnography revealed severe obstructive sleep apnea with an apnea-hypopnoea index of 103/h, lowest O2 saturation of 48%, maximum apnea duration over 94 seconds.

He was initially treated with continuous positive airway pressure (CPAP) and medical treatment for hypertrophic nasal turbinates, but due to persistent and progressive syncope episodes and daytime sleepiness, sleep surgery with uvulopalatopharyngoplasty (UP3) was done for the patient. His symptoms and sleep apnea condition gradually resolved after the surgery, episodes of syncope and sleepiness at the wheel were obviously decreased, and the compliance of CPAP use was also improved.

Our finding suggests that screening for sleep apnea may increase the possibility to reveal causes of syncope, and a targeted sleep surgery to improved obstructed upper airway may improve both clinical symptoms and the compliance of CPAP use.

中文題目：

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Resolution of Recurrent Syncope in an Obstructive sleep apnea patient after a sleep surgery. A case report

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