Nasendoscopy has been increasingly used to correctly diagnose the site of pharyngeal obstruction. As this is a rapid procedure, propofol has been stated as the most adequate to be used: its short half-life, which is rapidly reversible and with almost no side effects.

Nevertheless, there are still some important questions regarding this exam: does the drug used for sedation change sleep pattern? Does it lead to higher muscle relaxation and consequently change the sites of obstruction?

The objective of the present study was to determine through polysomnography whether propofol would change sleep parameters.

**METHODS AND MATERIALS**

Fifteen subjects (4 controls/11 with OSAS) were submitted to diurnal polysomnography during 120 minutes both with and without the use of propofol. The exams were compared regarding the presence of snoring, apnea/hypopnea index (AHI), oxygen desaturation, and sleep architecture.

**RESULTS**

Fifteen patients were evaluated: 4 controls and 11 with OSAS (6 mild; 4 moderate and 1 severe). The propofol exams induced snoring in the eleven (100%) OSAS patients, whereas none control subject presented snoring.

During unconscious sedation, the mean blood concentration of propofol necessary to induce sedation was 2.33±0.53 mcg/ml using target-controlled infusion (Diprifusor); the highest concentration was 3.5 mcg/ml, and the lowest 1.3 mcg/ml.

13 out of 15 reached REM sleep during diurnal exams, while none patient achieved REM sleep during propofol exams, and they were replaced by N3 sleep.

Nevertheless, minimum saturation presented a mean 3.5 lower value for propofol exams than diurnal ones.

**CONCLUSIONS**

These preliminary results allow us to infer that sedation with propofol permits respiratory evaluation under conditions close to natural sleep regarding the main parameters evaluated in OSAS, supporting the view that nasendoscopy under sedation is a promising exam for the management of this disease.

**REFERENCES**