The influence of Waldeyer's ring hypertrophy on snoring and sleep apnea

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ABSTRACT

BACKGROUND: A severe adenotonsillar hypertrophy can be the main responsible for the nocturnal respiratory affections, as it is confirmed by the improvement of symptoms after adenotonsillectomy. An unsuccessful surgical treatment can be due to cranio-facial morphological alterations. Perhaps hypotony of the pharyngeal muscles can be responsible together with tonsil hypertrophy.

MATERIAL AND METHODS: We have enrolled in our study 125 patients (87 males and 38 females), from 3 to 8 years old, suffering from chronic snoring. All the patients underwent adenotonsillectomy. The follow-up was carried out at 2, 4, 6 months after the operation.

RESULTS: Snoring and nocturnal apneas were no more present in almost all the patient.

CONCLUSIONS: Overnight polysomnography remains the gold standard diagnostic test for OSAS, but its feasibility in clinical practice is debated. Rhinomanometry, which gives an objective evaluation of the ventilatory nasal function, acoustic rhinometry, which measures the cross-section in fixed nasal areas, and nasal mucociliary transport time can be considered useful tests to evaluate the cause of respiratory obstruction. In any case OSAS cannot be left untreated: the evaluation of the individual pathophysiology gives the best opportunity to restore an adequate upper respiratory ventilation by the rational choice between medical or surgical treatment.

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