Non-Invasive Positive Pressure Ventilation (NPPV) for Sleep-Related Breathing Difficulties in Children with Early Onset Scoliosis

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Background

- Children with EOS develop restrictive lung disease with low lung volumes that predispose them to hypoxemia during sleep.
- 90% of children with EOS have abnormal Apnea-Hypopnea (AHI) and Arousal Indices (AI) during sleep.*
- The # of children with EOS and sleep-associated breathing disorders that merit nighttime treatment is not known.
- The effect of NPPV on breathing during sleep and sleep quality in this group of children has not been reported.



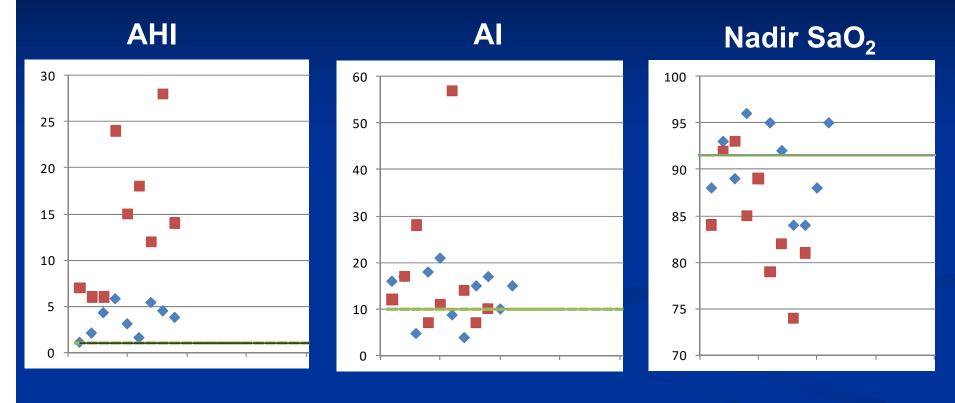
Methods

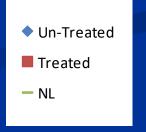
- Overnight polysomnograms (PSG) of 20 children with EOS were reviewed in order to:
 - 1) compare the AHI and AI Indices, the nadir SaO₂, and end-tidal pCO2 values in those treated and those not treated with NPPV at night (as decided by sleep specialists).
 - 2) compare the PSG results before and after NPPV was begun in 9 children with EOS.

Patient Demographics

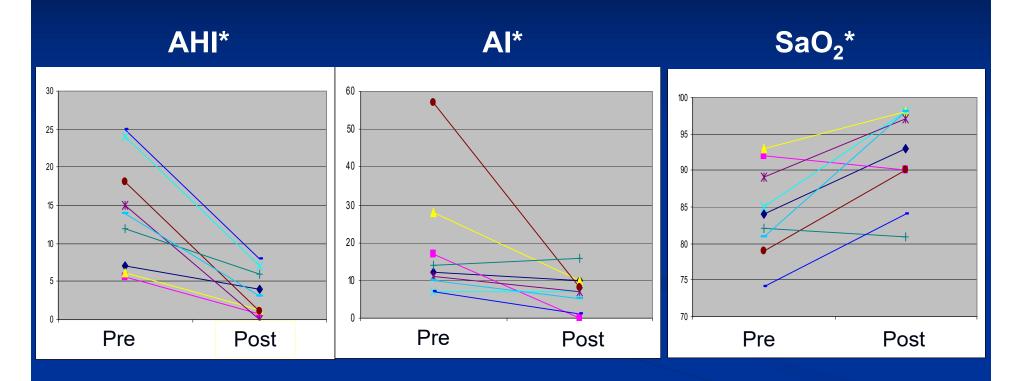
	Pts not Rx'd	Pts Rx'd
Number	11	9
Ages at initial PSG (yrs)	7.0 +/-2.5	9.3+/-5.6
Diagnoses		
-Congenital Scoliosis	1	3
-Infantile Scoliosis	4	1
-Neuromuscular Scoliosis	2	2
-Other (syndromes)	4	3
Cobb angle at PSG	68 +/-15	66+/-10
# surgically Rx'd before initial PSG	6/11	6/9
Duration of NPPV use (months)		24+/-16

Results: PSG Values of Rx'd and Un-Rx'd Children with EOS





Results: Changes in Sleep Indices After NPPV Use



^{*}Significant p<-05 by paired t-test

Conclusions

- Patients with EOS, including those who have received surgical treatment, have frequent arousals and nighttime hypoxemic events. 40% received NPPV treatment in this small series.
- NPPV normalized hypopneas and hypoxemic events at night but did not alter pCO2 values.
- NPPV is a useful adjunctive Rx to improve sleep in children with EOS, either before and/or after surgical treatment is initiated.