



Pediatric Polysomnography Report Clues

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چهارمین کنگره دوسالانه
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The 4th Pediatric Congress
Professor Amirhakimi

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مجری برگزاری: **زوسپا**

Case presentation:

- A boy 4 years old,
- **History:** Loud snoring, witness apnea, mouth breathing, restless sleep, and poor concentration,
- **P.E:** maxillomandibular protrusion,

Tonsillar size: grade 2

Lateral x-ray: A/P ratio > 50%





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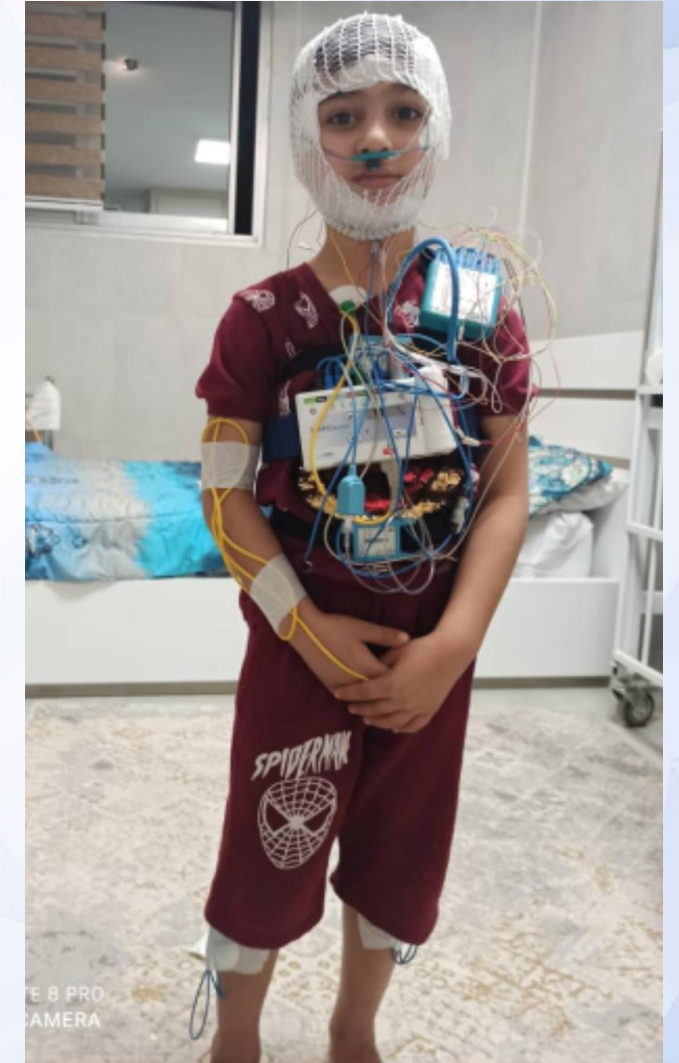
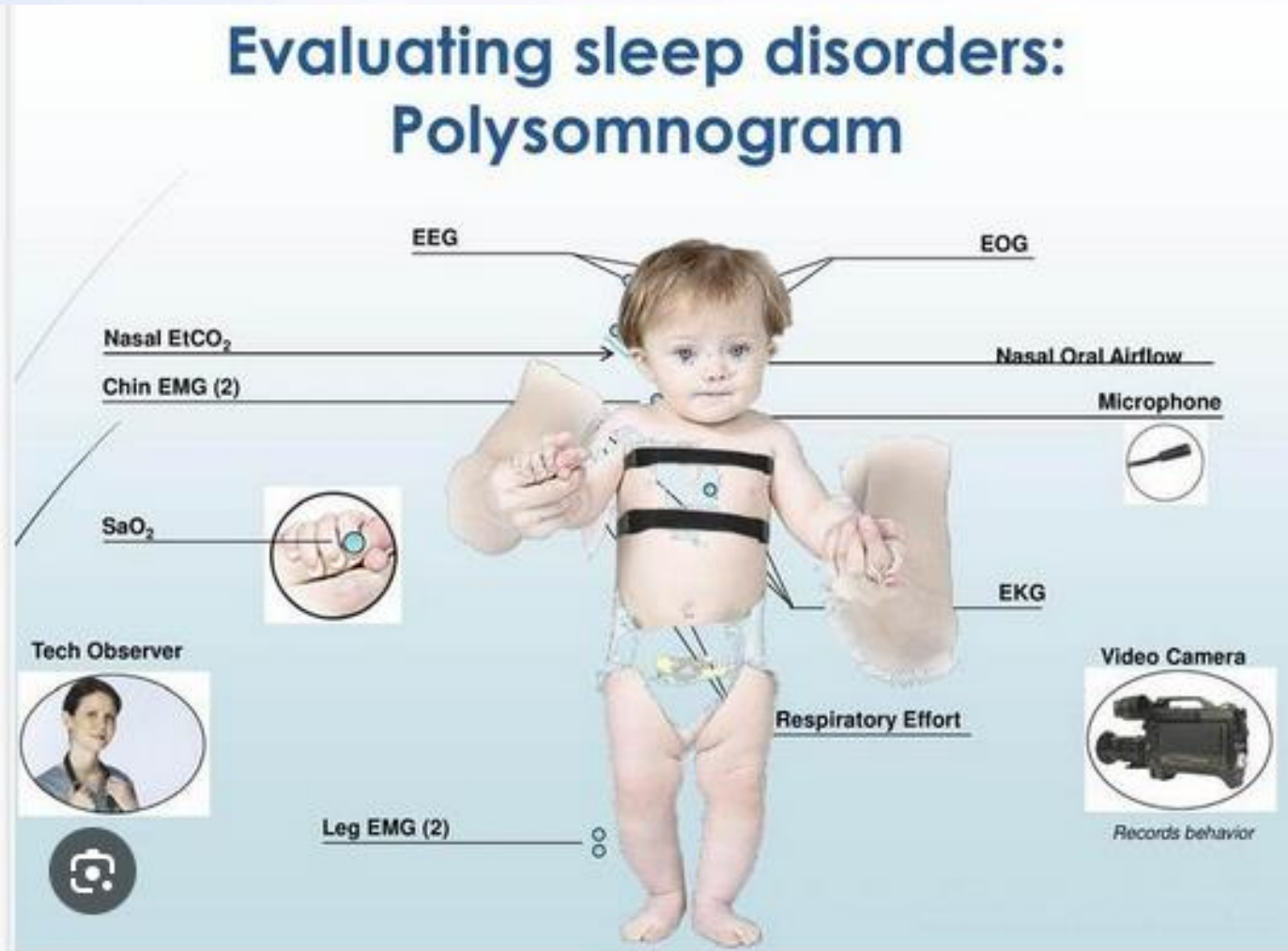
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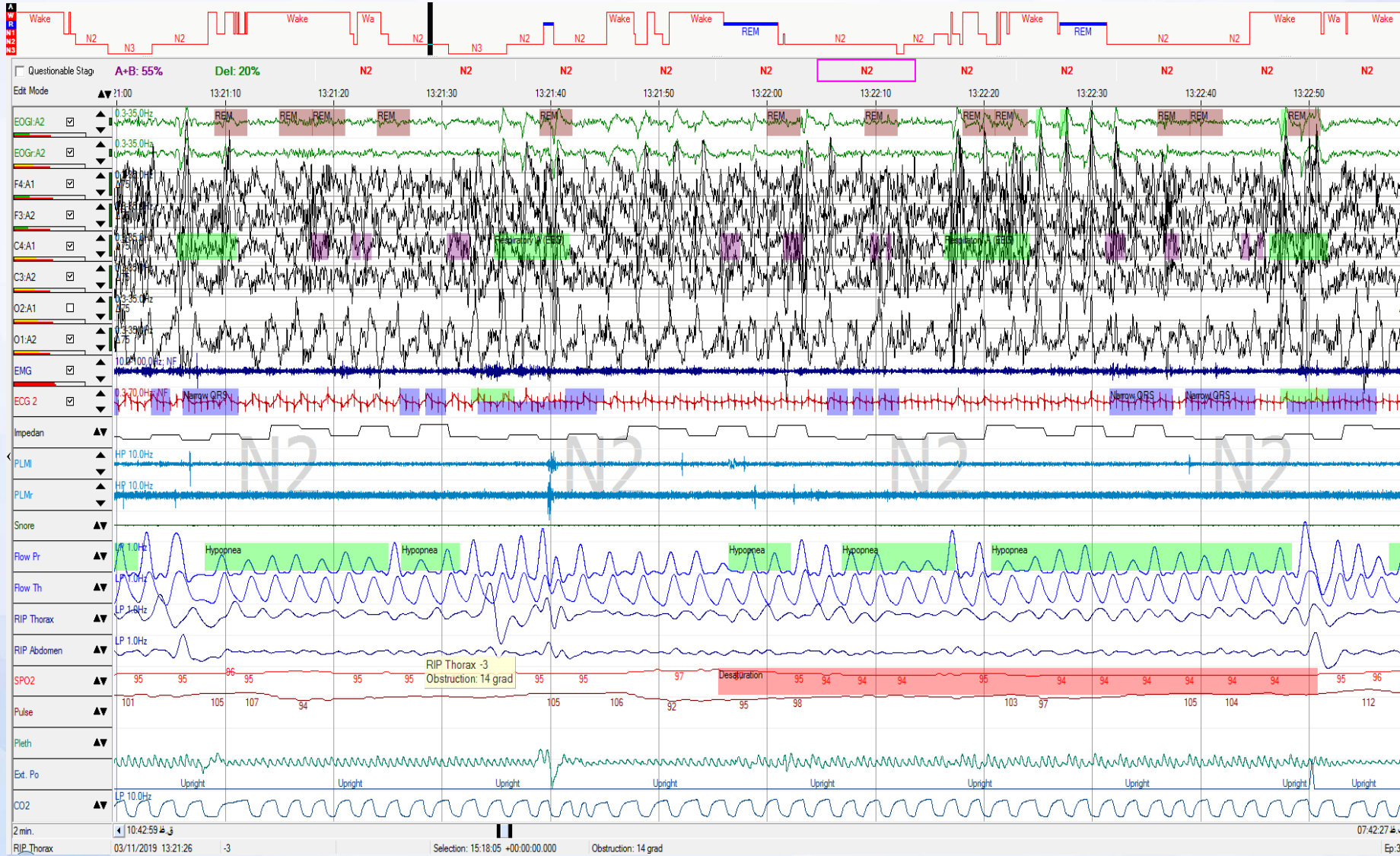
What's first diagnostic step?

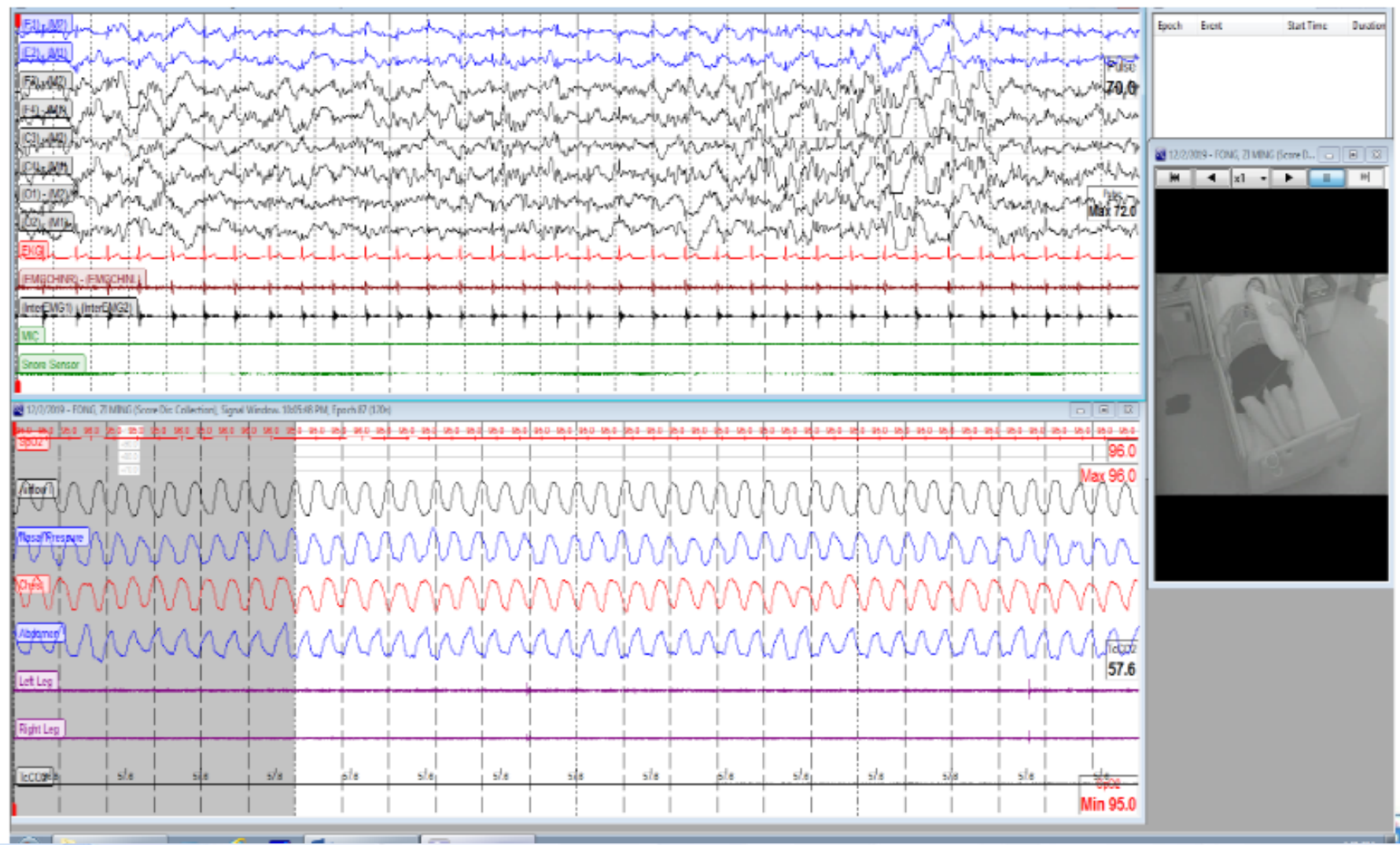
- ***AAP Clinical Practice Guidelines (2012)***
- As part of routine health maintenance, the clinician should inquire if the child snores. If yes, or if the child presents with signs/symptoms of OSA, the clinician should perform **a more focused examination.**
- If the child snores on a regular basis (≥ 3 times/week) and has signs/symptoms of OSA:
 - **obtain PSG**
 - **refer the patient to a sleep specialist or otolaryngologist**

Children's sleep lab



Typical PSG montage

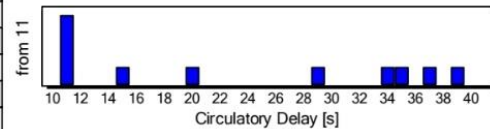
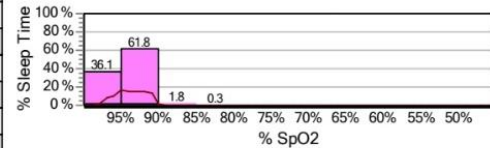




What do we see in polysomnography report?

O2 Saturation

	Number (Index)	Time
Number of Desaturations (Index)	26 (6.1)	
Minimal SpO2 [%]	78	04:15:40
Baseline O2 Saturation	94	
Average SpO2 [%]	94	
Number desaturations < 90 %	5	0.6 %
Number desaturations < 80 %	0	0 %
SpO2 Time < 90 %	2.1 %	00:05:17
Biggest Desaturation [%]	5	01:16:51
Average Desaturation [%]	3.6	15.4 s
Longest Desaturation [s]	40.7	01:42:56
Average Min. Saturation [%]	92	
Deepest Desaturation [%]	86	01:44:32
Sum all desaturation	00:06:40	2.6 %
Average Circulatory delay [s]	23.1	
Artefact [min]	94.8 (27.2%)	



Snore Analysis

	All	Prone	Supine	Left	Right	Upright
Snore (Index)	267 (53.2)	7 (60.9)	255 (56.6)	2 (126.3)	0 (0)	3 (7.8)
Absolute Snore [min]	2.7	0.1	2.6	0.0	0	0.0
Snore episodic [min]	14.7	0.2	14.3	0.0	0	0.2

Respiratory Analysis

	Number (Index)
Obstructive	25 (5)
Mixed	1 (0.2)
Central	3 (0.6)
Undef Ap.	0 (0)
Total Ap.	29 (5.9)
Hypopnea	10 (2)
A+H	39 (7.9)
Limitation	3 (0.6)
RERAs	0 (0)
RDI	42 (8.5)

Hypopnea-rules 1: Desaturation 3 %, Ratio 70 %.

	REM	Non-REM	Sleep
Apnea (Index)	1 (1.4)	28 (6.6)	29 (5.9)
Hypopnea (Index)	1 (1.4)	9 (2.1)	10 (2)
AHI/RDI [/h]	2.8 / 4.2	8.7 / 9.2	7.9 / 8.5
Flow Limitation (Index)	1 (1.4)	2 (0.5)	3 (0.6)
RERAs (Index)	0 (0)	0 (0)	0 (0)
Max. Apnea Duration [s]	28	34	34
Max. Hypopnea Duration [s]	20	25	25
Average Apnea Dur. [s]	27.6	16.3	16.7
Average Hypopnea Dur. [s]	20.1	17.6	17.9
Artefact [min]	0 (0%)	51.9 (16.9%)	51.9 (14.9%)

Position	Supine	not Supine	Left	Right	Prone	Upright
Sleep Time Fraction [%]	90.7	9.3	0.3	0	2	7.1
RDI	35 (6.6)	7 (12.9)	0 (0)	0 (0)	1 (8.7)	6 (14.6)
Obstructive Apnea (Index)	21 (4)	4 (7.4)	0 (0)	0 (0)	1 (8.7)	3 (7.3)
Central Apnea (Index)	2 (0.4)	1 (1.8)	0 (0)	0 (0)	0 (0)	1 (2.4)
Mixed Apnea (Index)	1 (0.2)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)
Hypopnea (Index)	8 (1.5)	2 (3.7)	0 (0)	0 (0)	0 (0)	2 (4.9)
Flow Limitation (Index)	3 (0.6)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)
RERAs (Index)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)
Number of Desaturations (Index)	18 (3.4)	9 (16.6)	1 (63.2)	0 (0)	2 (17.4)	6 (14.6)



Pediatric Polysomnography Report

Reason for Study

History

Sleep Staging and Architecture:

Total in bed time

Total sleep time

Sleep efficiency

Sleep latency

Sleep architecture

Arousal index

Electrocardiography

PLMs index



Respiratory findings:

- AHI
- OAI
- CAI
- ODI
- Base line oxygen
- Lowest oxygen
- O2 oxygen saturation >90% time

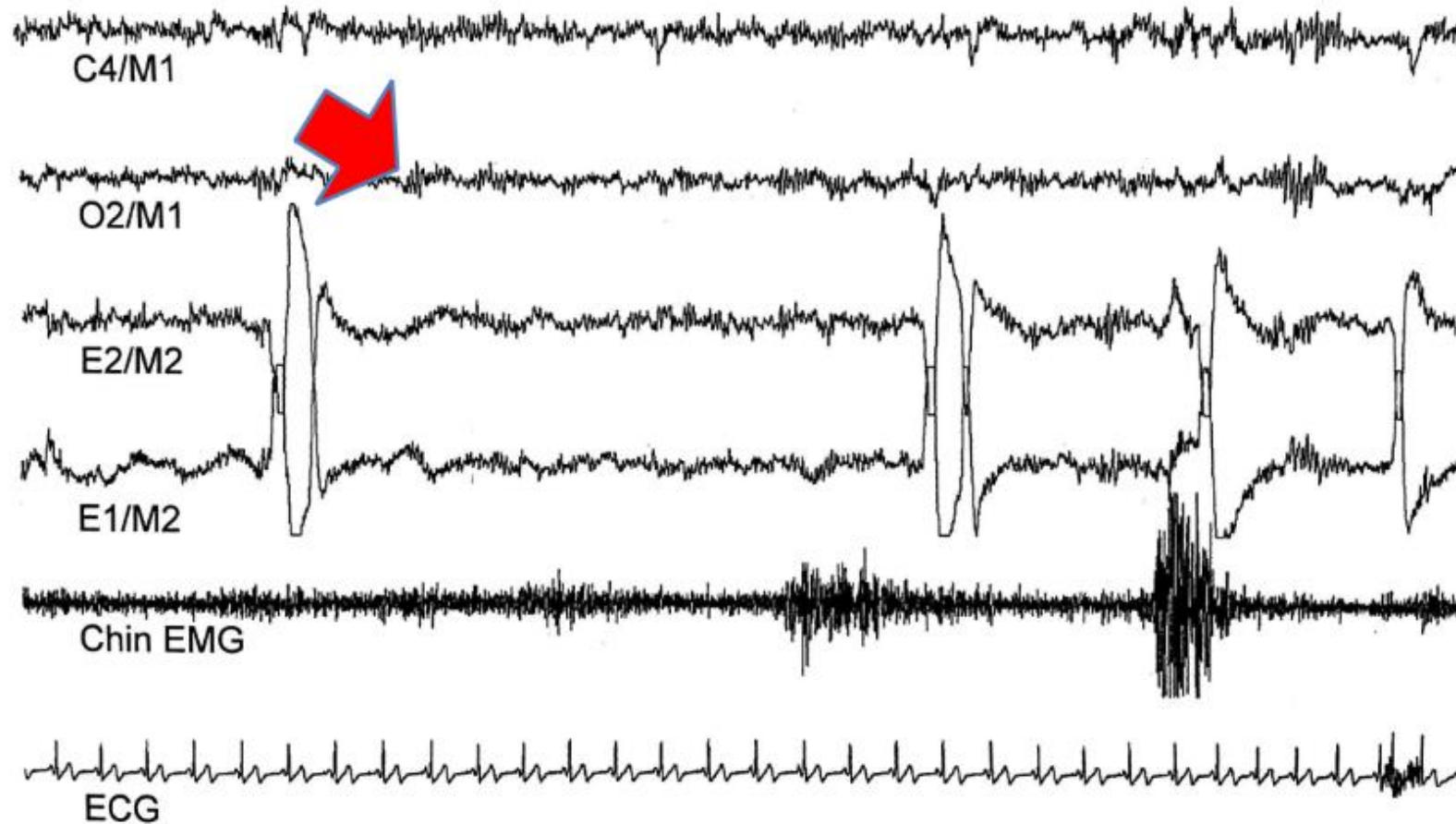
Diagnosis

Recommendations

General Scoring of Sleep Stages

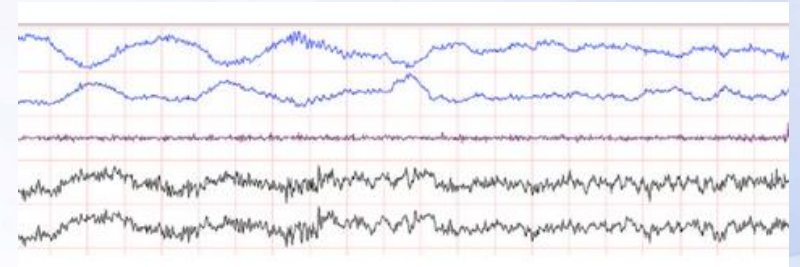
- a. Stage W (Wakefulness)
- b. Stage N1 (NREM 1)
- c. Stage N2 (NREM 2)
- d. Stage N3 (NREM 3)
- f. Stage R (REM)

wakefulness

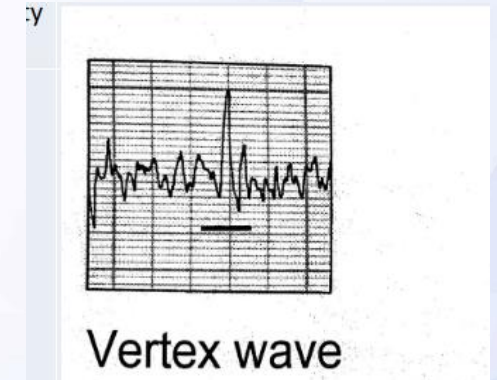
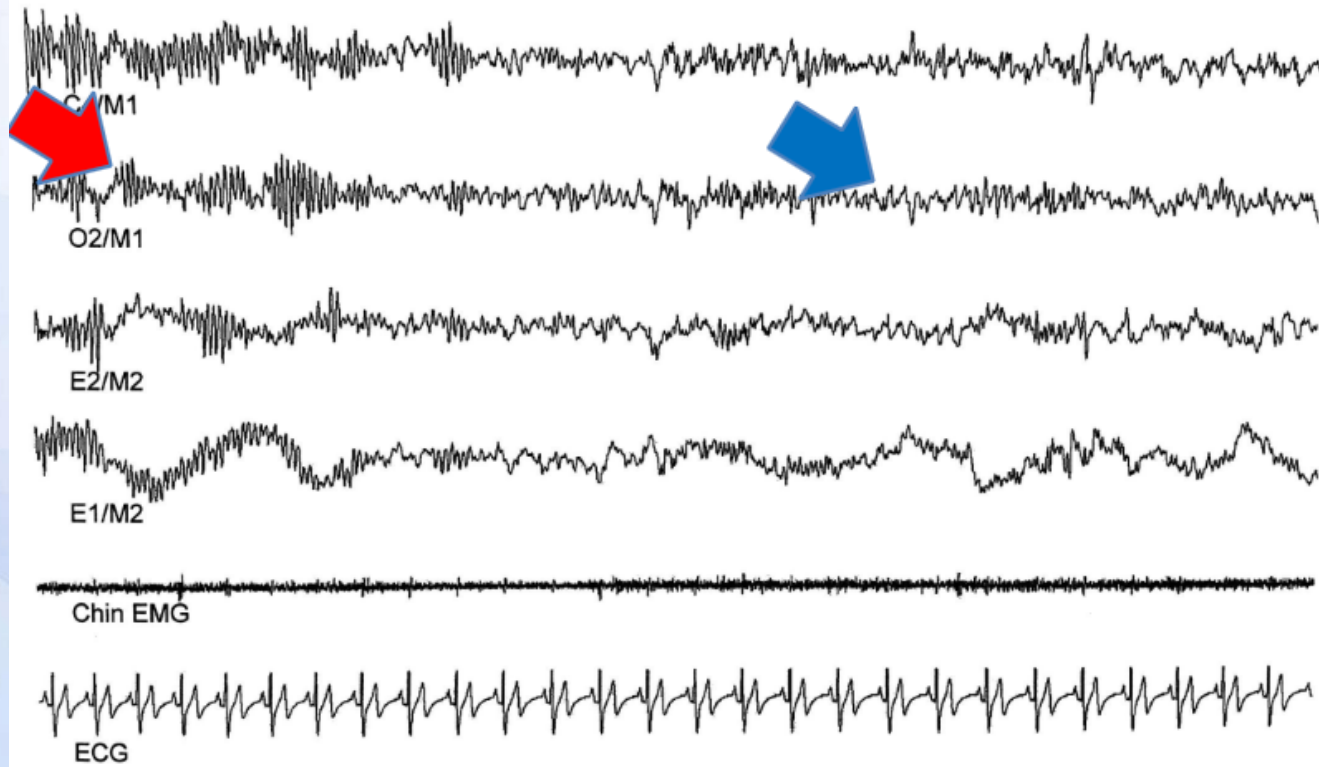


STAGE WAKE - EYES OPEN

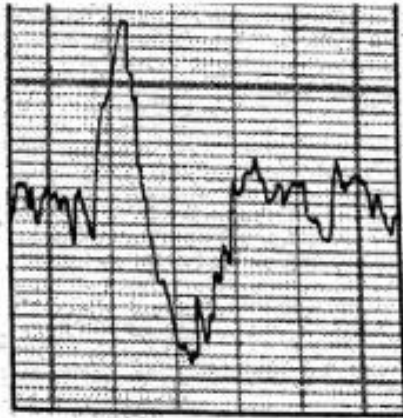
Stage N1



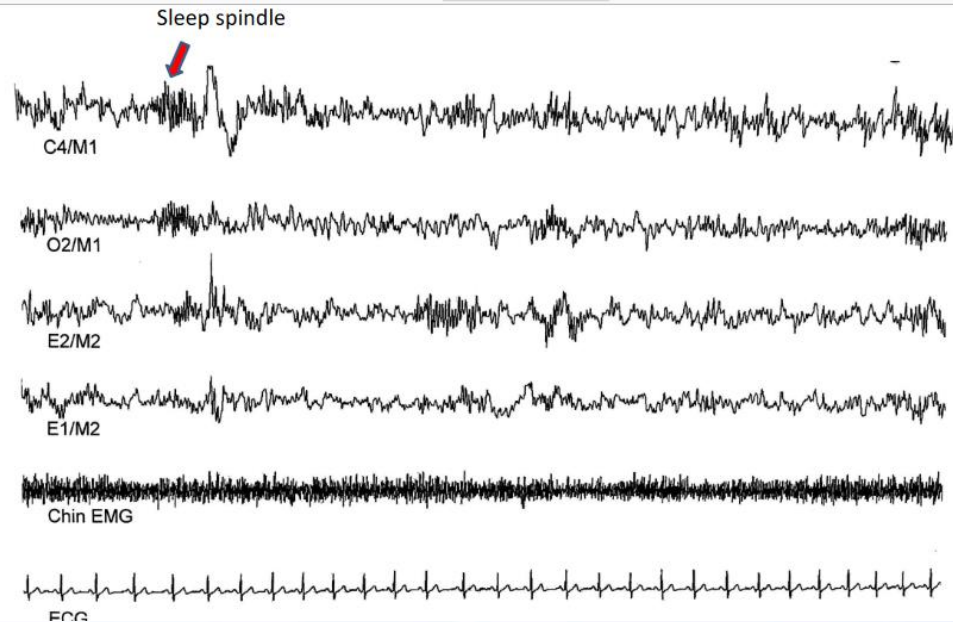
LAMF EEG replacing Alpha rhythm



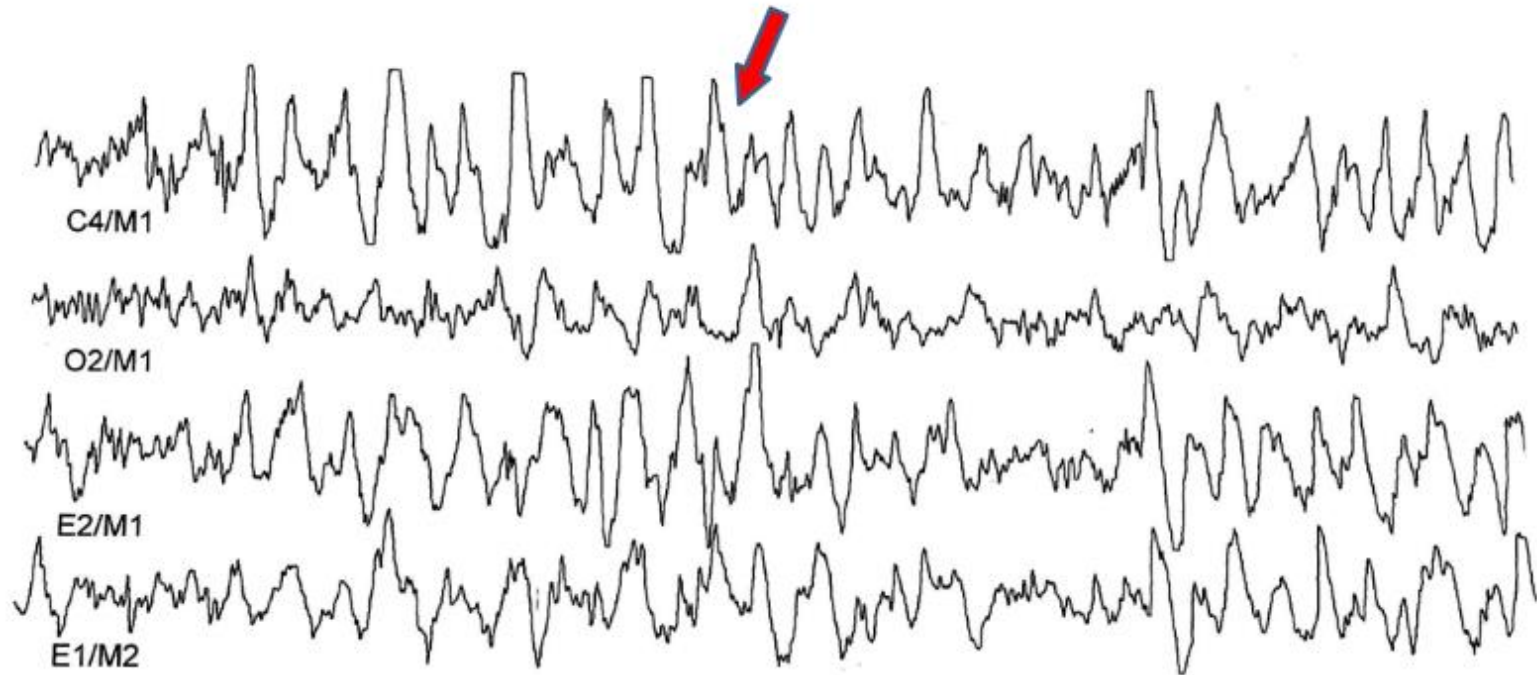
Stage N2



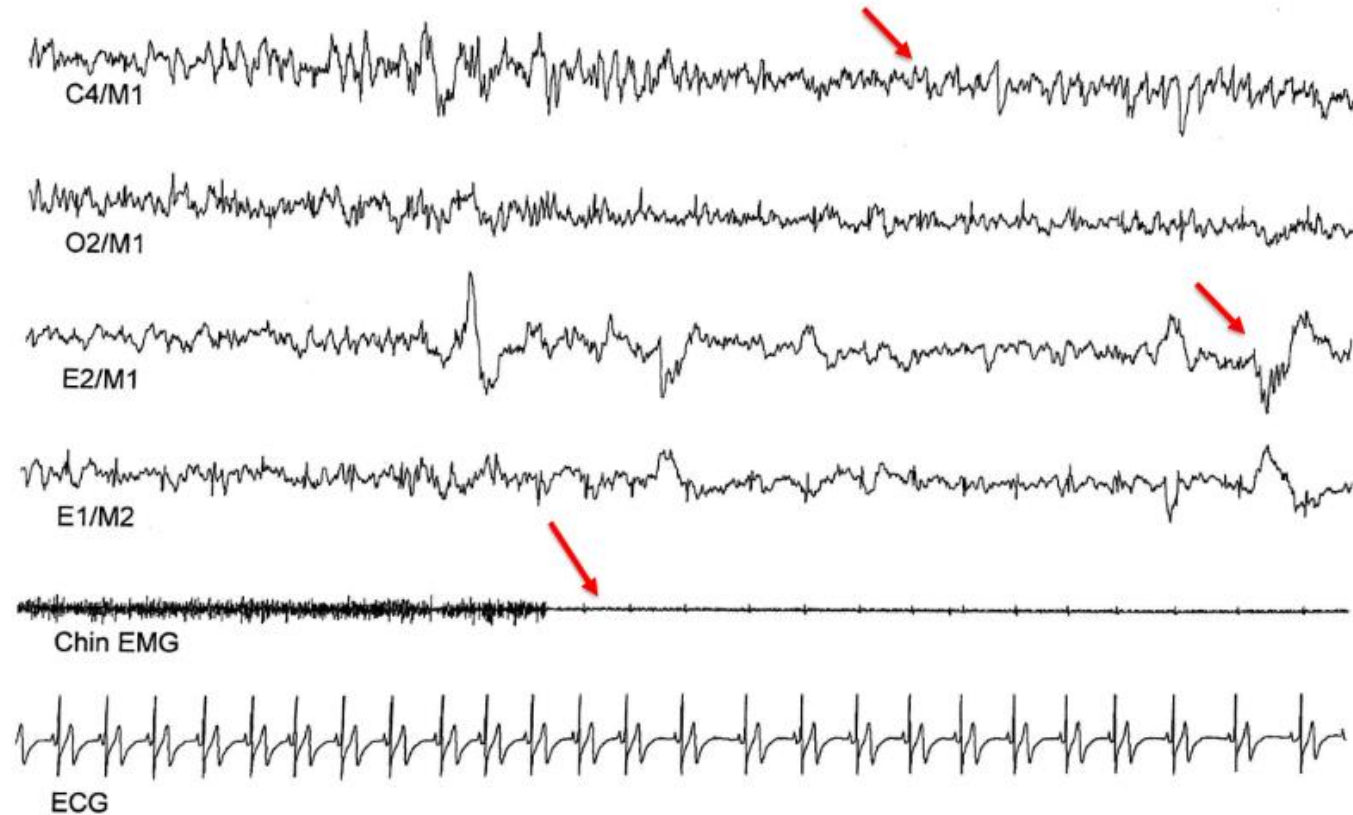
K-complex



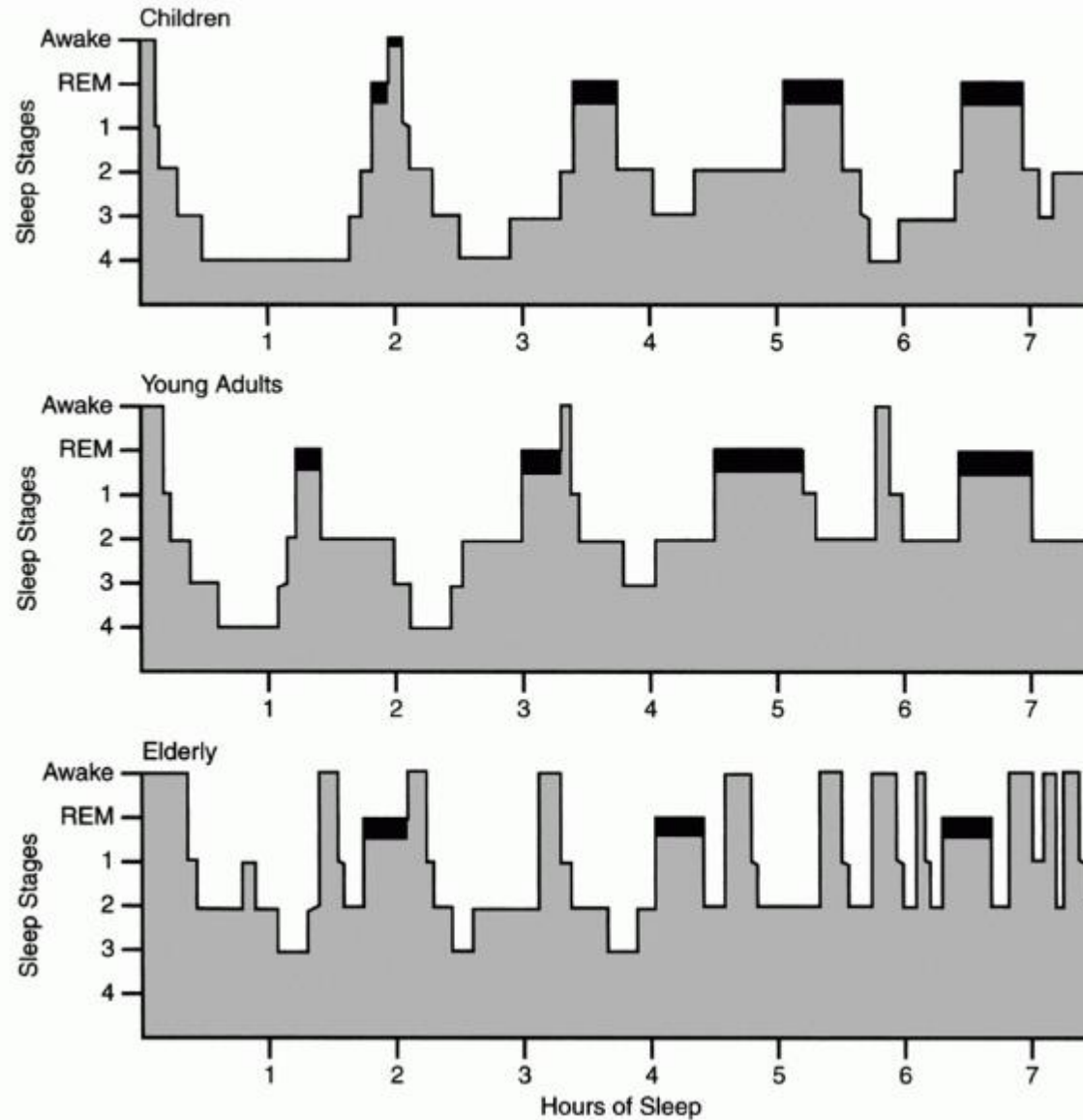
Stage N3



REM stage



ONSET OF REM SLEEP



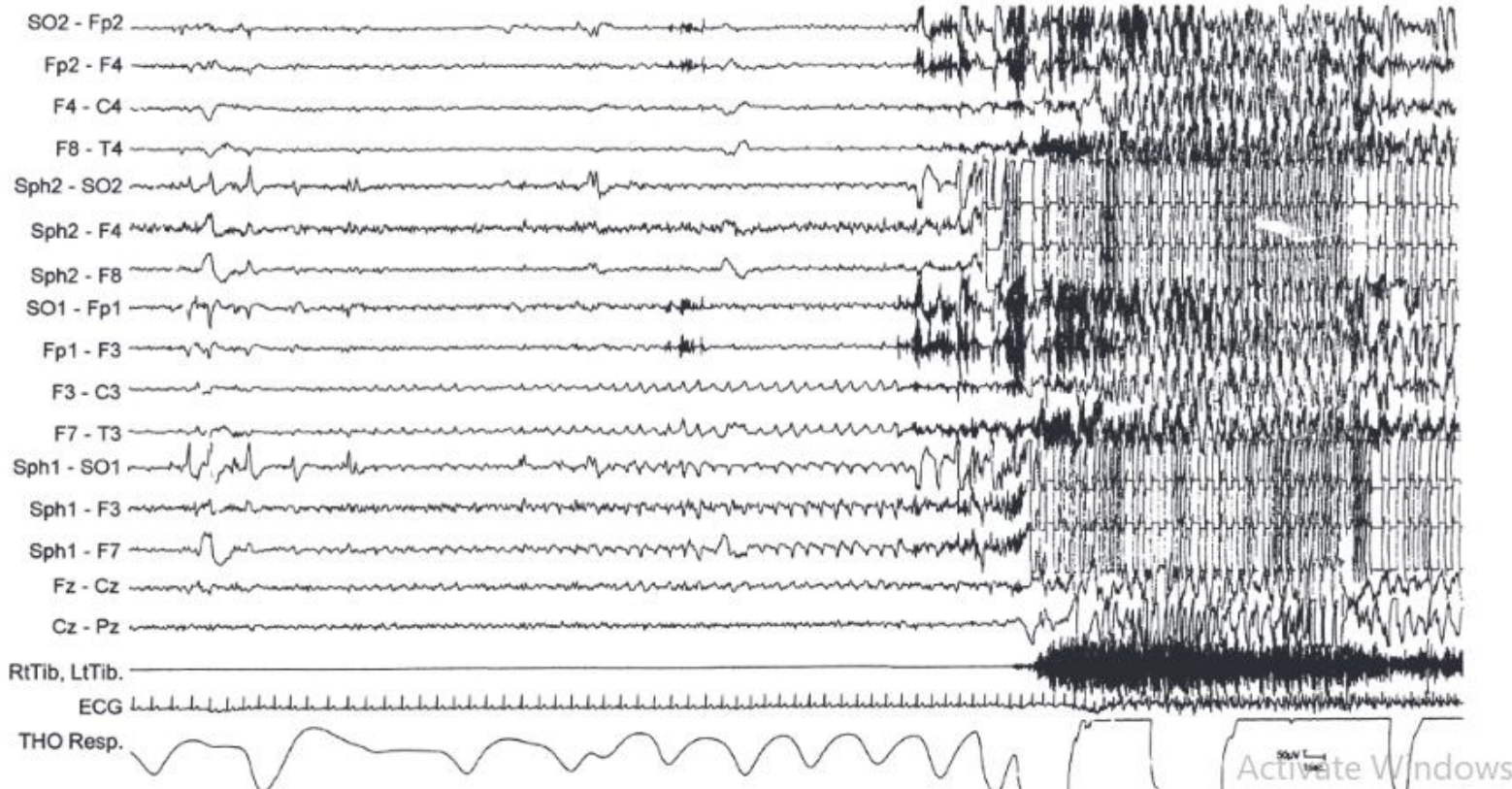
Normal Polysomnographic Values in Children

TABLE 28.2 Polysomnographic Data in Normal 5–10-year-old Children

SLEEP		RESPIRATORY	
EEG arousal index, n/h	7±22	Obstructive apnea Index, n/h TST	0.0±20.1
Sleep efficiency, %	84±213	Obstructive hypopnea Index, n/h TST	0.1±20.1
Stage 1, %TST	5±23	Central apneas with desaturation n/hr TST	0.0±20.1
Stage 2, %TST			
Slow wave sleep, %TST	51±29		
	26±28	Duration of Hypoventilation ($P_{ET}CO_2 \geq 45$ mmHg), %TST	1.6±20.8
REM sleep, %TST	19±26	Peak $P_{ET}CO_2$, mmHg	46±23
REM cycles, n	4±21	S_pO_2 Nadir, %	95±21

Data, Mean ± 2 SD; see references^{47,48,70,72}

Epilepsy





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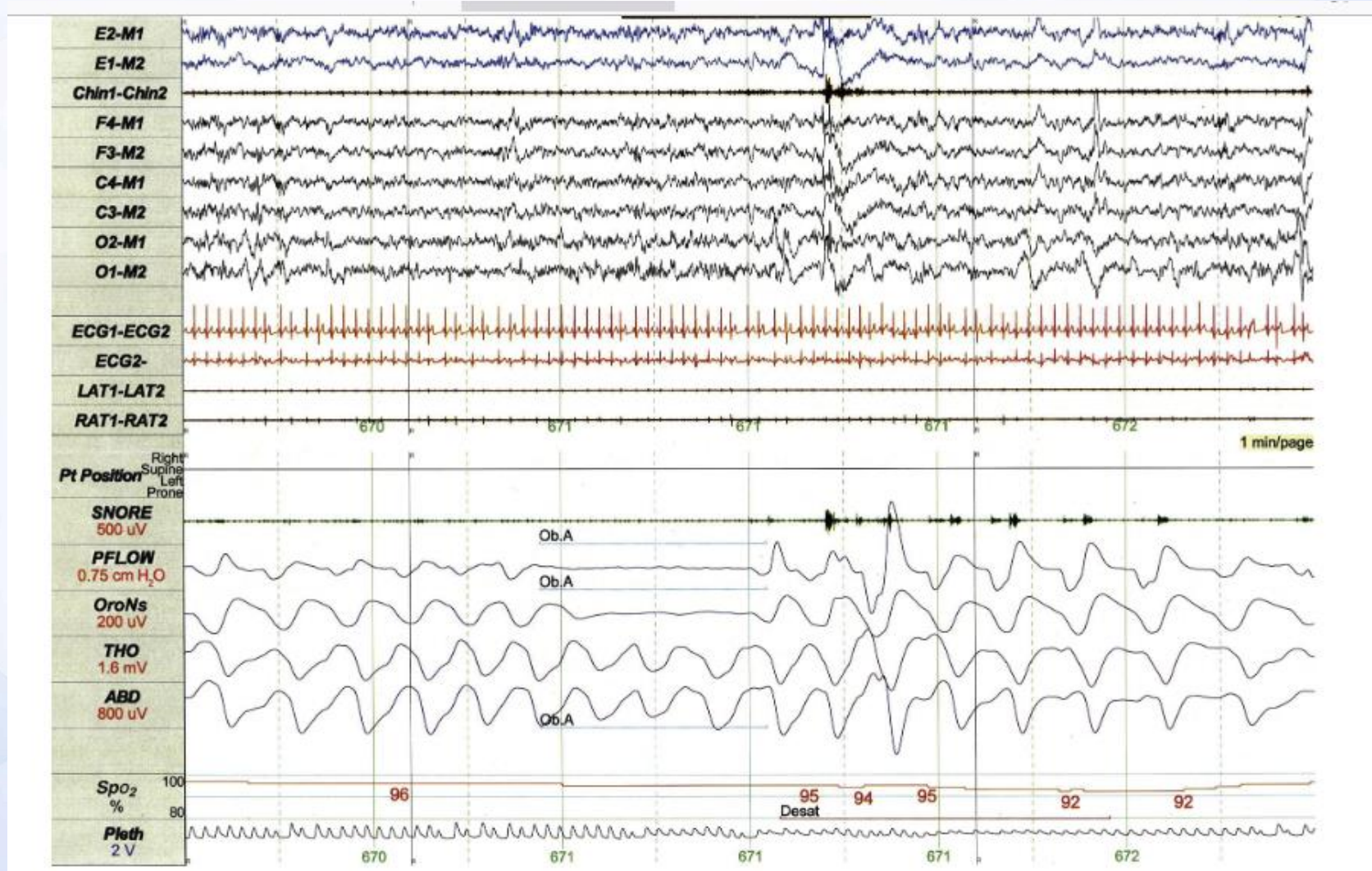
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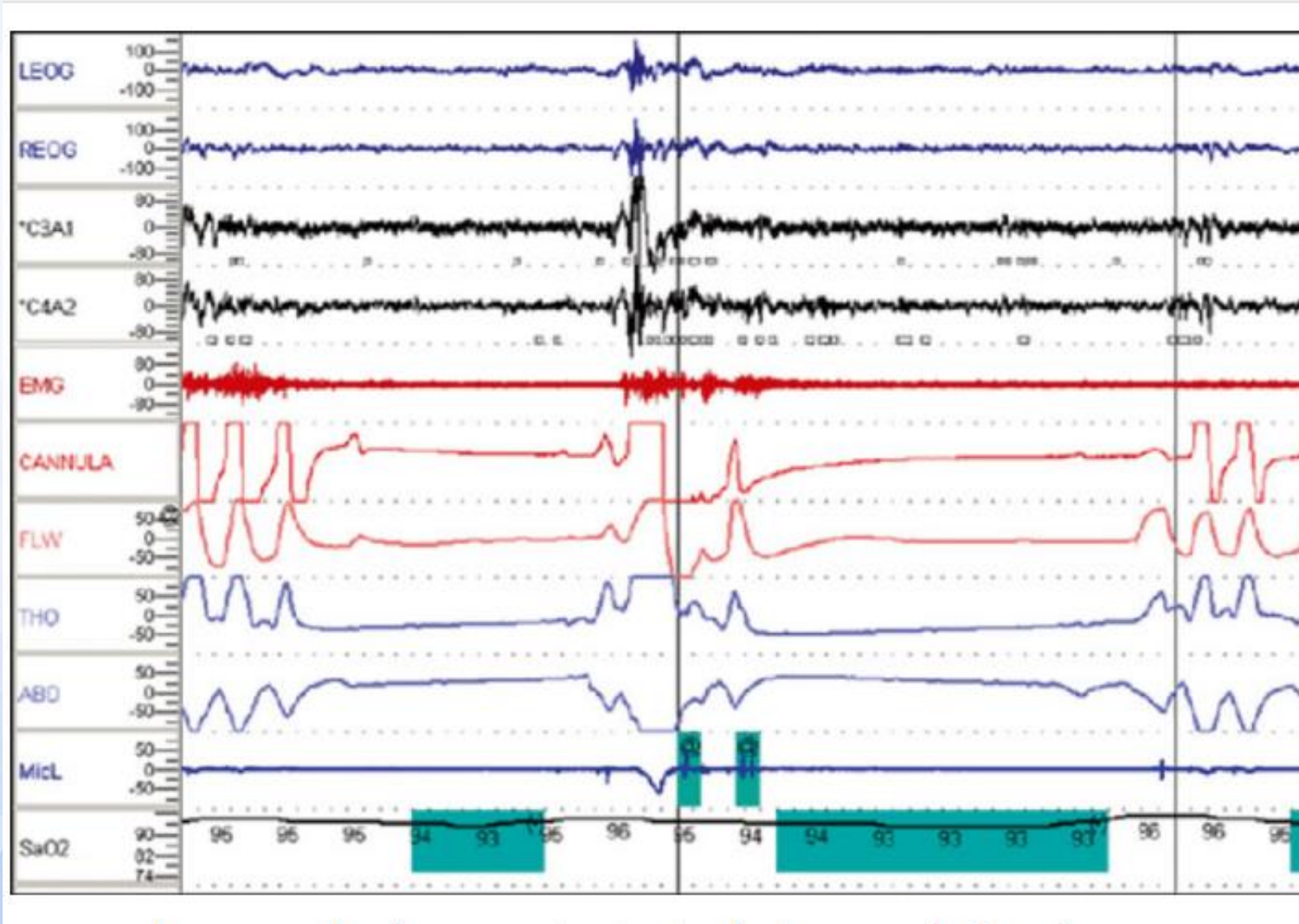


Respiratory Events

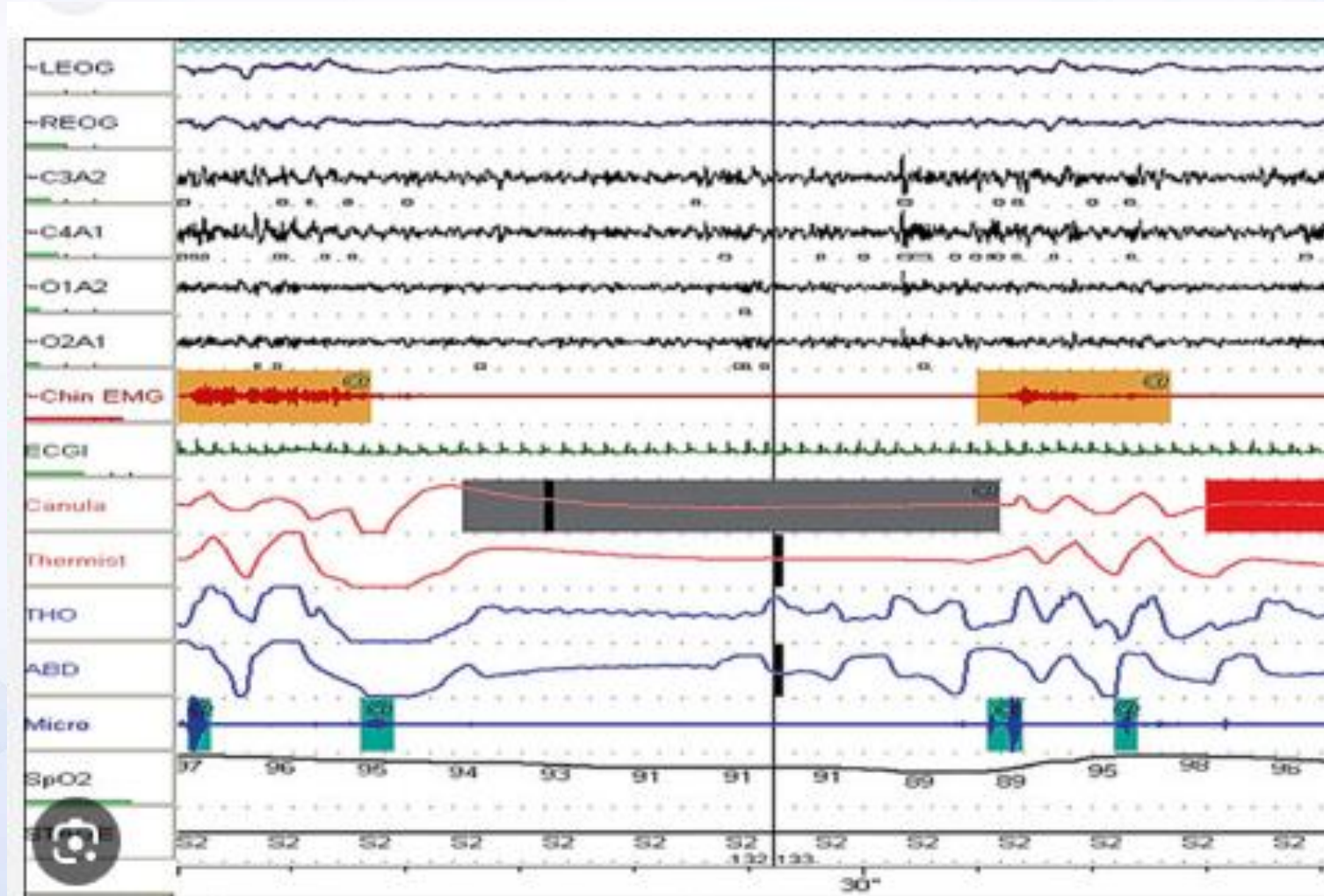
Obstructive apnea



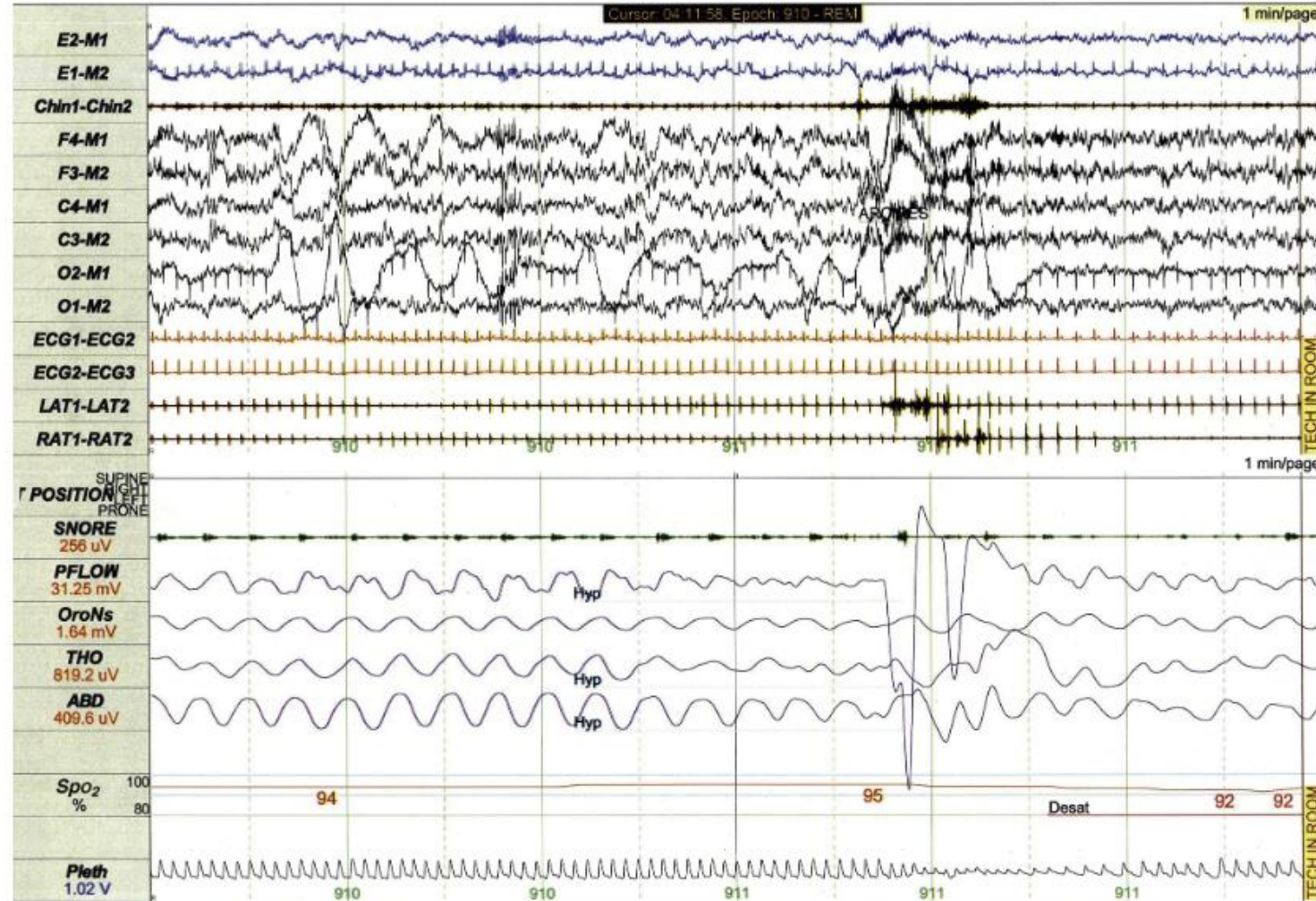
Central apnea



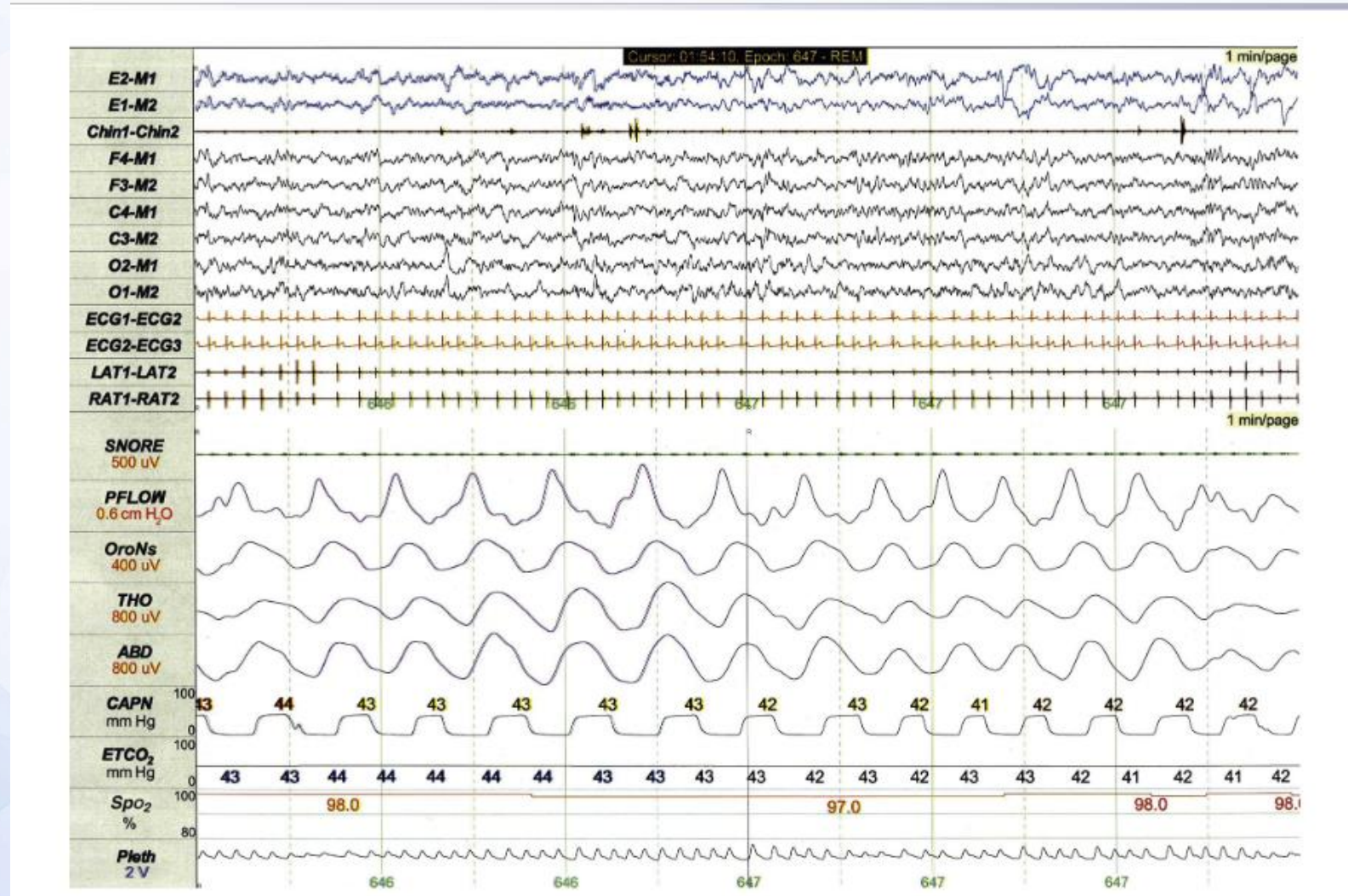
Mix apnea



Hypopnea



Hypoventilation

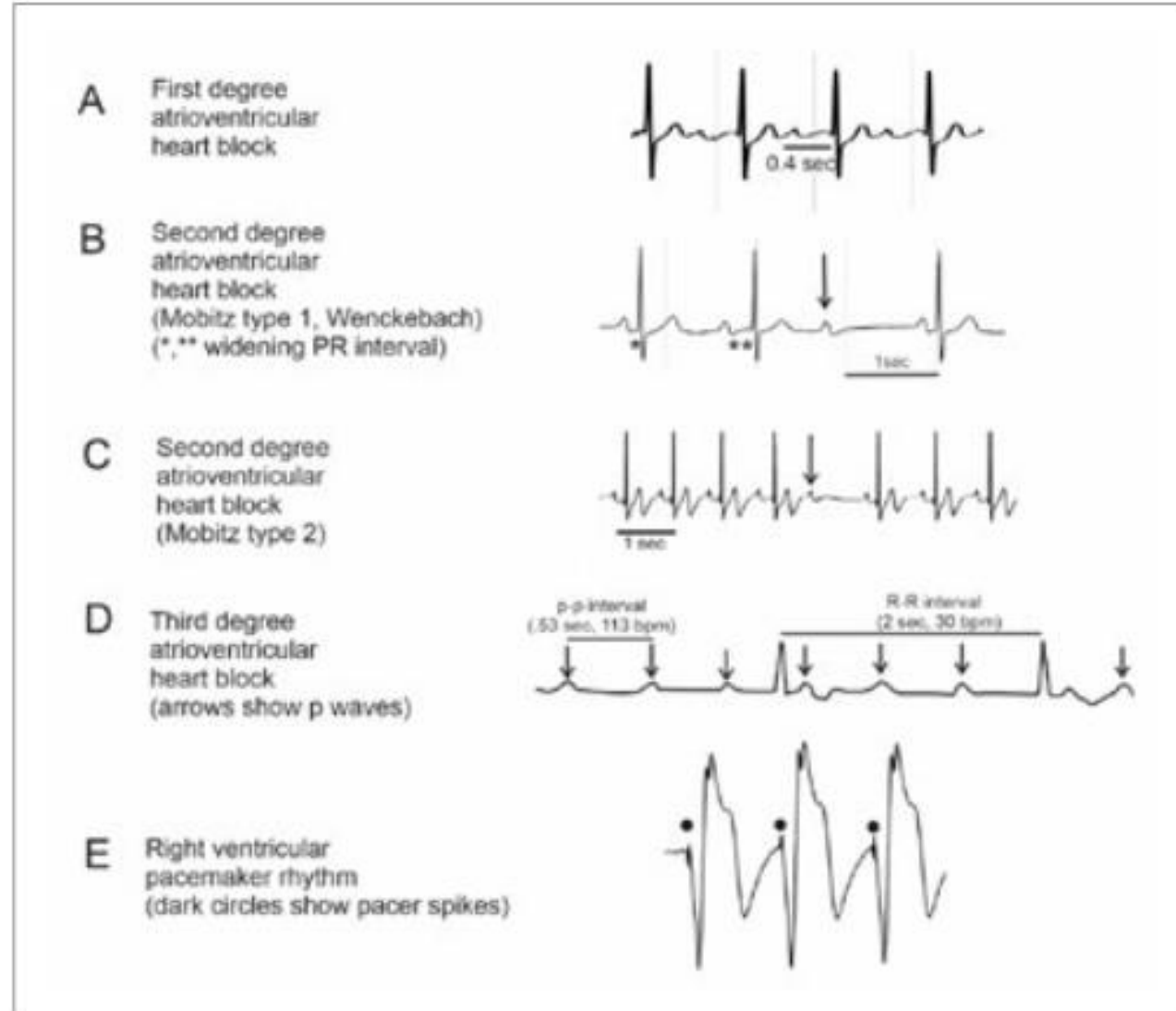


Normal Polysomnographic Respiratory Values in Children

	(ONE OR MORE OF THE FOLLOWING)				
	APNEA INDEX (Events/h)	SpO ₂ NADIR (%)	P _{ET} CO ₂ PEAK (Torr)	P _{ET} CO ₂ > 50 Torr (%TST)	AROUSALS (Events/h)
Primary Snoring	≤1	>92	<53	<10%	EEG <11
Upper Airway Resistance Syndrome	≤1	>92	<53	<10%	RERA >1 EEG >11
Mild OSAS	1-4	86-91	>53	10-24%	EEG >11
Moderate OSAS	5-10	76-85	>60	25-49%	EEG >11
Severe OSAS	10	≤75	>65	≥50%	EEG >11

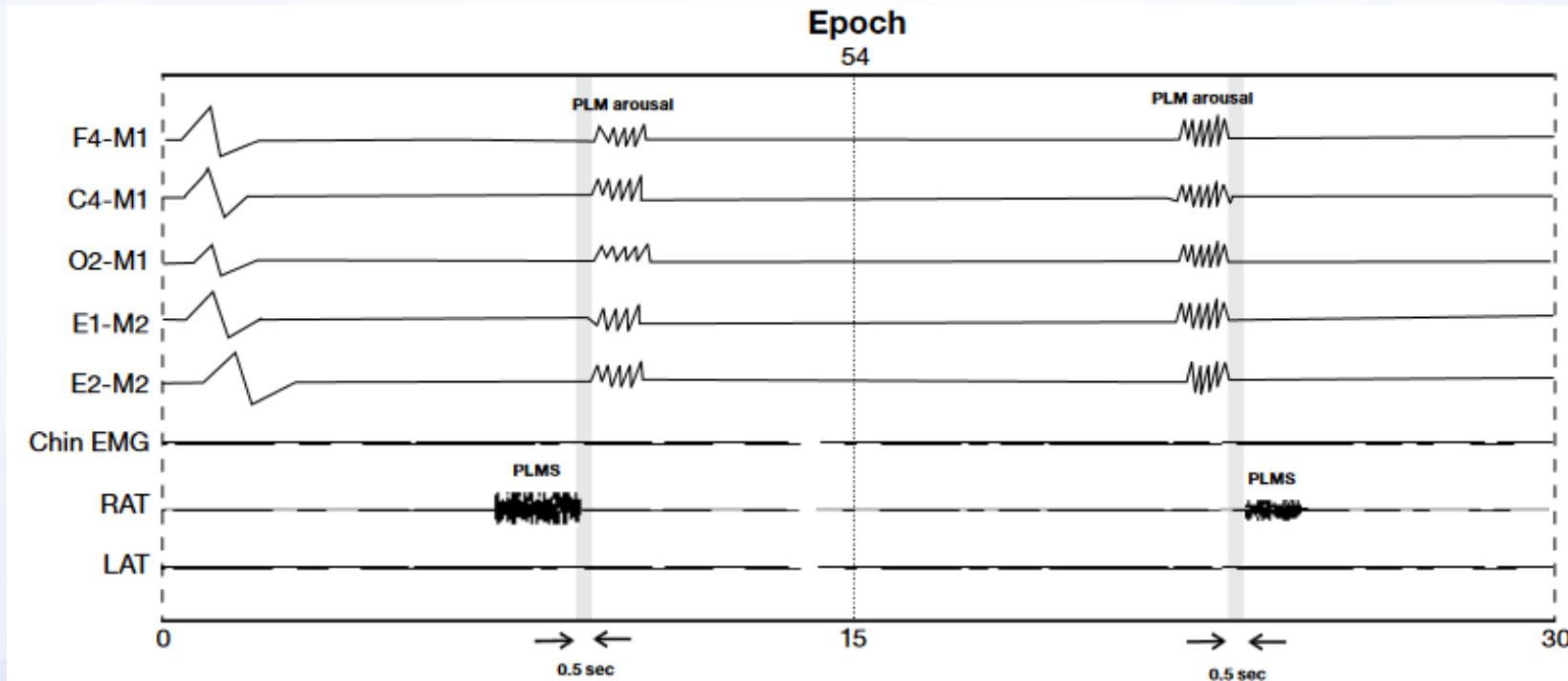


Cardiac Events





Movement Events



Question?

- طب خواب شامل اپروچ های نوین و کاربردی در تشخیص بیماری‌هاست ولی کاربردها در ارزیابی تکامل طبیعی دستگاه عصبی بسیار جای سخن دارد و امیدوارم از آرای اساتید بهره ببرم.



Thanks for your attention

