Multilevel Coblation Therapy of OSA in Long Face Syndrome

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ABSTRACT

OBJECTIVE

Evaluate the efficacy and safety of multilevel coblation submucosal channeling therapy in patients with obstructive sleep apnoea (OSA) and Long Face Syndrome, and to understand these rare presentations.

METHODS AND MATERIALS

Multilevel coblation surgery was performed over a five-year period from October 2008 to September 2013. The procedures were performed at nasal level (turbinate reduction, functional endoscopic sinus surgery, septal reduction, pharyngoplasty, coblation UPPP, and lingual tonsil reduction).

RESULTS

A total of 187 patients had 423 procedures with adequate follow-up. A total of 24 men and 63 women, with mean age of 47 years and mean BMI 32.1, of these five patients were diagnosed with Long Face Syndrome. Forbush Sleepiness Score (ESS) has improved from 16 to 6 or 6 to 2.

CONCLUSION

This study illustrates that the multilevel coblation submucosal channeling technique is a single stage least invasive technique in patients with SDB and LFS.

RESULTS

The initial two patients with Long Face Syndrome were able to come off the long term CPAP (1/187). 1.87 years post surgery (Fig 1) with BMI of 73.5 and ESS of 2.5 and severe apnoea index. BMI of the other three patients have improved from 1.5 to 3 and 5 to 3. The ESS and AHI have improved from 13 to 3 and from 14 to 4 respectively. One patient had primary hypertension (c) one patient had secondary hypertension (secondary insult). None of these patients have any signs of recurrence or any complications with improved bed partner satisfaction and were not found for sleep study.

REFERENCES

4. Redline S, Tillotson T, Teichner P, Christian G. Multilevel Coblation Therapy of Obstructive Sleep Apnea Syndrome. The author would like to thank Dr Blomberg and the Department of Respiratory Medicine for guidance with the sleep lab and this poster preparation.