

Correction

Re: *MJA Practice Essentials – Paediatrics* “Investigation and treatment of upper-airway obstruction: childhood sleep disorders I”, by Kennedy JD and Waters KA (*Med J Aust* 2005; 182: 419-423). In this article, the last two paragraphs were missing from the Case study on page 422. The complete Case study is given below.

Case study — a 5-year-old boy with obstructive sleep apnoea syndrome (OSAS)

A mother brings her 5-year-old son to you, as she is concerned about his loud snoring. He has been snoring for 2 years, but it is gradually becoming louder. Although she is unaware of whether or not her son has obstructive apnoeas, she is anxious about his breathing during sleep. She often sits up to watch him breathe before retiring herself. The mother reports that the boy's teacher at school says that her son has a poor concentration span and is easily distracted in class. Both the father and grandfather snore loudly but neither has sought medical advice or investigation.

Management

- On examination, you find that the boy has relatively small tonsils and you initially reassure his mother. However, as his symptoms persist, you refer him to a paediatric respiratory physician.
- An overnight home oximetry study shows only mild desaturations that appear to be associated with movement.
- A lateral x-ray of the neck confirms adenoidal hypertrophy but a patent postnasal space.
- A polysomnogram shows an obstructive respiratory disturbance index of nine per hour.
- Based on the data from the polysomnogram, the boy undergoes adenotonsillectomy.

After the operation, the boy's snoring resolves, his behaviour and concentration improve, and his mother describes him as a “different boy”.

At the 1-year follow-up, the boy's mother reports that his snoring has returned. You resume frequent clinical monitoring, and subsequently refer him for repeat polysomnography, as his history once again suggests the presence of OSAS.

If polysomnography confirms that OSAS has returned, and a lateral neck x-ray shows that his adenoids have not regrown, the use of night-time continuous positive airway pressure (CPAP) support will be considered.