

Diagnosis and Treatment of Infantile Apnea

John Wilson*

Department of Pediatrics, University of Haifa, Haifa, Israel

DESCRIPTION

A sleep disorder called pediatric obstructive sleep apnea causes when the child's breathing may periodically become partially or fully obstructed while they are asleep. Infantile apnea symptoms and indicators during sleep may include snoring, breathing breaks, coughing, or choking during the night, mouth respiration, night time perspiration, bed-wetting, night terrors. Infantile apnea is most frequently caused by swollen tonsils and adenoids. It can be classified into three types

Central apnea

Caused by a 40% reduction in the central nervous system's stimulation of the respiratory muscles. Airflow and respiratory effort both stop at once (absence of chest wall movement and airflow).

Obstructive sleep apnea

10% caused by nasal blockage, neck flexion, or pharyngeal instability or collapse. Airflow not present despite inspiratory attempts (There is presence of chest wall movement but no airflow).

Mixed apnea

Obstructed respiratory effort either proceeds (typically) or follows central apnea.

Diagnosis

The neck, mouth, tongue, and adenoids of infant could be examined. Several tests could be prescribed by the doctor to identify the illness. Tests might consist of:

Polysomnogram: During an overnight sleep study, doctors assess the child's health. While child sleeps, sensors attached to the body will record their heart rate, breathing patterns, oxygen levels, muscular activity, and brain wave activity.

Oximetry: An overnight recording of oxygen levels may be used

to diagnose obstructive sleep apnea, if clinicians have a high degree of suspicion in that direction and a full polysomnogram is not required or feasible.

Electrocardiogram: Electrodes which are sensor patches with wires connected and record the electrical impulses of child's heart produces during an ECG. This test may be used by doctors to assess whether the child has a cardiac issue.

Treatment

Treatment of sleep apnea may include:

Medications: For some kids with moderate obstructive sleep apnea, topical nasal steroids such fluticasone (Dymista) and budesonide (Rhinocort, Pulmicort Flexhaler, etc.) may reduce the symptoms of sleep apnea. When combined with nasal steroids or administered alone, montelukast (Singulair) may help alleviate symptoms in children with allergies.

Removing of adenoids and tonsils: Physician may suggest that the child to a pediatric ear, nose, and throat specialist to talk about having their tonsils and adenoids removed if they have moderate to severe sleep apnea. By opening the airway, an adenotonsillectomy may be able to treat obstructive sleep apnea. Depending on the children's condition, more upper airway surgery may be advised.

Positive airway pressure therapy: Small machines gently push air *via* a tube and mask that are linked to the child's nose and mouth during Continuous Positive Airway Pressure (CPAP) and Bilevel Positive Airway Pressure (BPAP). To keep the child's airway open, the machine applies air pressure to the back of the child's throat. When drugs or tonsil and adenoid ectomy are ineffective, doctors frequently use positive airway pressure treatment to treat children with obstructive sleep apnea.

Oral devices: It could be advised to use oral equipment like mouthpieces or dental gadgets. To keep the child's upper airway open, several devices help to widen the palate and nasal passages or pull the child's bottom jaw.

Correspondence to: John Wilson, Department of Pediatrics, University of Haifa, Haifa, Israel, E-mail: wilsonj@yahoo.com

Received: 28-Oct-2022, Manuscript No. LDAPR-22-21141; **Editor assigned:** 31-Oct-2022, Pre QC No. LDAPR-22-21141 (PQ); **Reviewed:** 15-Nov-2022, QC No. LDAPR-22-21141; **Revised:** 22-Nov-2022, Manuscript No. LDAPR-22-21141 (R); **Published:** 30-Nov-2022, DOI: 10.35248/23854529.22.9.045.

Citation: Wilson J (2022) Diagnosis and Treatment of Infantile Apnea. Adv Pediatr Res. 9:045.

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