

Sedative bronchoscopy identify patients with suspected obstructive sleep apnea syndrome

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Abstract

Objective: Sleep Center uses a multidisciplinary approach to managing obstructive sleep apnea syndrome (OSAS). This study focuses on cases where OSAS was incidentally identified during sedative bronchoscopy, with subsequent confirmation by polysomnography (PSG) and the implementation of appropriate treatment strategies to improve patient outcomes.

Methods: We retrospectively reviewed 796 patients who underwent sedative bronchoscopy from 2021 to 2024. In those patients with OSAS incidentally suspected due to observed airway abnormalities, the patients underwent PSG to confirm the diagnosis and these patients were analyzed. A detailed medical history, including comorbidities such as obesity, asthma, and nasal polyps, was reviewed to assist in developing individualized treatment plans. Confirmed OSAS patients received tailored treatment approaches, including surgical interventions, targeted medical therapies (e.g., management of asthma or allergic rhinitis), and customized CPAP

modifications. We evaluated patient outcomes by assessing symptom improvement and reductions in the apnea-hypopnea index (AHI).

Results: During sedative bronchoscopy, 82 patients were incidentally found to have airway abnormalities suggestive of OSAS. Subsequent PSG evaluation confirmed the diagnosis in 47 patients. The integration of medical history was crucial in guiding the choice of treatment. Patients who received individualized treatments—such as surgeries to address upper airway obstructions, targeted medical therapies for associated conditions, and specialized CPAP modifications—showed significant symptom improvement and a notable reduction in AHI compared to those who remained on standard therapy.

Conclusion: Sedative bronchoscopy can incidentally identify patients with suspected OSAS, which can then be confirmed through PSG. This approach facilitates the development of individualized treatment strategies. By doing so, it significantly improves outcomes for patients, highlighting the importance of comprehensive evaluation and management in OSAS.