

OSAS - IL CONTRIBUTO DELL'OTORINOLARINGOIATRA



Dott. Mauro De Bellis



... OGGI LE COMICHE !!!



SINDROME DELLE APNEE OSTRUTTIVE DEL SONNO (OSAS) -Novità diagnostiche e terapeutiche
Sabato 20 Maggio 2017 - Auditorium SYNLAB-CAM - viale Elvezia - Monza



... CHI RUSSA TRA I DUE ??

Distrofia Miotónica de Steinert



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«immunohistochemical and histomorphometric study of human uvula innervation: a comparative analysis of non-snorers versus apneic snorers»

Sleep Breath
DOI 10.1007/s11325-011-0597-7

ORIGINAL ARTICLE

Immunohistochemical and histomorphometric study of human uvula innervation: a comparative analysis of non-snorers versus apneic snorers

Mauro De Bellis · Fabio Pagni · Susanna Ronchi · Giuseppe Limonta · Sonia Gorla · Guglielmo Nicoletti · Monica Cucci · Camillo Di Bella · Claudio Vicini

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Abstract

Objective The objective of this study was to verify a possible correlation between the etiology of uvulopalatal ptosis and decrease in palatopharyngeal muscle tone, due to a reduction of the number of nerve fibers in surgical specimens obtained from snoring patients.

Design/setting of the study We have designed a comparative retrospective, case-control, double-blind, immunohistochemical and histomorphometric study of human uvula innervation in 51 apneic snoring patients who underwent uvulopalatopharyngoplasty (UPPP) and 47 normal subjects collected in a

5-year-long period in the Departments of Otolaryngology of Desio and Forlì Hospital, Italy.

Patients Case study was chosen in patients who underwent UPPP, variably associated with other dis obstructive surgical procedures for treatment of obstructive sleep apnea syndrome, classified according to current clinical, polysomnographic, endoscopic, and imaging criteria. Control subjects were recruited at the Institute of Legal Medicine, University of Milan, according to strong inclusion and exclusion criteria. The main outcome measure of the study was the number of nerve fibers in the patients' uvula evaluated histologically and repeated two times by two different people, in all the areas of the specimens. Finally, we correlated the area of the histological section with the number of fibers contained therein.

Results The number of nerve fibers varied from a minimum of 58 to a maximum of 163 in normal subjects. In the snoring patient population, the number of nerve fibers varied from a minimum of 22 to a maximum of 126 (statistically significant difference, $p < 0.0001$). In conclusion, our results direct toward a clear neurogenetic predisposition to uvulopalatal ptosis, marked ab initio by a lower set of motor nerve fibers, which may be the initial stage of another subsequent morphological and functional abnormality.

Keywords Uvulas · Snorers · Neural deficit

Introduction

In literature, a lot of hypotheses about possible causes of sleep and breathing disturbance have been made. In

This paper was not presented at a conference.

Dr. De Bellis and Dr. Pagni contributed equally to the ideation and management of this paper.

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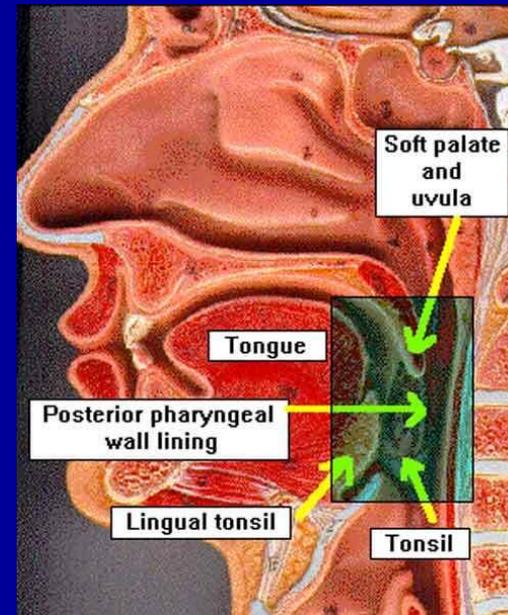
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CHI RUSSA ?

CHI HA UN'OSTRUZIONE A LIVELLO:

- ✓ NASALE
- ✓ RINOFARINGEO
- ✓ OROFARINGEO
- ✓ IPOFARINGEO
- ✓ LARINGEO



MALATTIA MULTIFATTORIALE = DIAGNOSI E TERAPIA MULTIDISCIPLINARE:

- ✓ **CARDIOLOGO**
- ✓ **DIETOLOGO**
- ✓ **MAXILLO-FACCIALE**
- ✓ **ODONTOIATRA**
- ✓ **OTORINOLARINGOIATRA**
- ✓ **NEUROLOGO**
- ✓ **PIERCER**
- ✓ **PNEUMOLOGO**



DIAGNOSTICA ORL = TOPODIAGNOSI DEI SITI DI OSTRUZIONE

1. RINOFIBROLARINGOSCOPIA CON TEST DI MULLER
2. DISE (DRUG INDUCED SLEEP ENDOSCOPY)
3. ESAME POLISONNOGRAFICO
4. RMN -TC COLLO/MASSICCIO FACCIALE

SITI DI OSTRUZIONE

N: rinofaringe (+/++/+++/++++)

+ = 25%

++ = 50%

+++ = 75%

++++ = 100%

O: orofaringe

H: ipofaringe/base lingua

L: laringe

V: vibrazione **R:** restringimento

AP: anteroposteriore **C:** circolare **LL:** latero-laterale

QUALE TERAPIA?



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TERAPIA DEL PASSATO

- ✓ LAUP / UPP
- ✓ PILLAR
- ✓ RADIOFREQUENZE
- ✓ SOSPENSIONE IOIDEA
- ✓ TONSILLECTOMIA
- ✓ SETTOTURBINoplastica

TERAPIA DEL PASSATO

✓ LAUP / UPP



TERAPIA DEL PASSATO

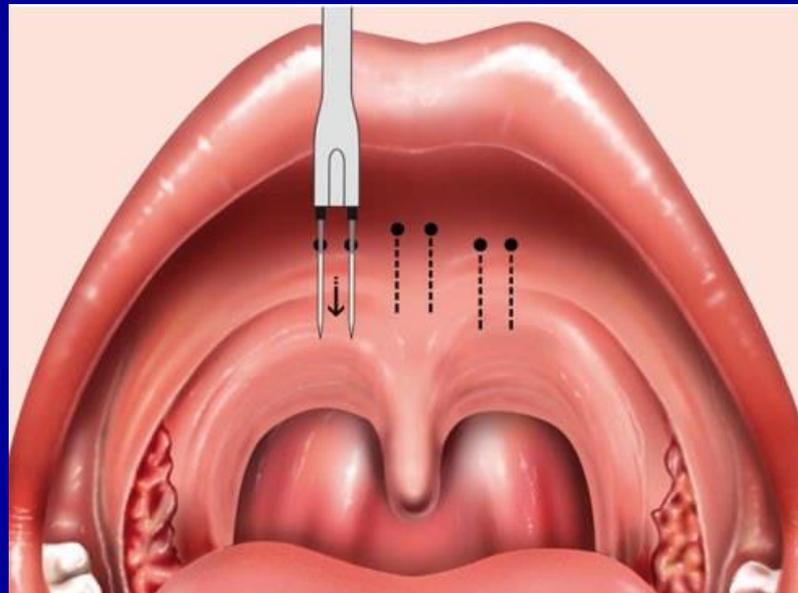
✓ PILLAR



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TERAPIA DEL PASSATO

✓ RADIOFREQUENZE



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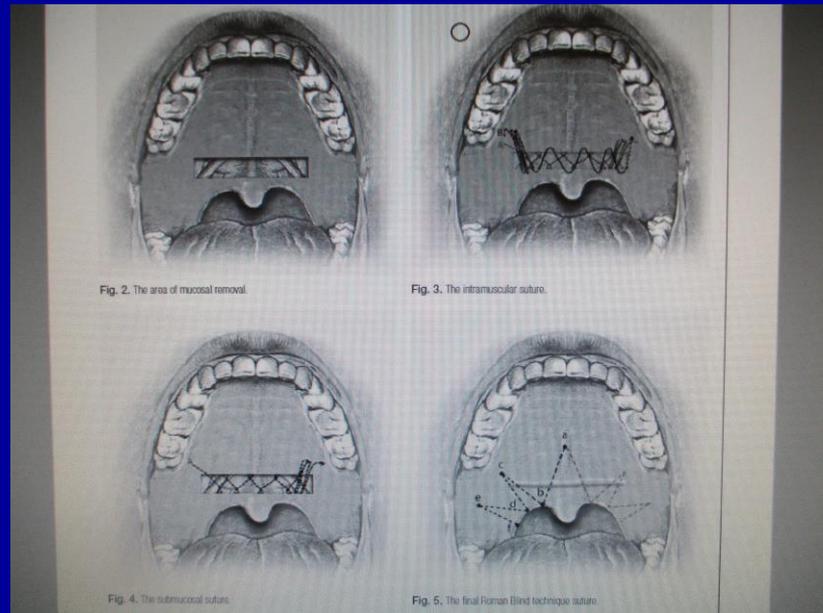
- ✓ LAUP / UPP
- ✓ PILLAR
- ✓ RADIOFREQUENZE
- ✓ SOSPENSIONE IOIDEA
- ✓ TONSILLECTOMIA
- ✓ SETTOTURBINoplastica

TERAPIA DEL PRESENTE

- ✓ BBS (BARBED SNORE SURGERY)
- ✓ TORS (TRANS ORAL ROBOTIC SURGERY)
- ✓ FARINGOPLASTICA LATERALE
- ✓ TONSILLECTOMIA
- ✓ SETTOTURBINOPLASTICA

TERAPIA DEL PRESENTE

✓ BSS (BARBED SNORE SURGERY)



TERAPIA DEL PRESENTE

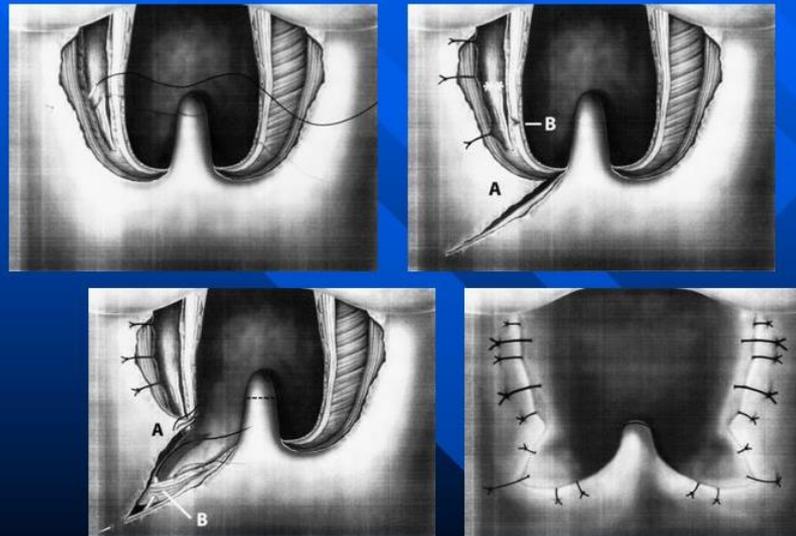
✓ TORS (TRANS ORAL ROBOTIC SURGERY)



TERAPIA DEL PRESENTE

✓ FARINGOPLASTICA LATERALE

■ Lateral Pharyngoplasty



TERAPIA DEL PRESENTE

- ✓ **BBS (BARBED SNORE SURGERY)**
- ✓ **TORS (TRANS ORAL ROBOTIC SURGERY)**
- ✓ **FARINGOPLASTICA LATERALE**
- ✓ **TONSILLECTOMIA**
- ✓ **SETTOTURBINoplastica**

TERAPIA DEL FUTURO

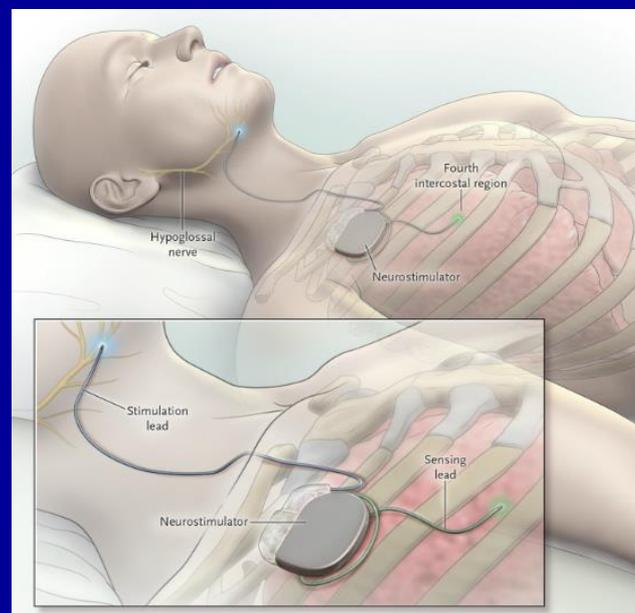
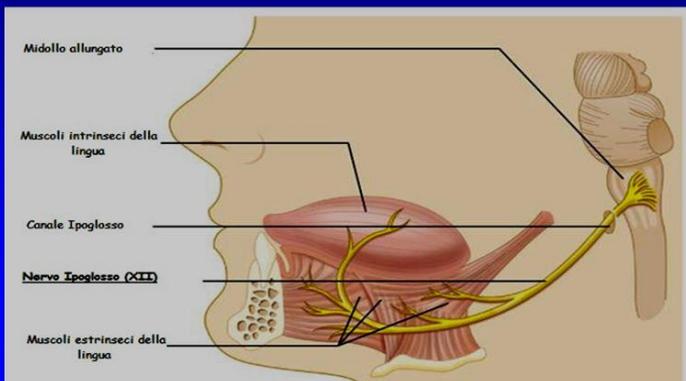
- ✓ NEUROSTIMOLAZIONE
- ✓ RIABILITAZIONE NEUROMOTORIA
- ✓ TONSILLECTOMIA
- ✓ SETTOTURBINoplastica

TERAPIA DEL FUTURO

✓ NEUROSTIMOLAZIONE

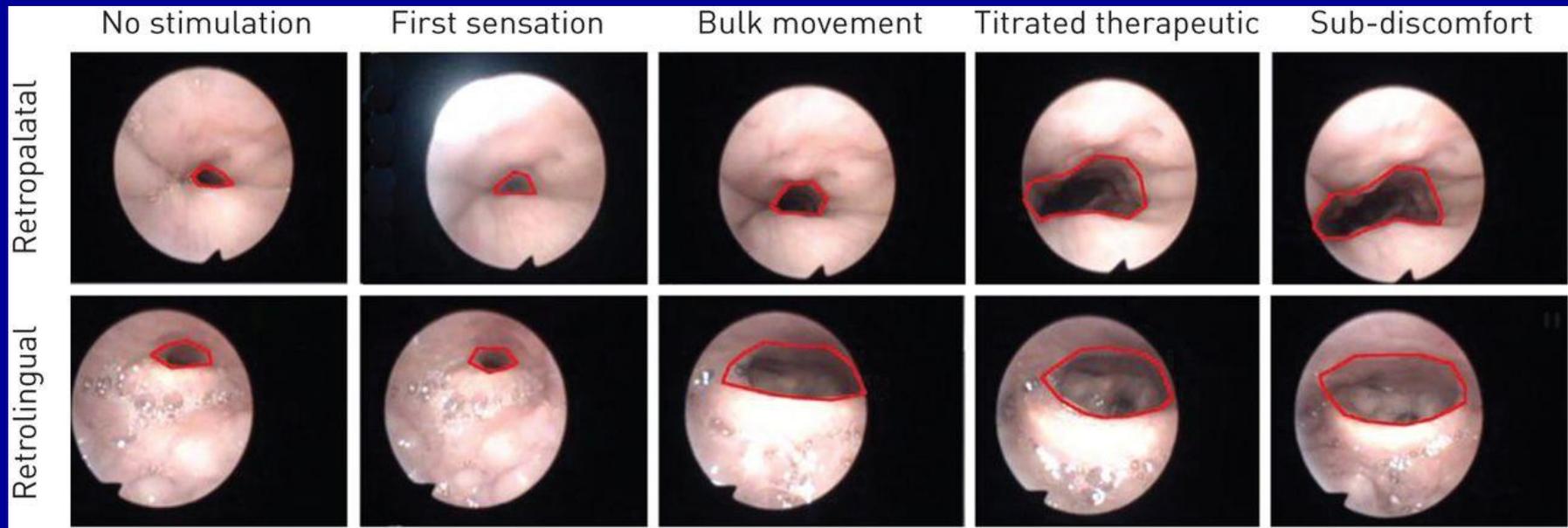
NC XII: Nervo Ipoglosso

- Funzione: movimenti della lingua
- Innervazione: stiloglosso, intrinseci della lingua
- Lesione: atrofia monolaterale, deviazione e protusione della lingua



TERAPIA DEL FUTURO

✓ NEUROSTIMOLAZIONE



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TERAPIA DEL FUTURO

✓ RIABILITAZIONE NEUROMOTORIA



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OSAS PEDIATRICO

FATTORI PREDISPONENTI:



- ✓ IPERTROFIA ADENOTONSILLARE
- ✓ MACROGLOSSIA
- ✓ IPOTONIA MUSCOLARE
- ✓ OBESITA'
- ✓ LARINGE PICCOLA
- ✓ INSUFFICIENTE SVILUPPO III° MEDIO DEL VOLTO



E' LA SQUADRA CHE VA IN META!!

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