

標題:Head rotation with an oral appliance during drug-induced sleep endoscopy for obstructive sleep apnea: Upper airway surgery or weight control?

睡眠呼吸中止症病患使用睡眠內視鏡檢查合併使用牙套與頭部旋轉評估：上呼吸道手術還是控制體重？

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研究目的 (Objective) : This study aimed to identify the value of head rotation in the supine position and oral appliance use in drug-induced sleep endoscopy (DISE).

研究方法 (Methods) : Eighty-three sleep apnea adults undergoing target-controlled infusion DISE (TCI-DISE) were recruited from a tertiary academic medical center. During TCI-DISE, 4 positions were utilized: supine position (Position 1), head rotation (Position 2), mandibular advancement using an oral appliance (OA) (Position 3), and head rotation with an OA (Position 4). PSG data and anthropometric variables during DISE were analyzed.

研究結果 (Results) : Eighty-three patients (65 men and 18 women; mean [standard deviation, SD], 48.5 [11.0] years) who underwent polysomnography (PSG) and TCI-DISE were included. The mean (SD) AHI was 35.5 (22.4) events/hr. Twenty-three patients had persistent complete concentric velopharyngeal collapse in the supine position even with concurrent head rotation and OA (Position 4). Their mean (SD) AHI was 54.7 (24.6) events/hr, which was significantly higher than that of the other 60 patients without this kind of collapse in position 4 ($P < 0.001$). Their mean (SD) BMI was 29.0 (4.1) kg/m², which was also significantly higher ($P = 0.005$). After adjustment for age, BMI, tonsil size and tongue position, the degree of velum and tongue base obstruction was significantly associated with sleep apnea severity in positions 2, 3, and 4.

結論 (Conclusion) : In this cohort, complete concentric velopharyngeal collapse and tongue base collapse were associated with a higher AHI. Patients who are not responsive to head rotation and mandibular advancement during TCI-DISE may need upper airway surgery and/or weight control.

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