

## INTRODUCTION

- The prevalence of Obstructive Sleep Apnea (OSA) in Pierre Robin Sequence infants (PRS) is reported in literature as 46 to 85%.
- Limited evidence regarding sleep outcomes of PRS infants treated conservatively (without surgery).
- Our goal is to examine outcomes in sleep architecture and respiratory parameters of PRS infants treated conservatively as a viable alternative to surgical intervention.

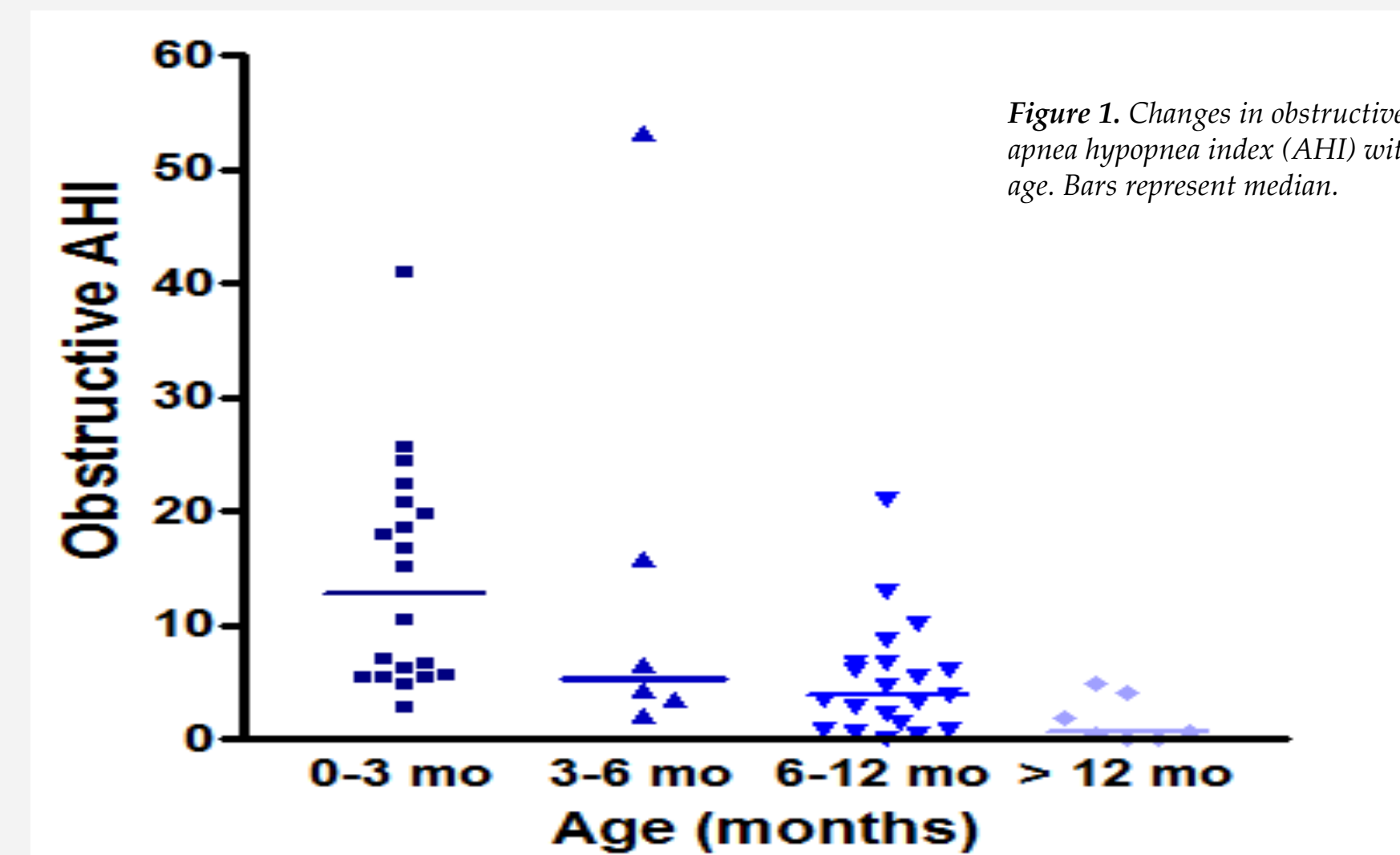
## METHODS

- 13-year single institution retrospective study of 182 infants.
  - Included 23 infants with PRS with a diagnostic PSG (PSG<sub>1</sub>) at age < 6 months, and at least one follow-up polysomnogram (PSG<sub>N</sub>).
  - Excluded 159 PRS infants with a surgical intervention before or between studies or split night studies.
- Mixed model analysis was used to track developmental changes in sleep and respiratory parameters between both groups.

## RESULTS

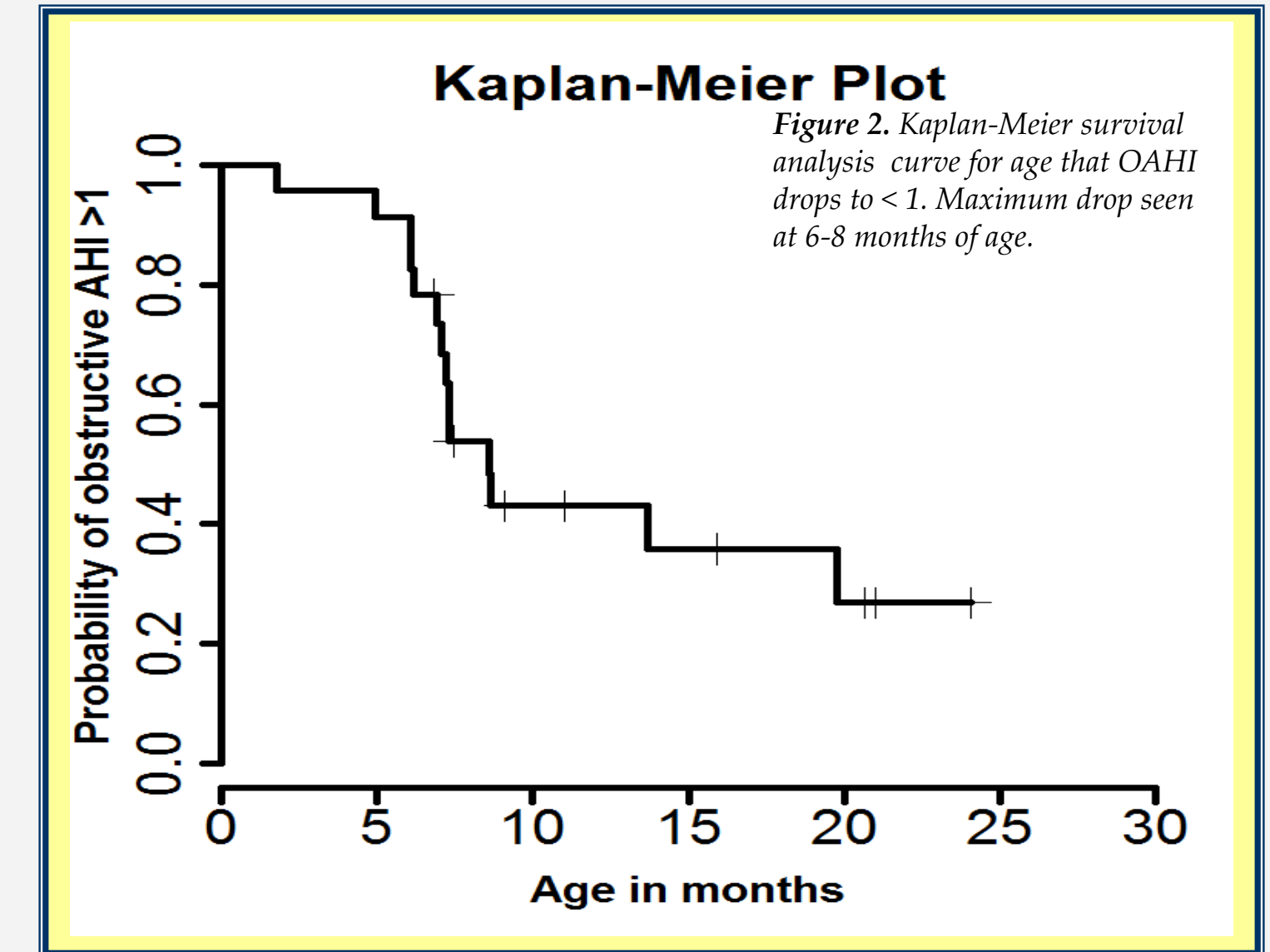
- Depicted in Tables 1, 2 and Figures 1,2.
- Age groups:
  - 0-3 months: 20 infants (mean age 0.8±0.6)
  - 3-6 months: 6 infants (mean age 4.4±0.3)
  - 6-12 months: 21 infants (mean age 7.5±1.2)
  - > 12 months: 6 infants (mean age 17.7±3.1)

Treatment Modalities of 23 PRS infants included in study	
Supplemental Oxygen	13 (56%)
CPAP	1 (4%)
Conservative positioning	9 (39%)



Changes in respiratory parameters with age				
Parameter	0-3 mo	3-6 mo	6-12 mo	> 12mo
AHI (events/hr)	19.8	8.1	7.2	4.7*
OAHl (events/hr)	12.8	5.3	3.9*	1.2*
O <sub>2</sub> saturation (%)	83	82	82	86
Avg ET <sub>CO</sub> <sub>2</sub> (mmHg)	32	35	36*	40*
REM (%)	50	38*	31*	25*
NREM (%)	50	62*	69*	75*
Sleep Efficiency	69	79*	81*	84*
Arousal Index	27.2	18.3*	12.5*	11.8*

*Table 2. Changes in respiratory parameters with age. AHI: total apnea hypopnea index; OAHl: obstructive apnea hypopnea index; O<sub>2</sub>: oxygen; Avg ET<sub>CO</sub><sub>2</sub>: average end tidal CO<sub>2</sub>. REM: rapid eye movement sleep; NREM: non rapid eye movement sleep  
\* Indicates p<0.05 compared to baseline.*



## CONCLUSIONS

- PRS infants treated conservatively have considerable resolution of OSA during the first year of life without surgical intervention.
  - Maximum improvement seen at 6-8 months of age.
- Corresponding improvements in sleep efficiency and arousal index.
- Normal developmental changes in sleep architecture are observed.

## Disclosures and References

Disclosures: This study is funded by the Cincinnati Children's Hospital Research Fund and the Center for Clinical and Translational Science and Training.

References:

1. Bravo G et al. Int J Pediatr Oto 2005;
2. Gilhooly JT et al. Plas and Recon Surg 1993.
3. Wilson AC, et al. Arch Dis in Child 2000