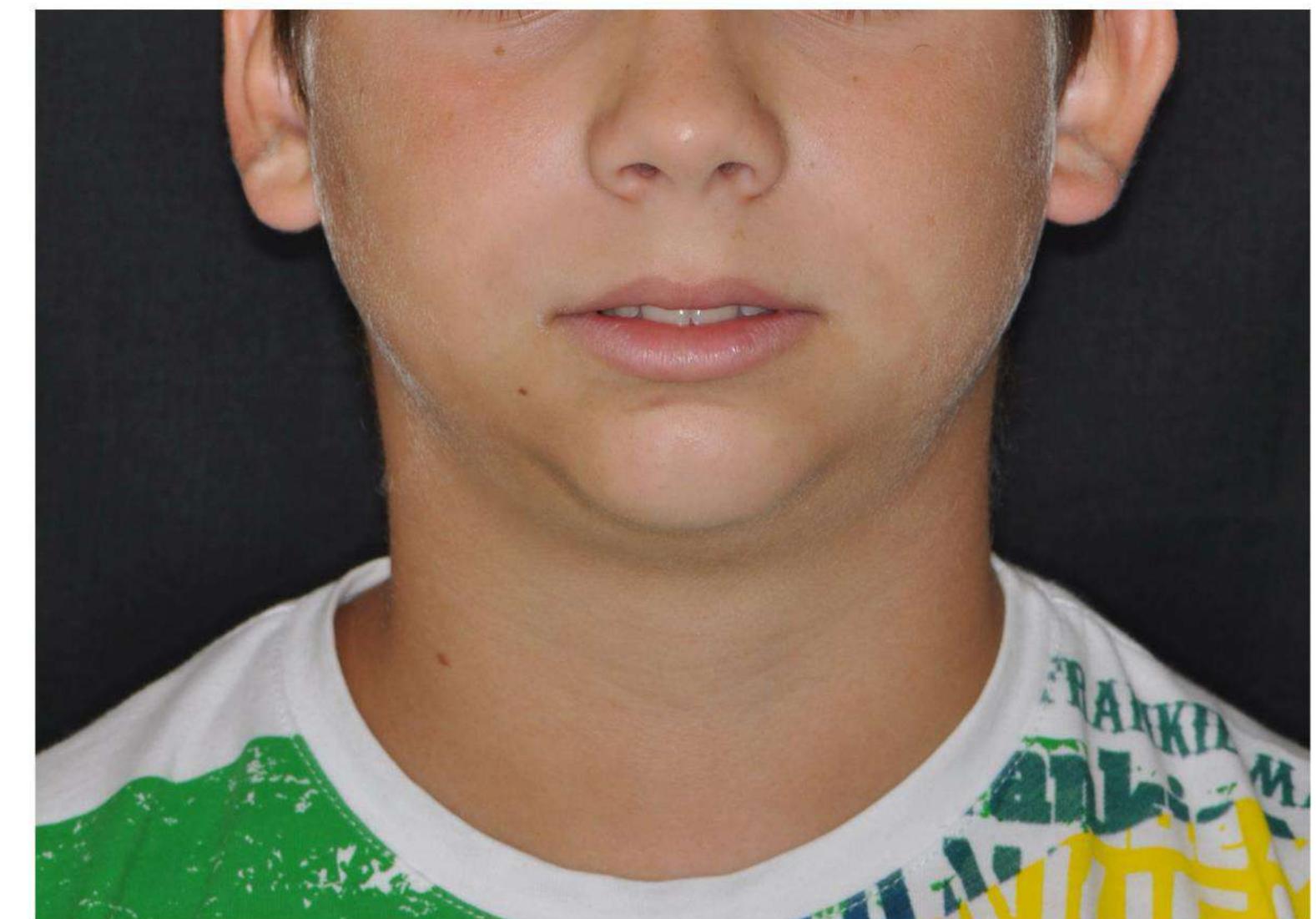
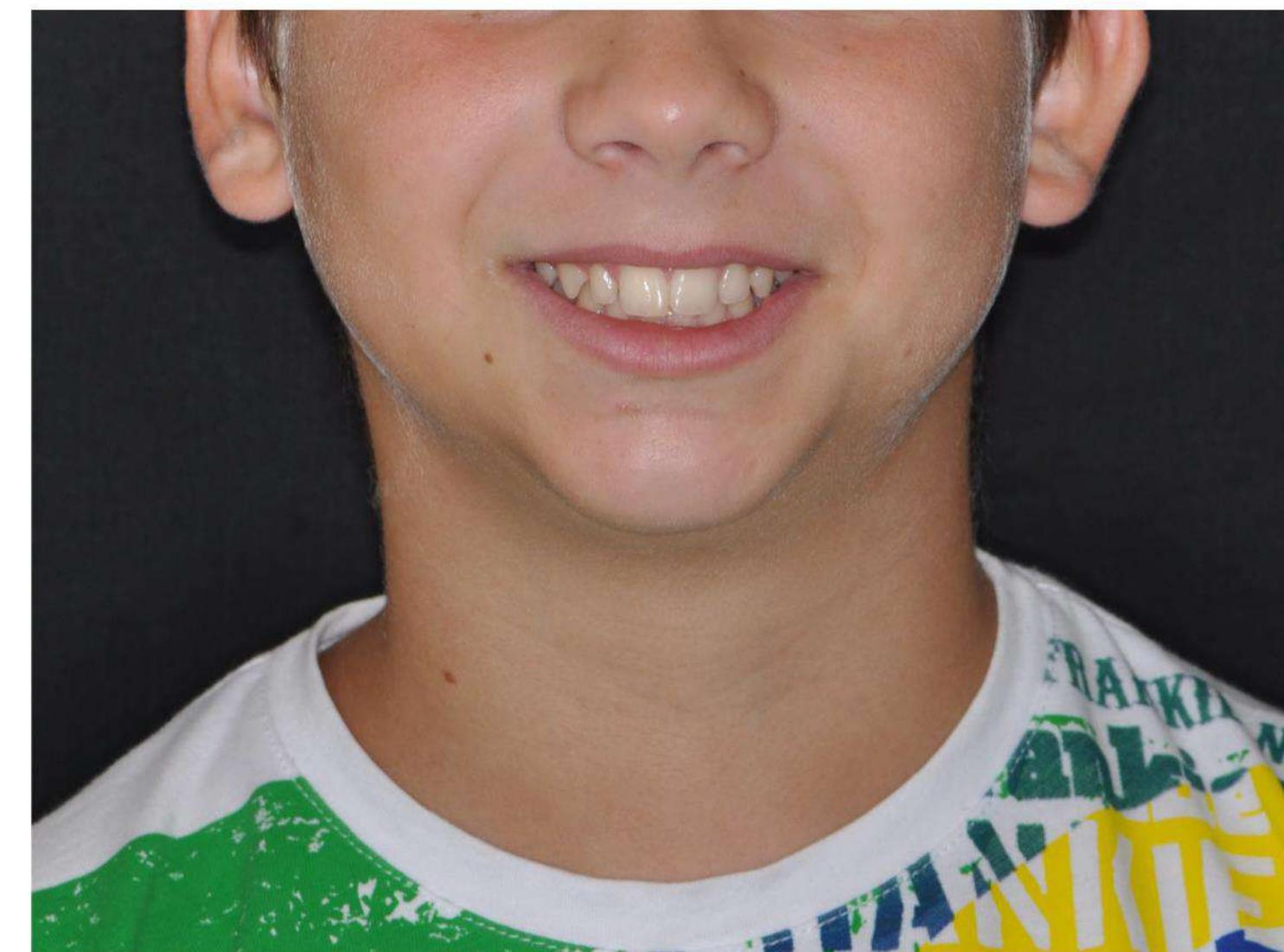
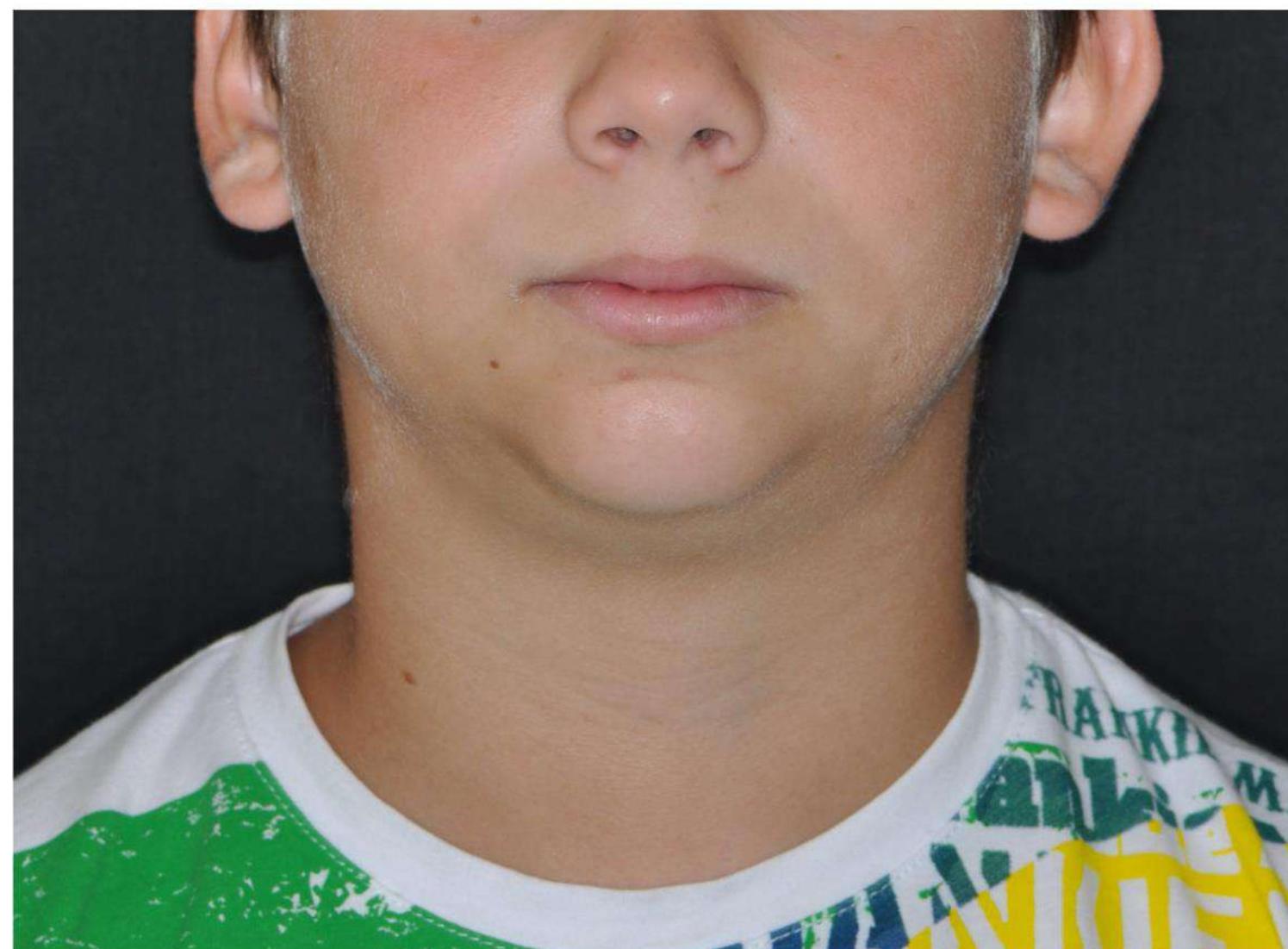
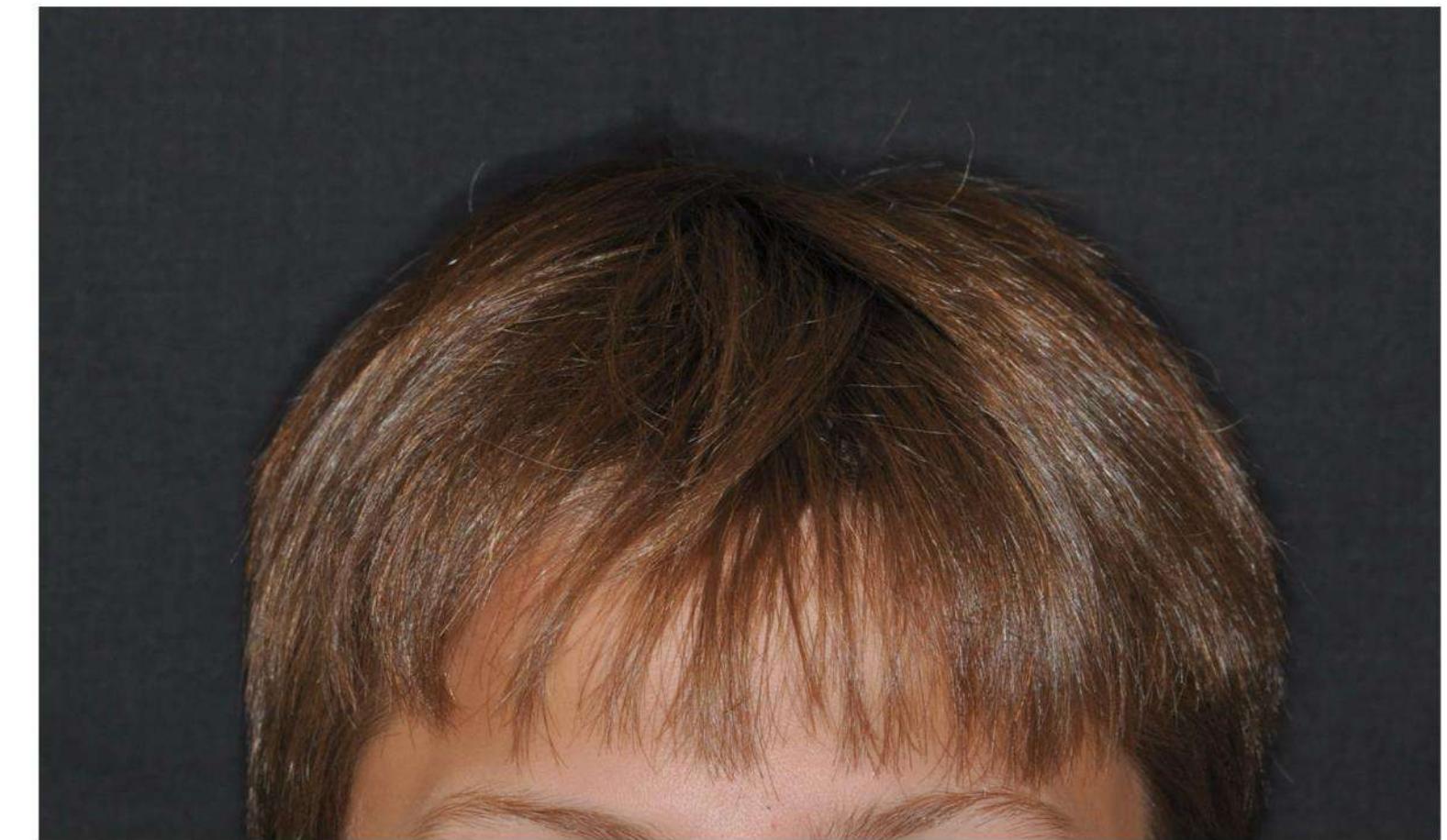
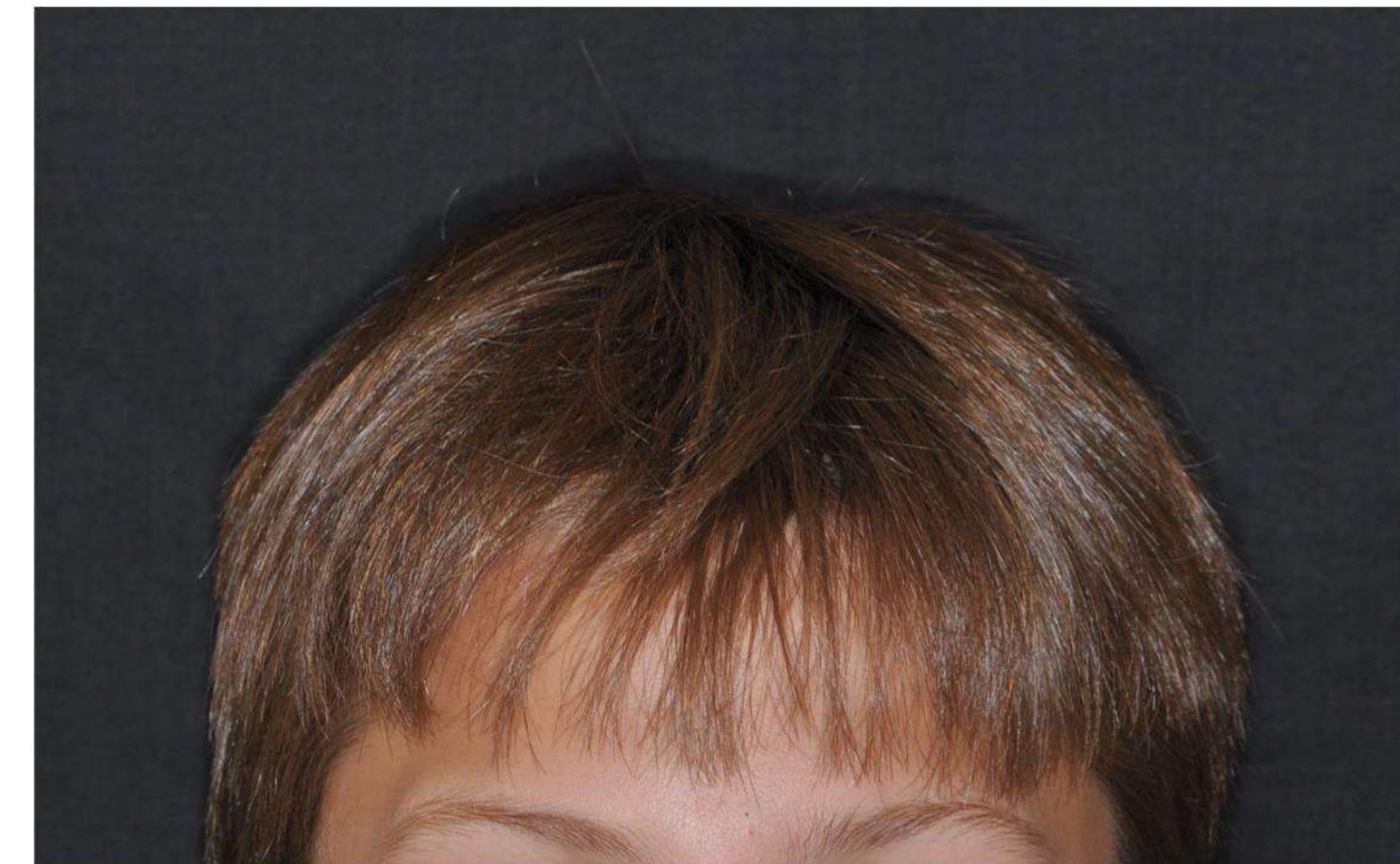
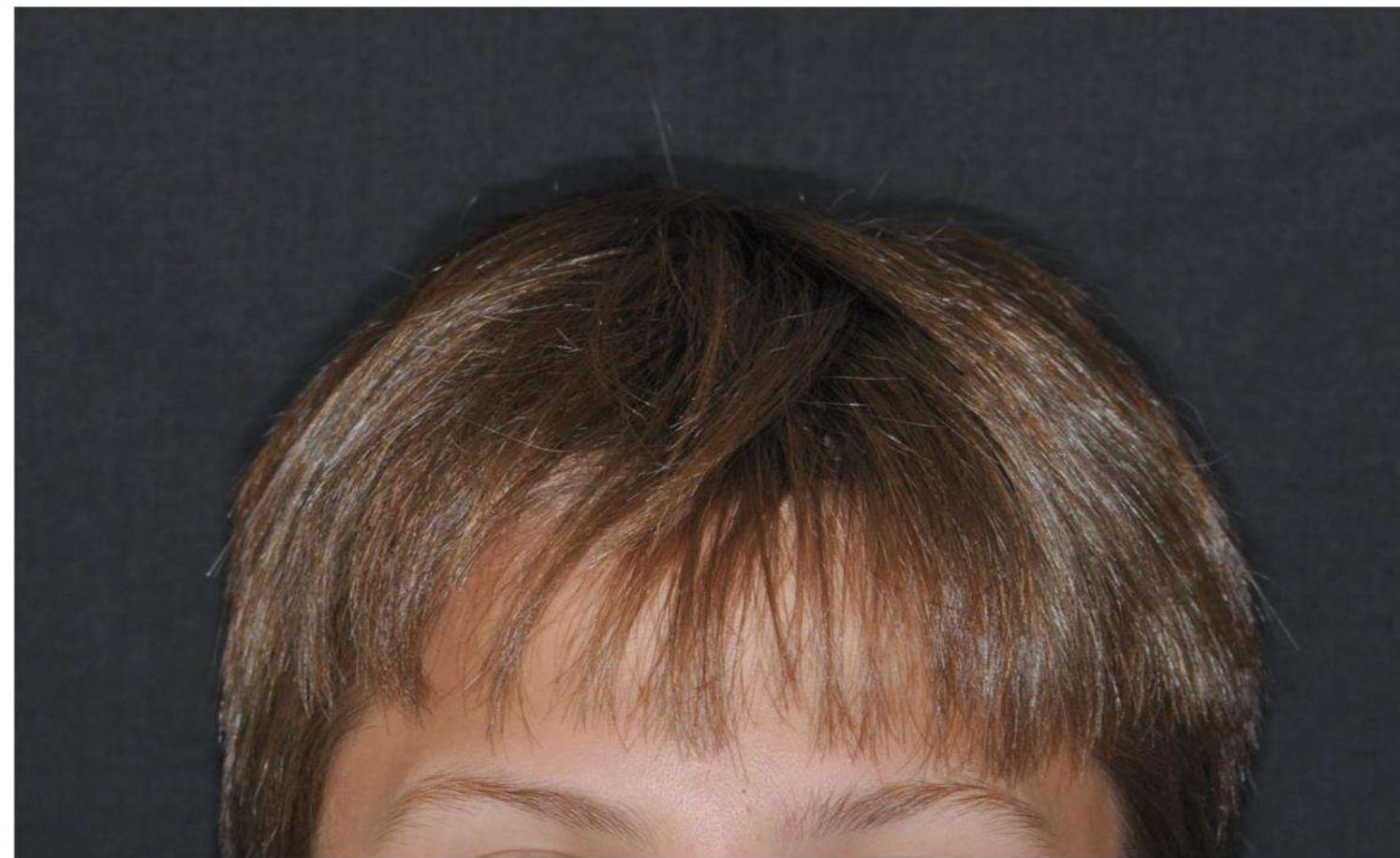


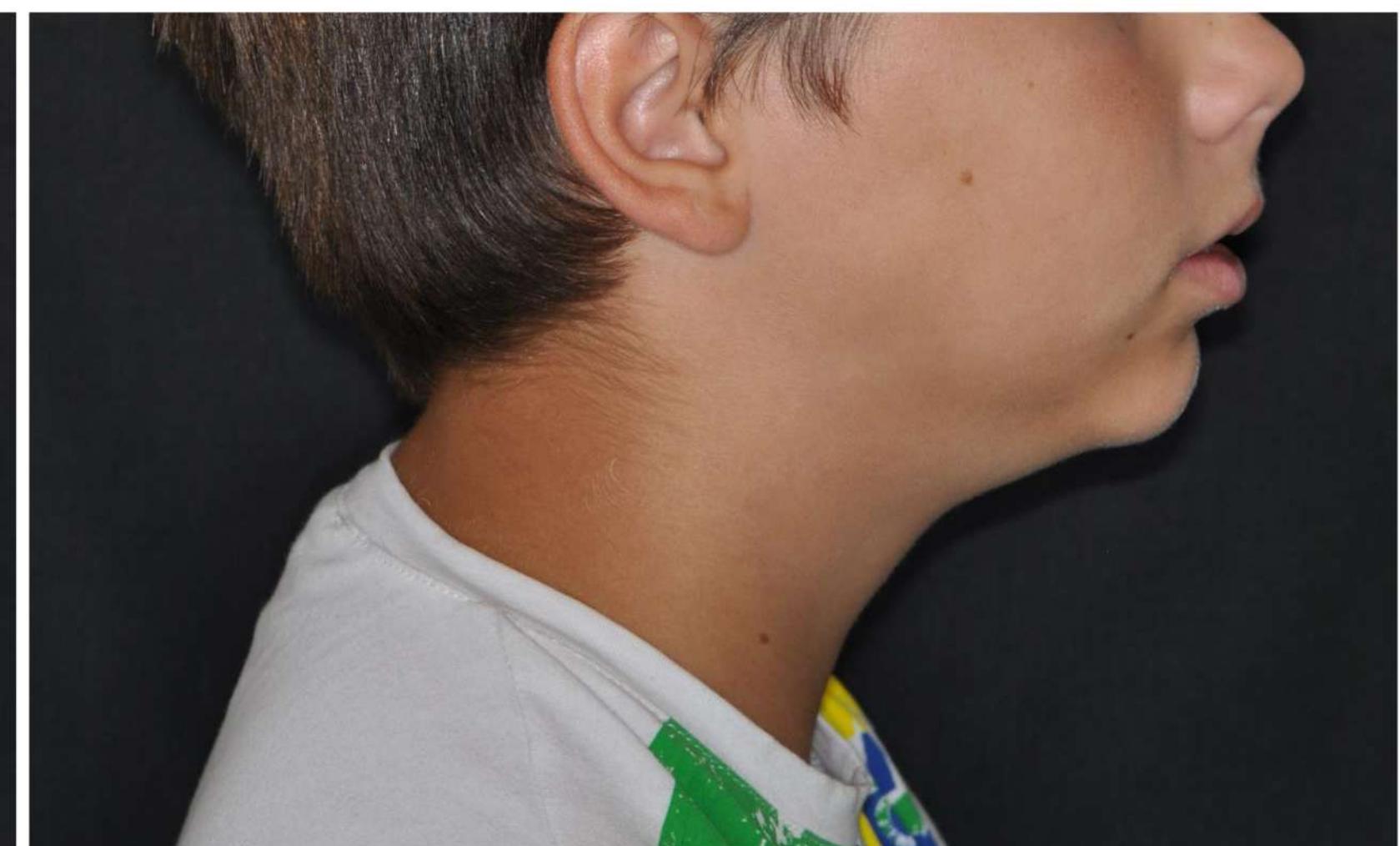
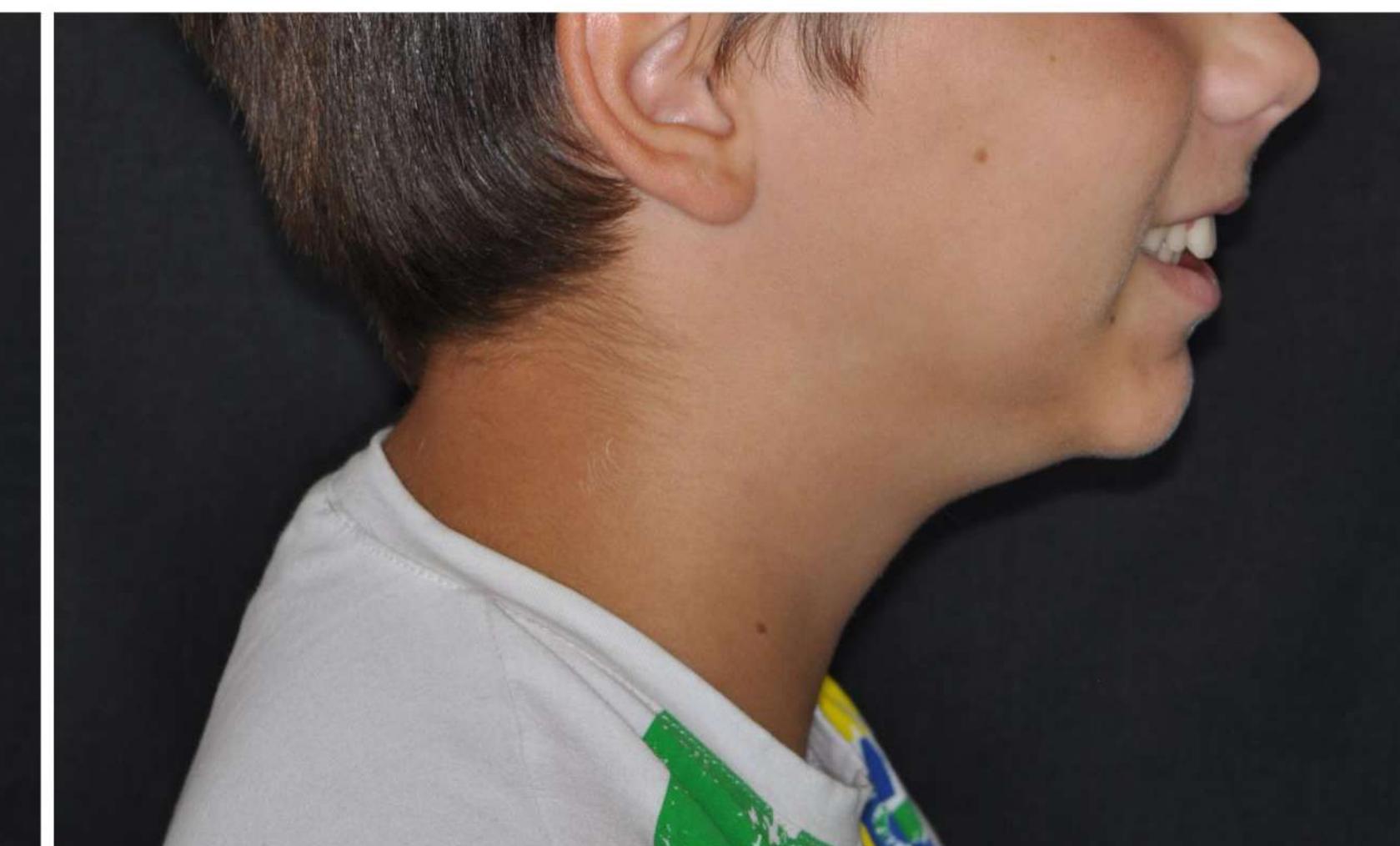
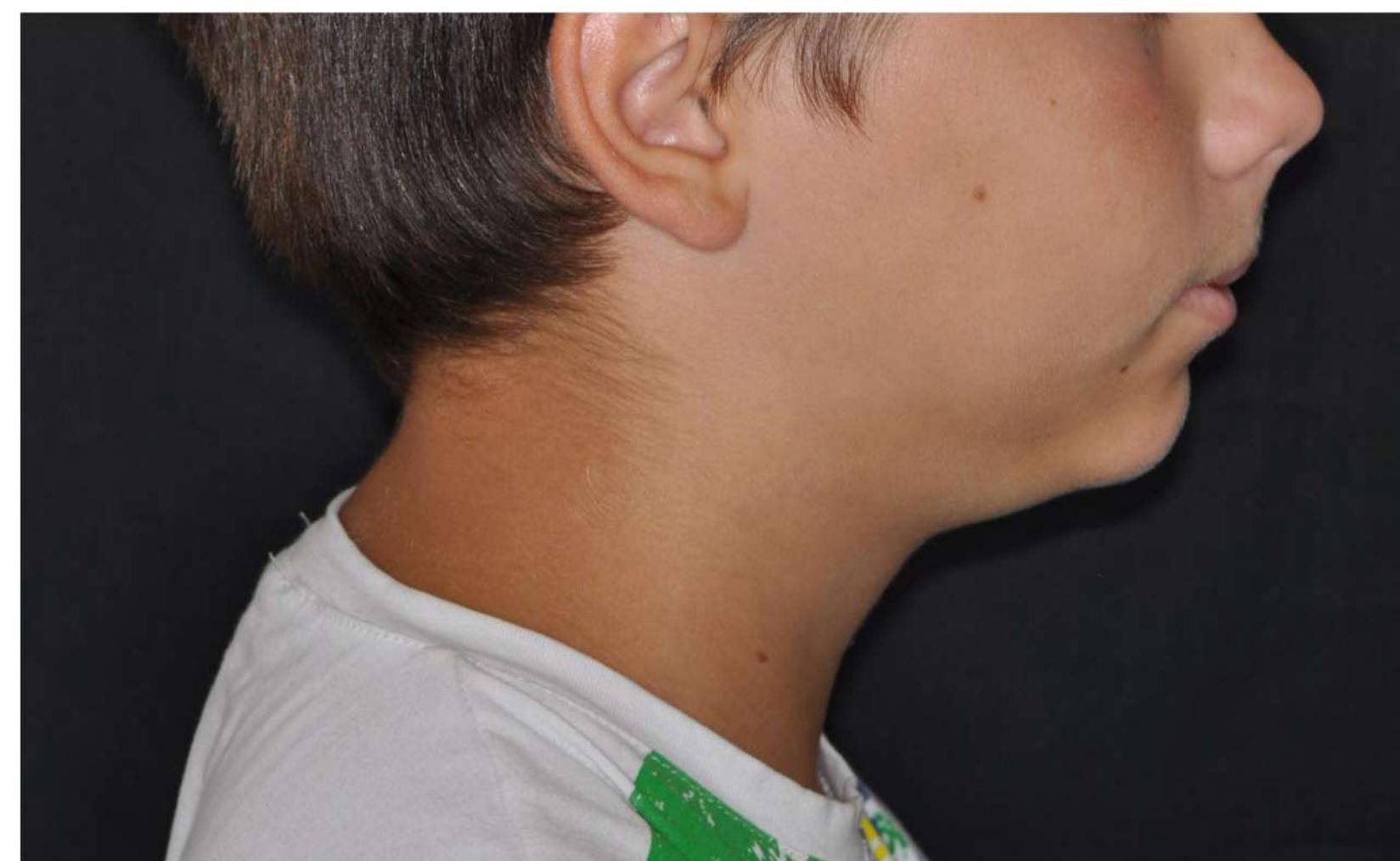


I disturbi del sonno in età evolutiva

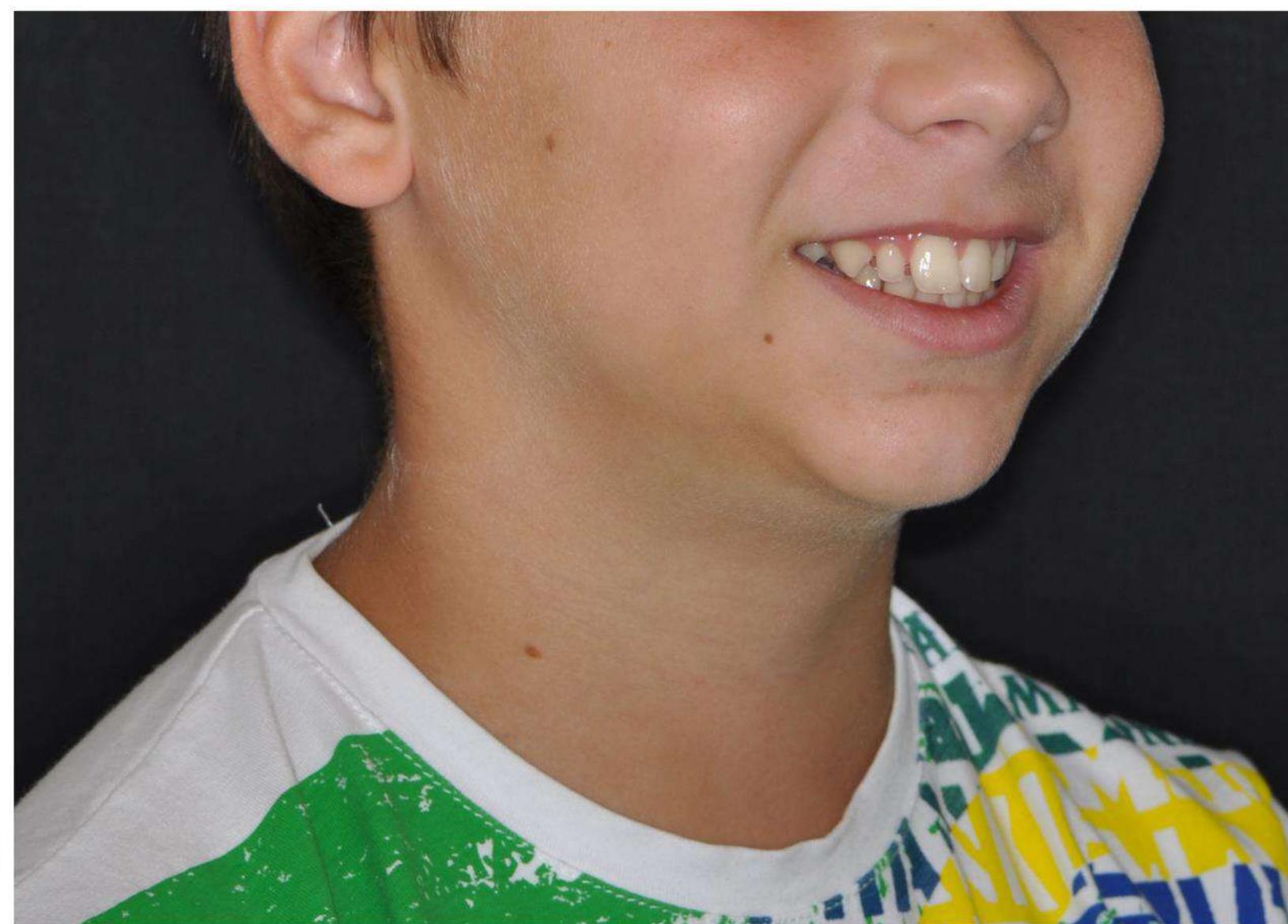
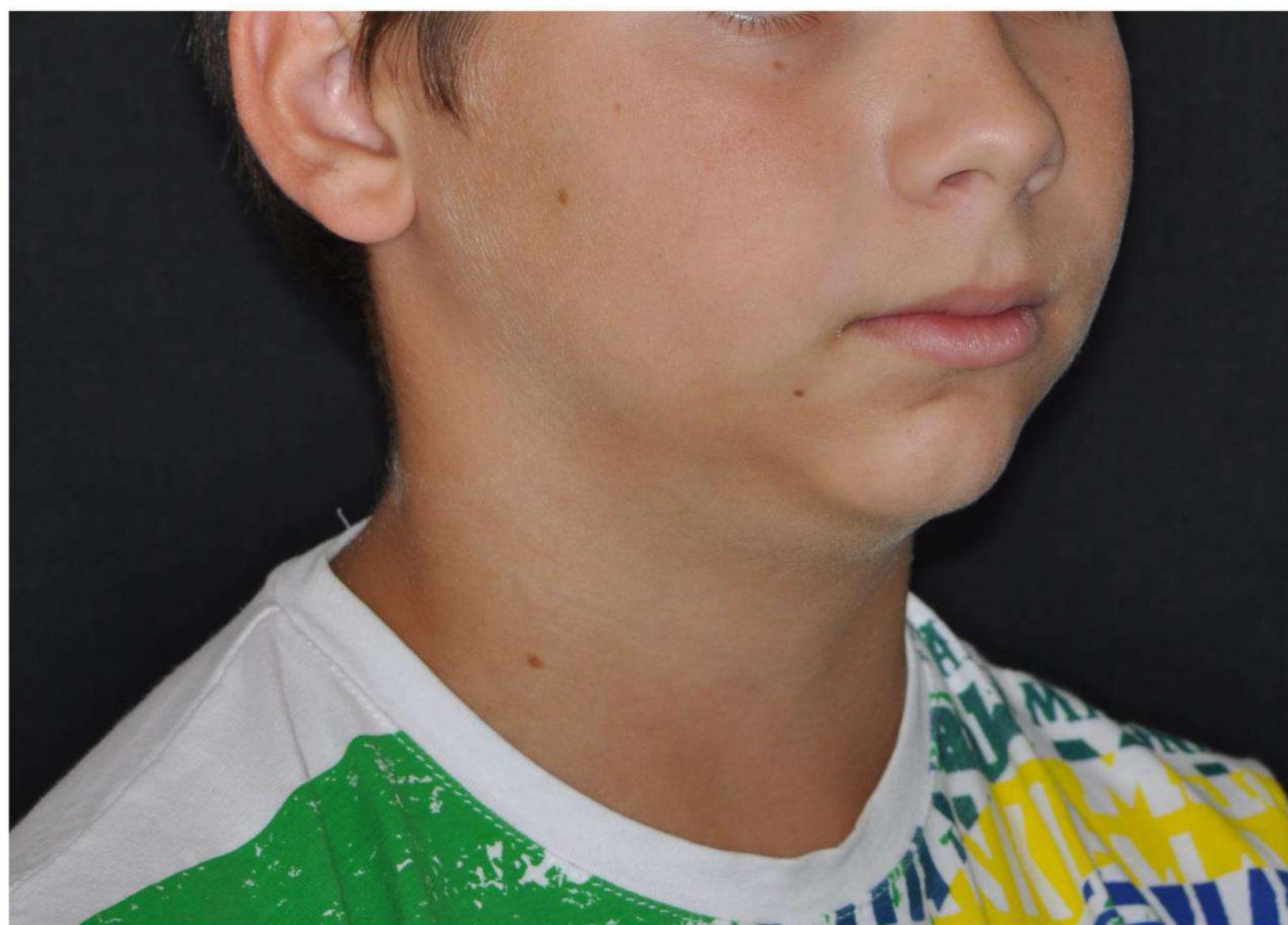
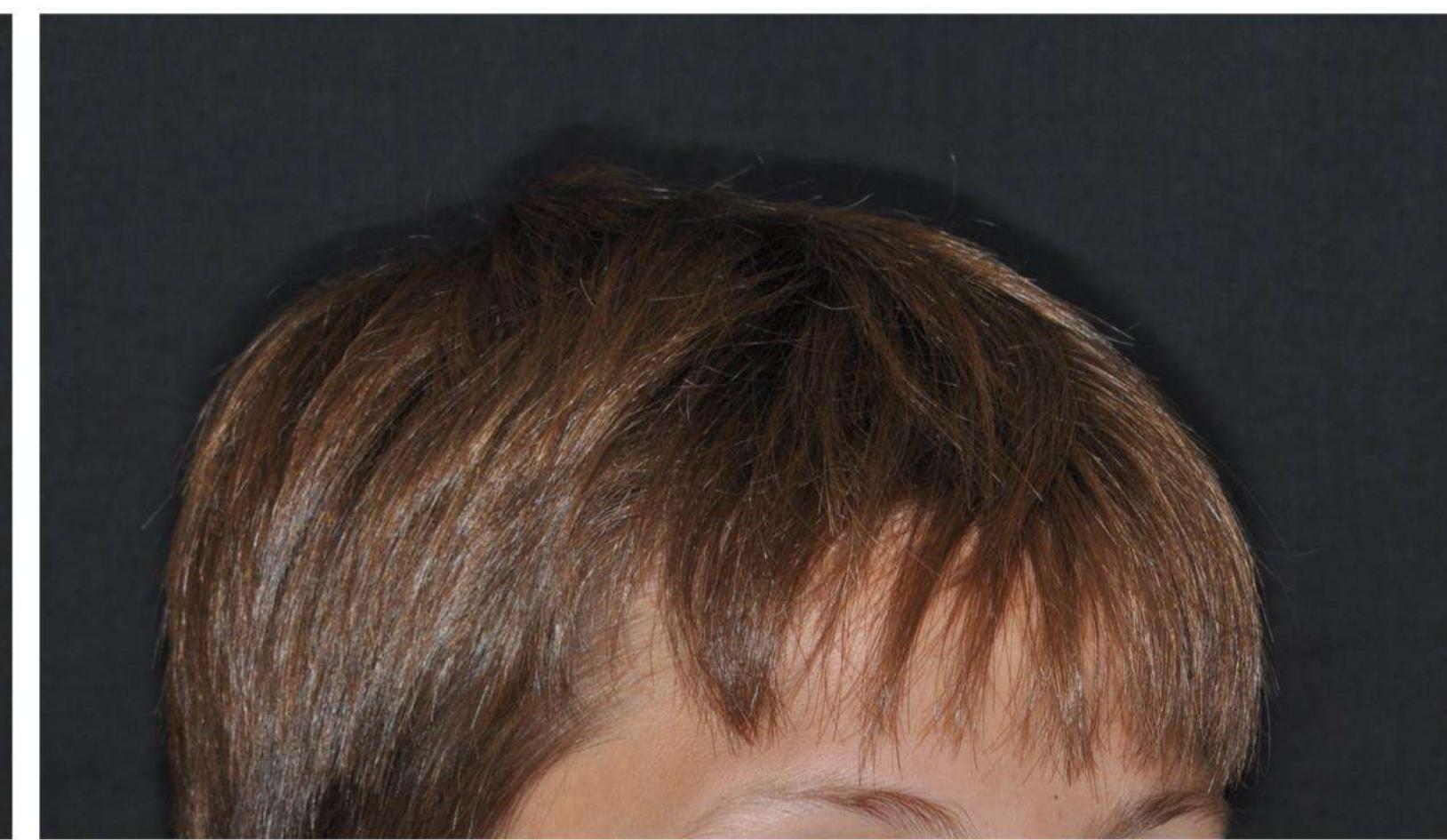
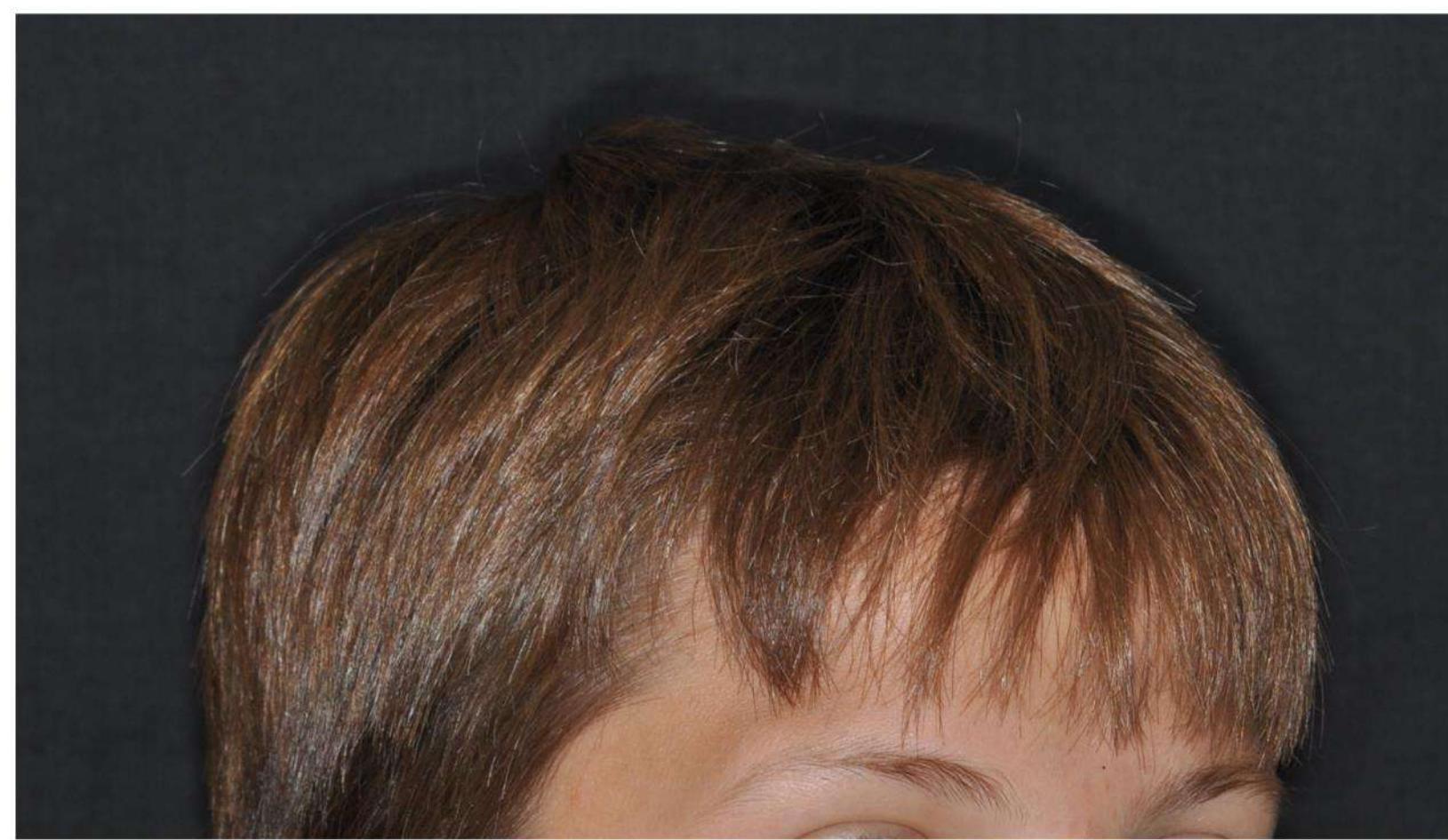


Classico?

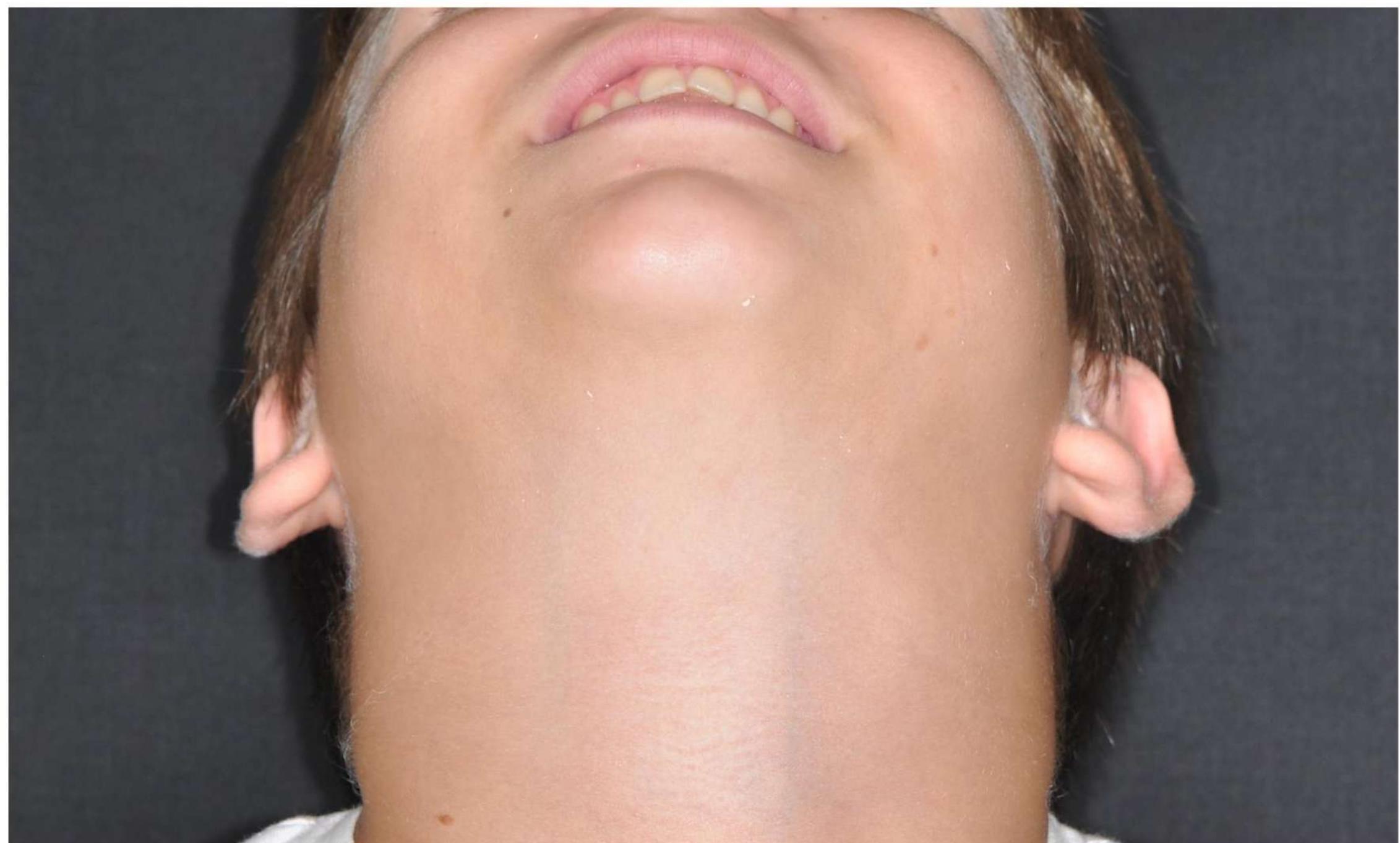
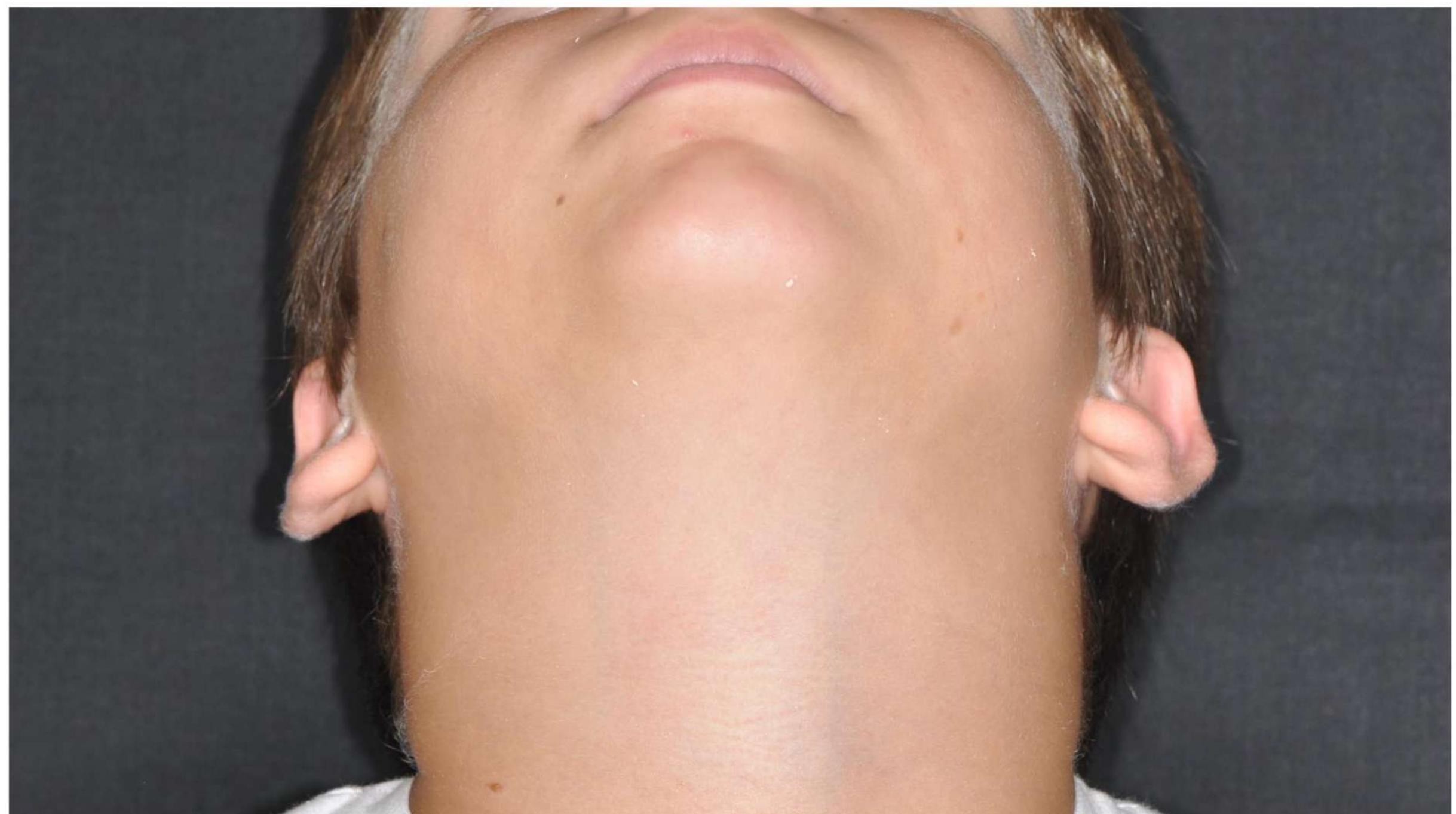




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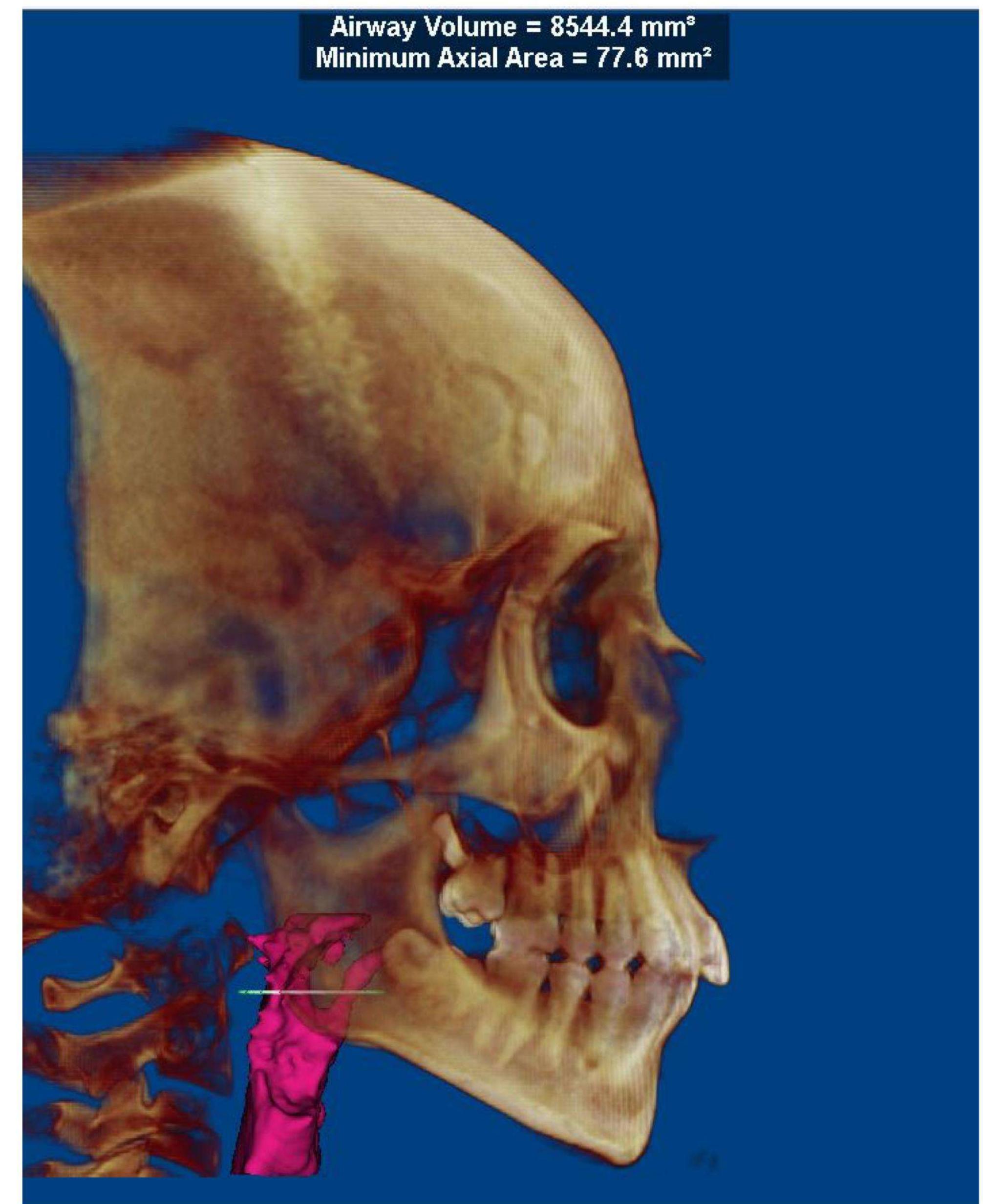
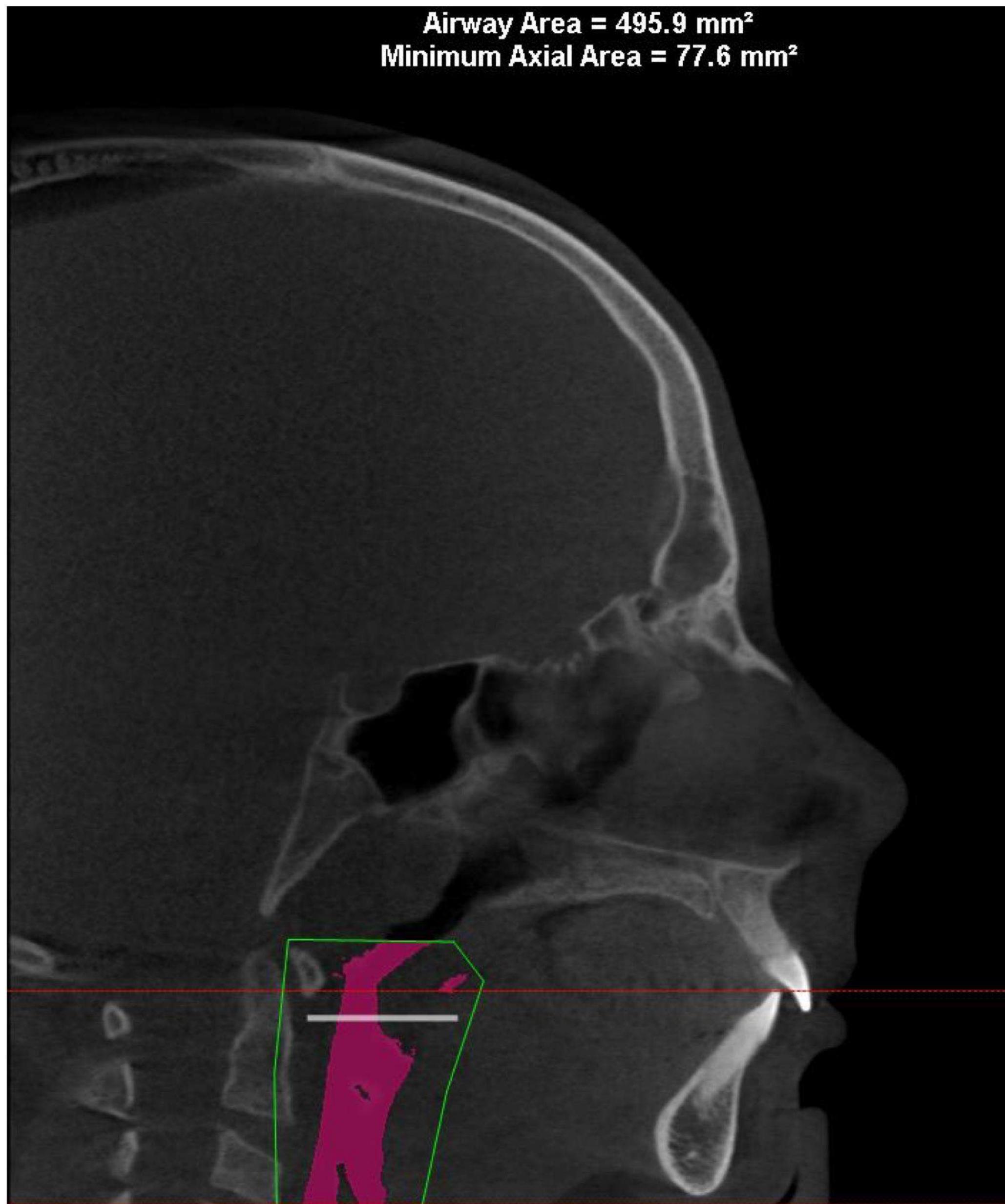
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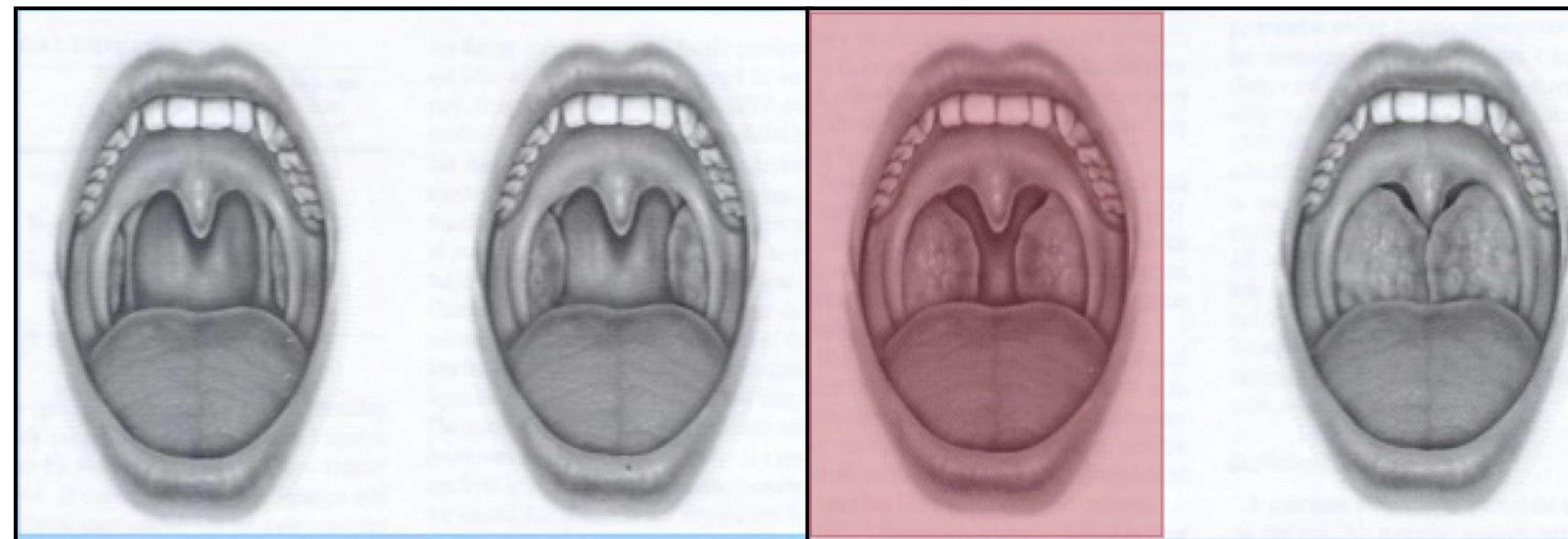


Grado I

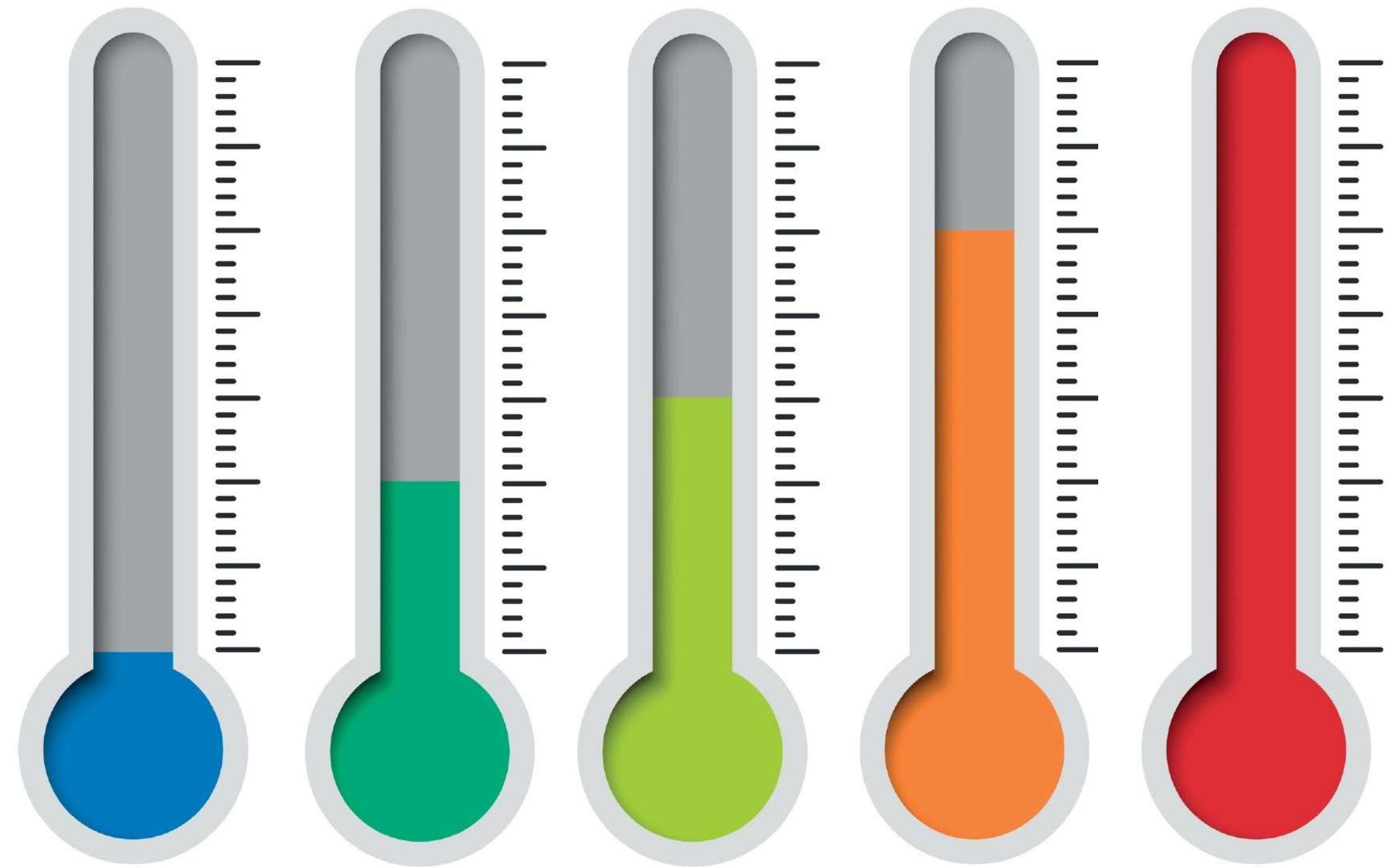
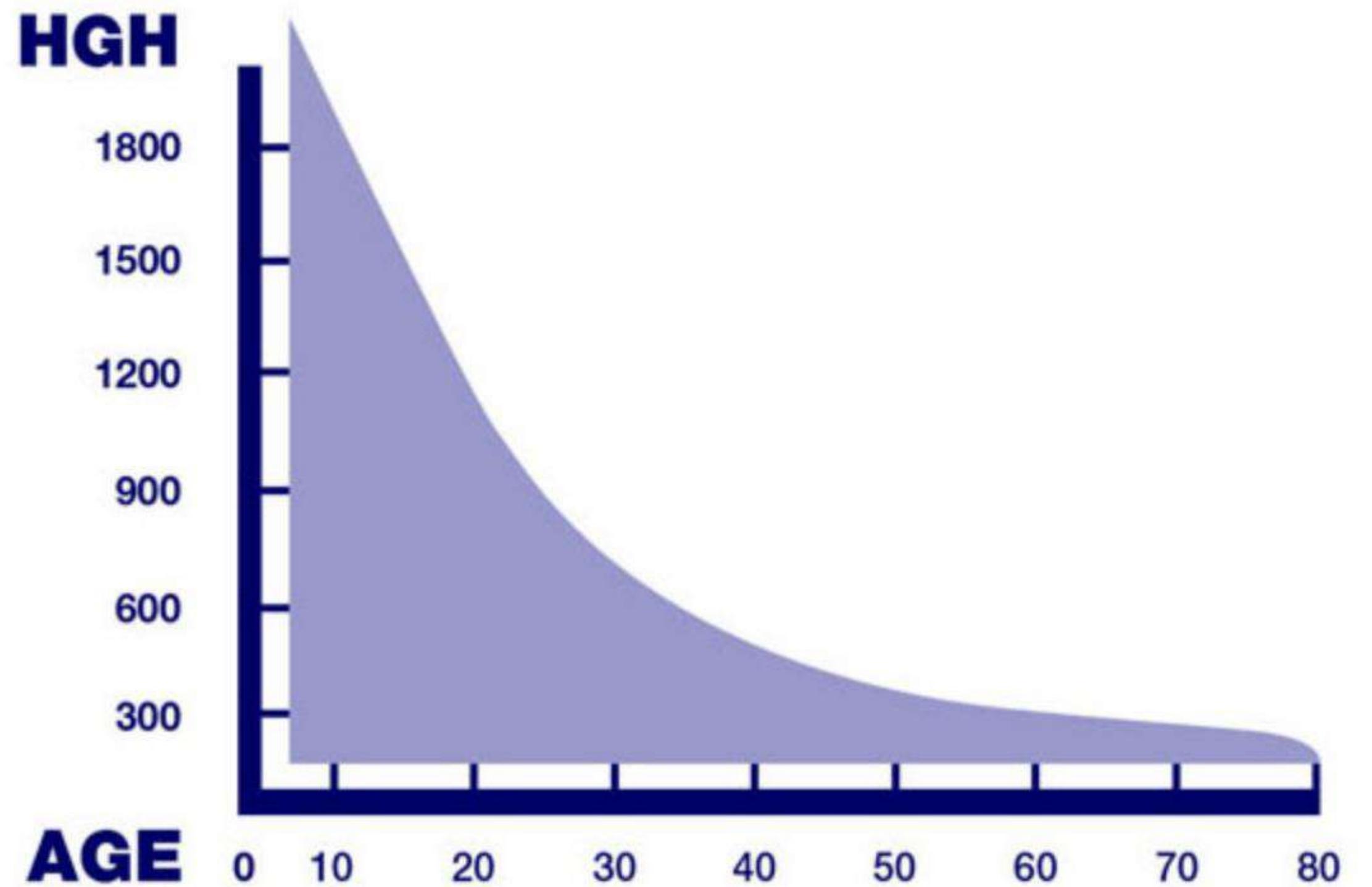
Grado II

Grado III

Grado IV



Decline of HGH with Age



Severa
25,5 AHI

	PG PRE
Total recording time(min)	452
Snoring time (min)	0,1
Time in the supine position (%)	17,8
AHI (h)	25,5
AHI sup (h)	90,5
Average saturation (%)	97,3
Nadir (%)	89
ODI	22
CT90 (%)	0,1

Tonsillectomia e Adenoidectomia



Sistema nazionale
per le linee guida

LINEA GUIDA

DOCUMENTO 15
marzo 2008



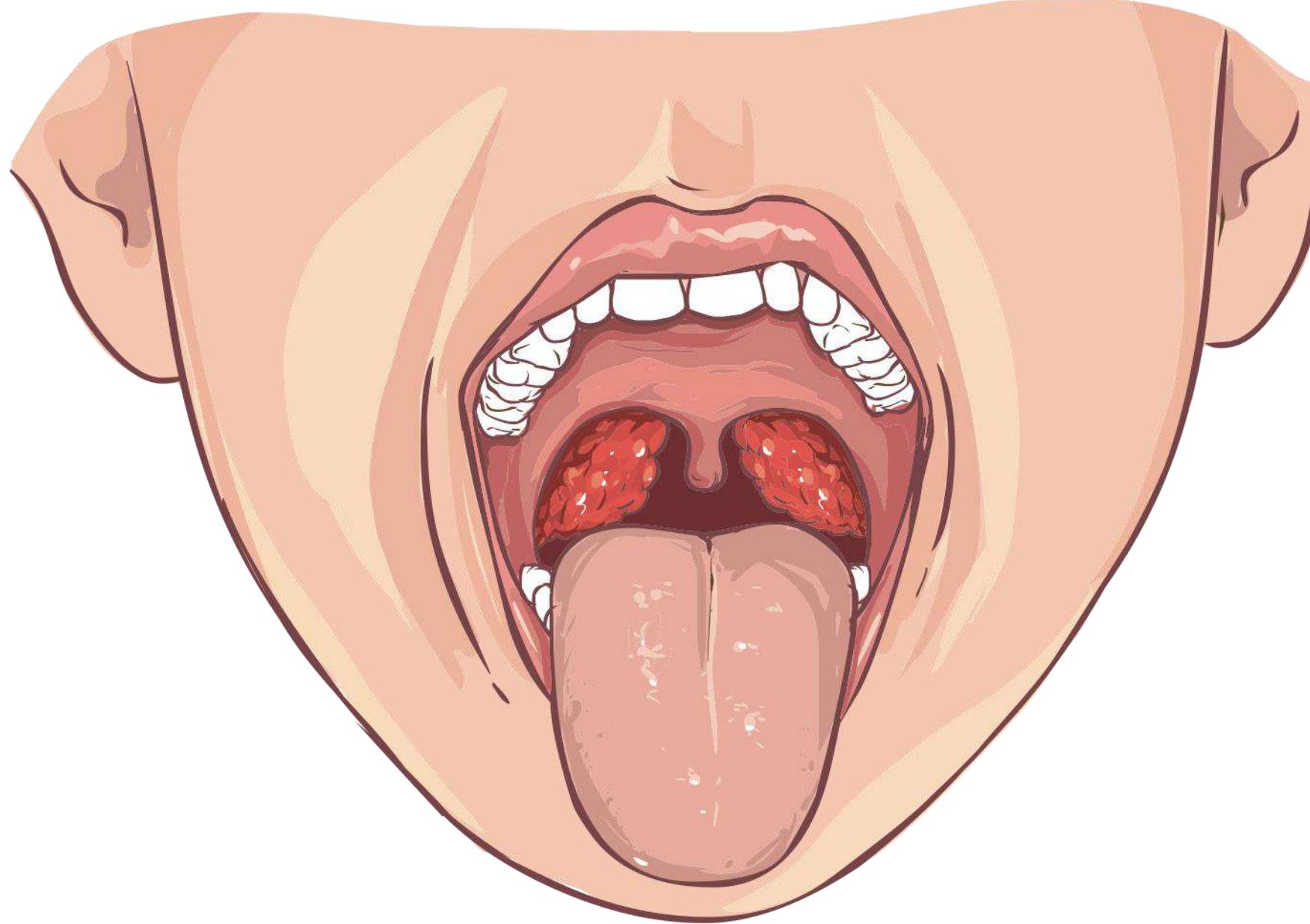
Appropriatezza e sicurezza
degli interventi di tonsillectomia
e/o adenoidectomia

SNLG 15

Appropriatezza e sicurezza
degli interventi di tonsillectomia
e/o adenoidectomia

LINEA GUIDA

Data di pubblicazione: marzo 2008
Data di aggiornamento: marzo 2011



Tonsillectomia e Adenoidectomia

Raccomandazioni

II/B

I bambini con OSAS e ipertrofia adenotonsillare, con sospetto di anomalie occlusali o altre anomalie cranio-facciali necessitano di valutazione ortodontica prima di procedere all'intervento di adenotonsillectomia.

VI/B

L'intervento ortodontico deve essere considerato come opzione terapeutica prima o contestualmente al trattamento con CPAP.

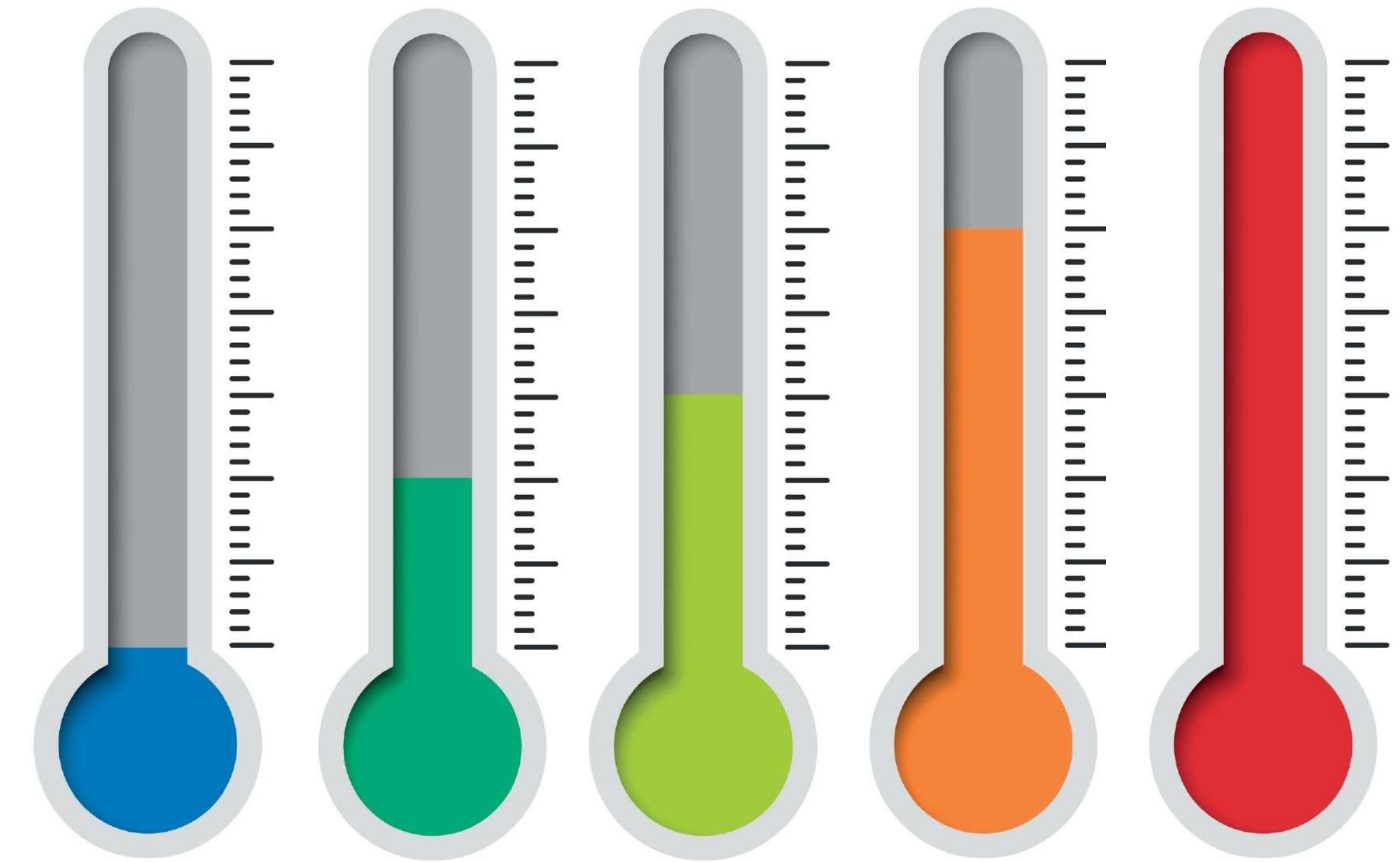
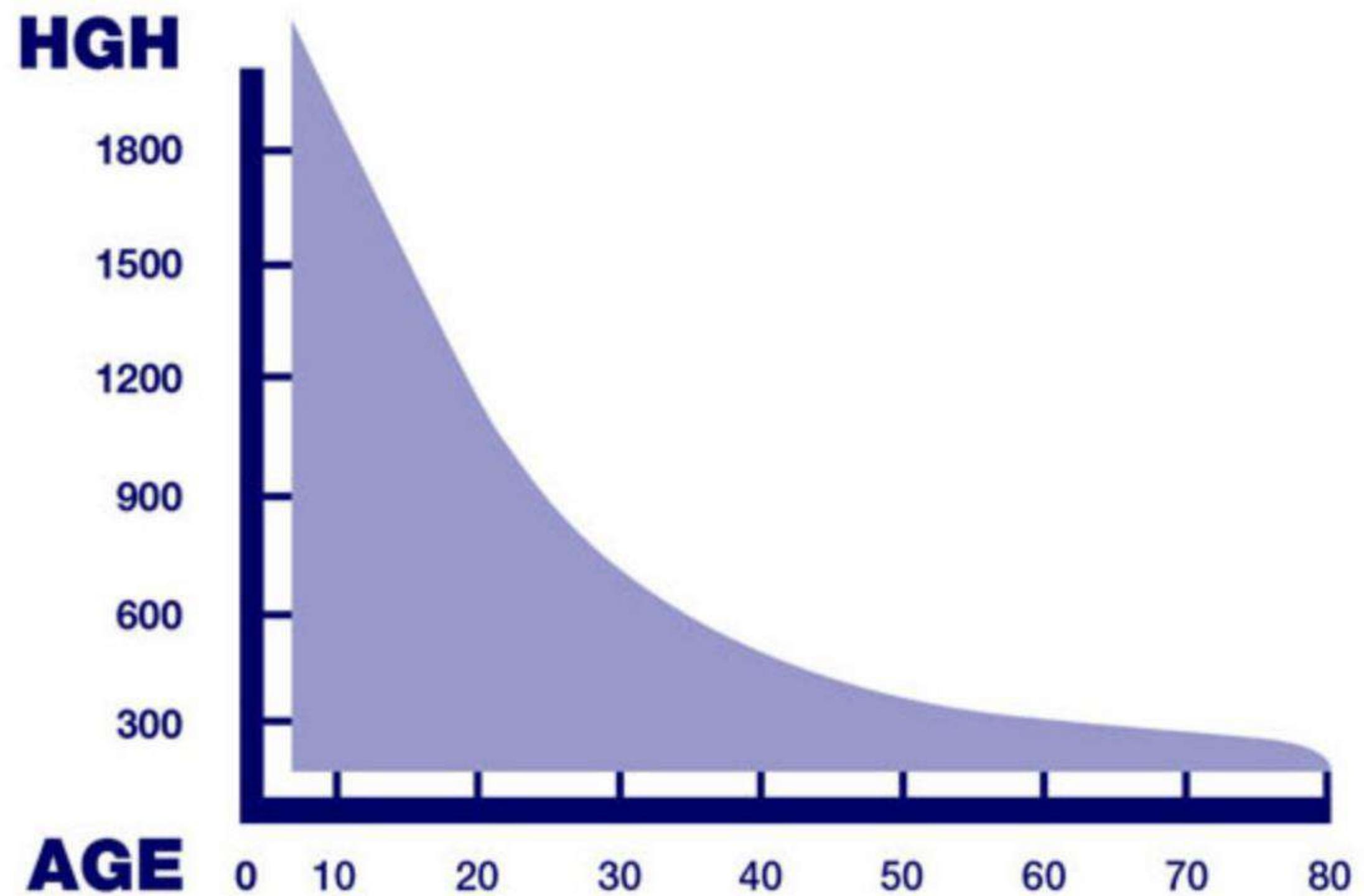
II/B

Gli steroidi nasali, pur non rappresentando un trattamento definitivo per l'OSAS, possono essere utili nel ridurne la gravità nei bambini con ipertrofia adenotonsillare e ostruzione nasale in attesa del trattamento chirurgico.



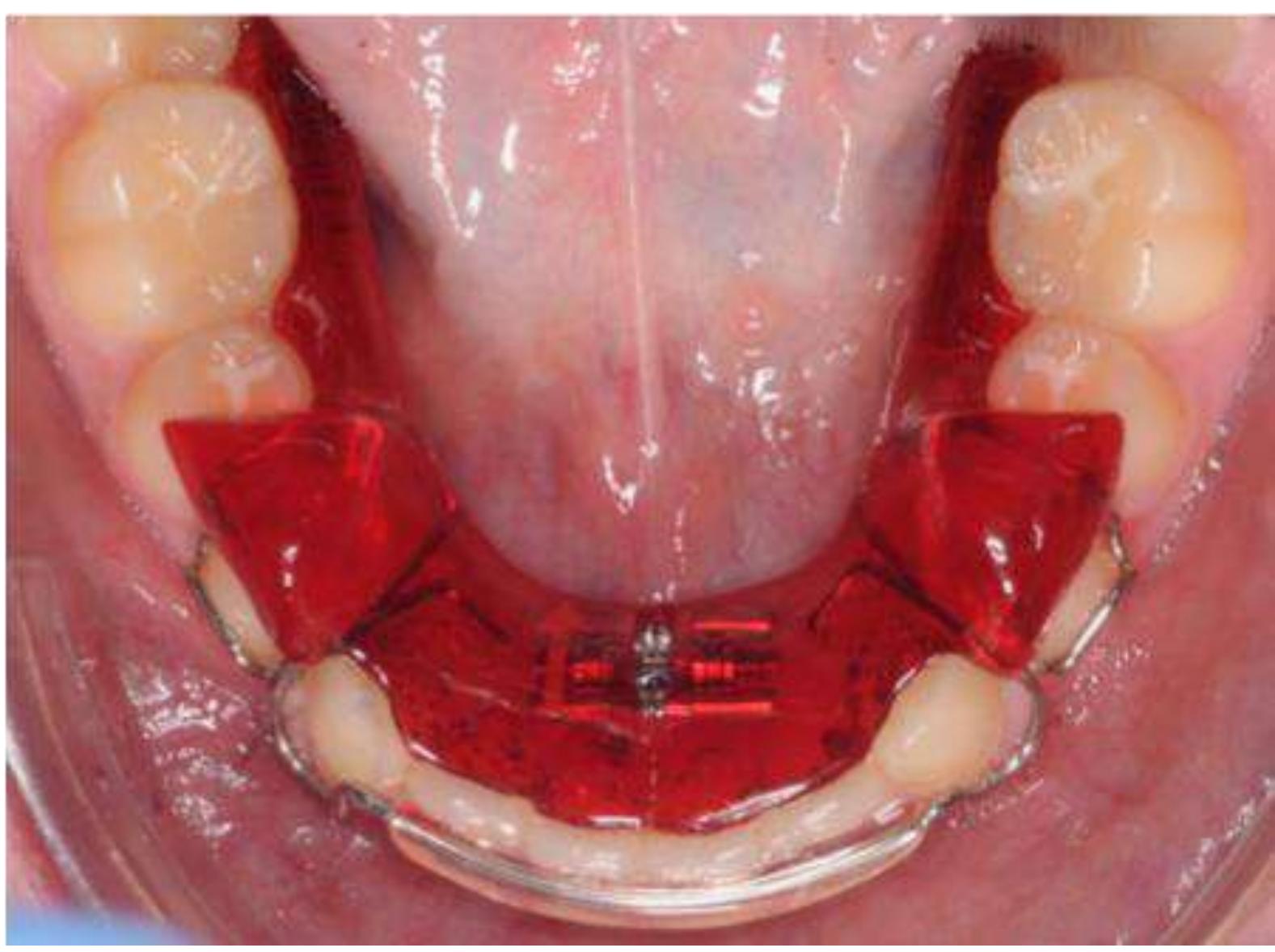
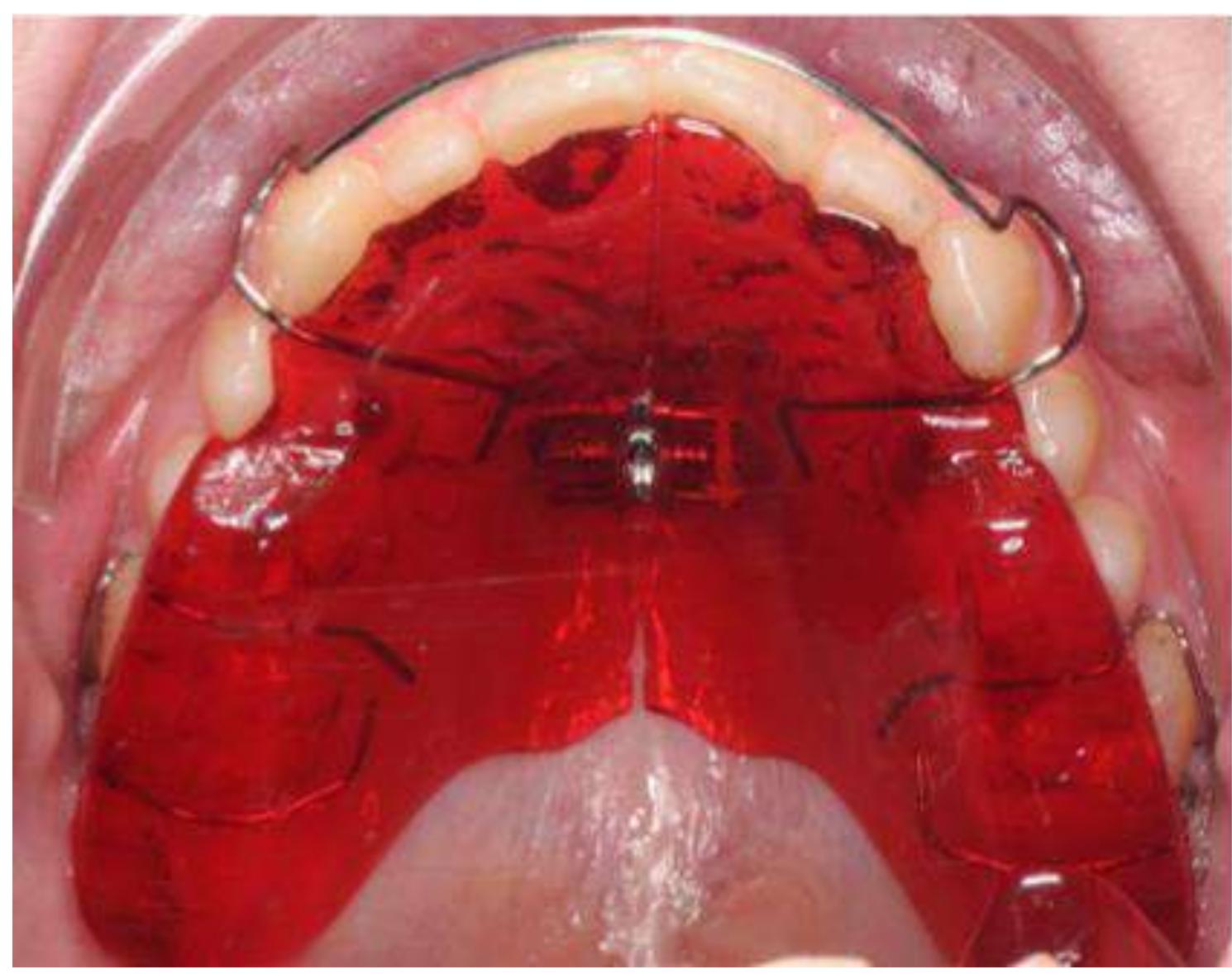
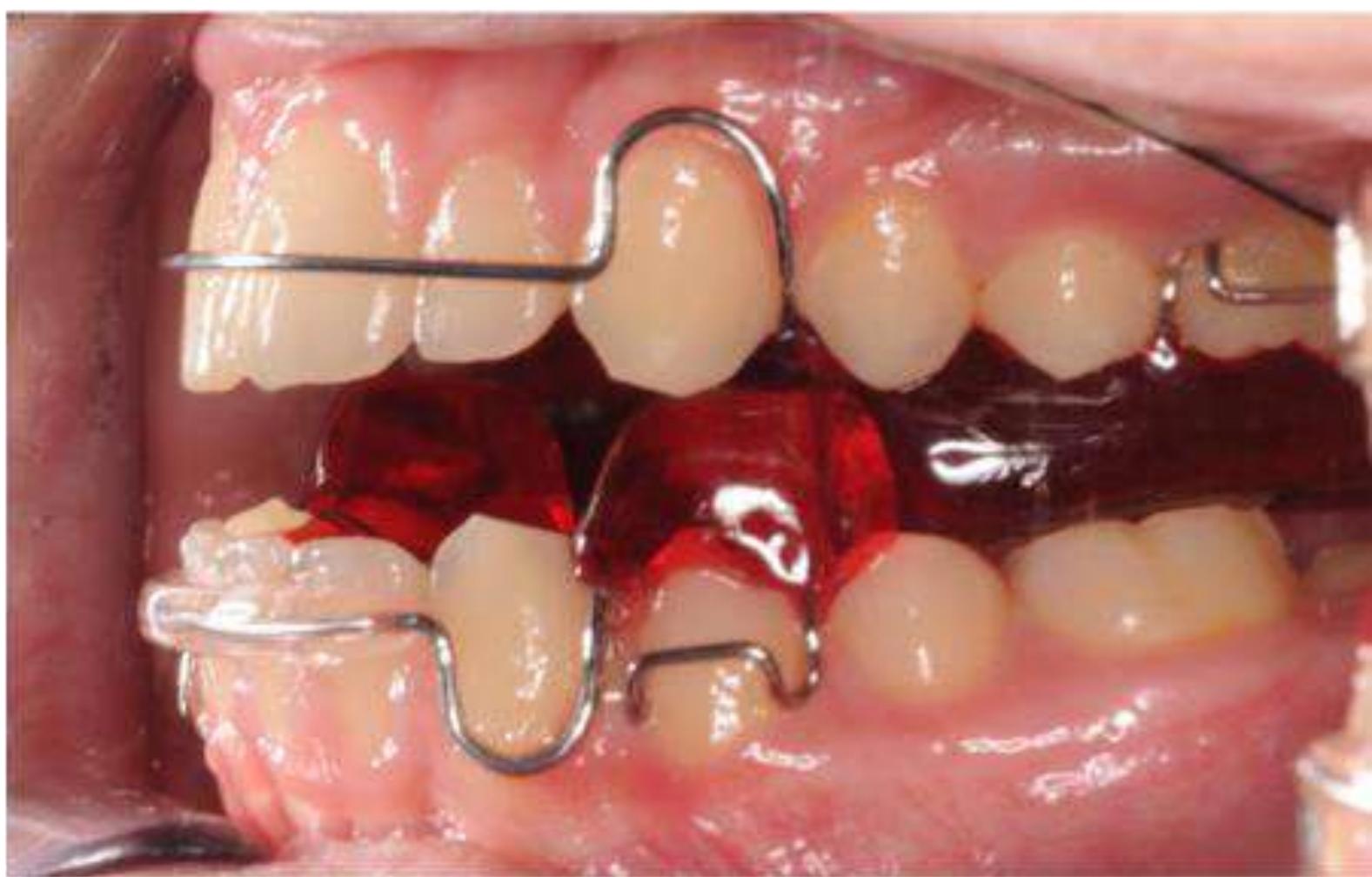


Decline of HGH with Age

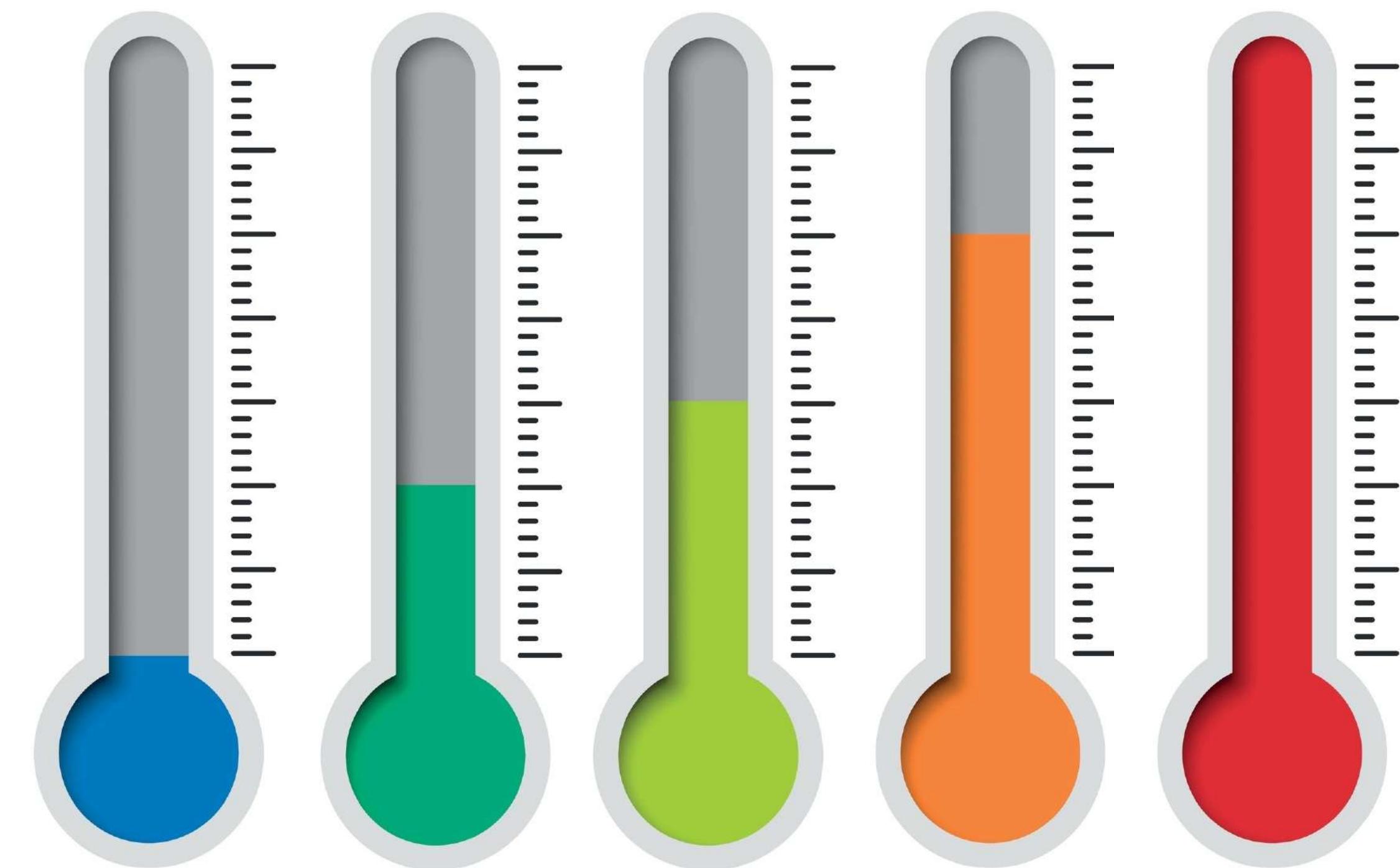
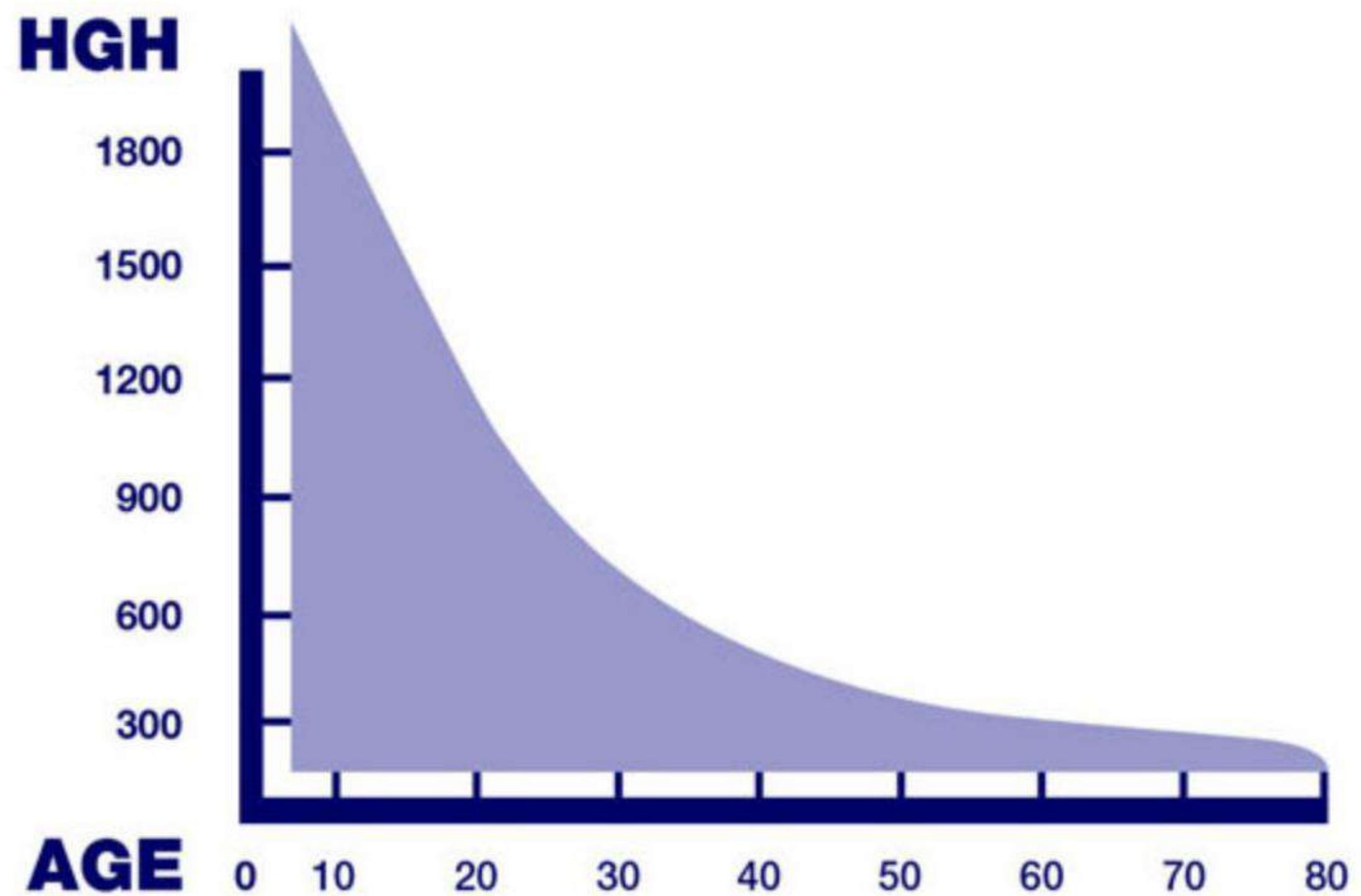


Lieve
3,4 AHI

	PG PRE	PG POST TONSILLECTOMY
Total recording time(min)	452	420
Snoring time (min)	0,1	24
Time in the supine position	17,8	35,6
AHI (h)	25,5	3,4
AHI sup (h)	90,5	0,8
Average saturation (%)	97,3	96
Nadir (%)	89	93
ODI	22	0,7
CT90 (%)	0,1	0



Decline of HGH with Age



Normal
0 AHI

	PG PRE	PG POST	PG POST TWIN BLOCK
Total recording time(min)	452	420	360
Snoring time (min)	0,1	24	0,2
Time in the supine position (%)	17,8	35,6	28,1
AHI (h)	25,5	3,4	0,7
AHI sup (h)	90,5	0,8	0
Average saturation (%)	97,3	96	96
Nadir (%)	89	93	50
ODI	22	0,7	3,2
CT90 (%)	0,1	0	3,7

CASO
CLINICO

	PG PRE	PG POST	PG POST TWIN BLOCK
Total recording time(min)	452	420	360
Snoring time (min)	0,1	24	0,2
Time in the supine position	17,8	35,6	28,1
AHI (h)	25,5	3,4	0,7
AHI sup (h)	90,5	0,8	0
Average saturation (%)	97,3	96	96
Nadir (%)	89	93	50
ODI	22	0,7	3,2
CT90 (%)	0,1	0	3,7