Introduction and aim of study: An often reported problem in the history of patients with Sleep-Apnoea-Syndrome (SAS) is an increased frequency of trauma, empha-
skating it's degree of severity [2]. This is explainable through a tendency to snore
during daytime and disturbances of concentration by a fragmentation of the sleep
stages. In a former study [1] we have shown, that in a regular group of patients,
entering an emergency room directly after an accident the prevalence of significant
anamnestic indications for a SAS — there are regular snoring, tiredness during
the day and impetuous impulse to fall asleep and frequently observed apnoea — is
significantly higher in those patients with multiple accidents in the past three
years compared to those with a single accident in this period. Therefore the
otherwise rare and cardinal symptoms of SAS should be explored while taking the
trauma-specific history. Especially in relation with multiple accidents they require
further diagnostics and if necessary therapy.

Methods: Consequently in this study from February 1st, 1995 to January 31st,
1996 we have proved the results of a SAS-monitoring with the APNEOSCREEN-I
® in patients of a trauma-care ward respecting strict excluding criterias, s.e alcohol
consumption, cerebral, cardiac and circulatory diseases etc. 186 patients between 35
and 65 years of age were interviewed during the first 10 days after a self caused
accident, where 122 showed symptoms pointing out a possible SAS (65.6%). Of
these, 53 could be recorded and scored with this portable monitoring system.

Results and conclusion: 22 patients could be classified as with an apnea-index of
≥ 10/h and a desaturation-index of ≥ 10/h. Another 22 patients could be classified
as limited SAS-positive with an apnea-index of ≥ 10/h or a desaturation-index of
≥ 10/h. 9 patients were scored as SAS-negative with an apnea-index and
a desaturation-index of < 10/h. The high percentage of SAS-positive (41.5%)
and limited SAS-positive (41.5%) patients in this group of trauma-patients with
symptoms pointing out a possible SAS indicates the need of accurate SAS-related
history-taking and also SAS-monitoring also on a trauma-surgical ward. This is
important for an adequate therapy, but also for serious accident-prevention.

concerning the Sleep-Apnoea-Syndrome (SAS) in patients after trauma. Akt. Traumatóst. 25
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Effect of Mandibular Advancement Splint on Psychological Function in
Patients with Obstructive Sleep APNEA

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Five patients with obstructive sleep apnea (OSA) were treated with mandibular
advancement splint (MAS) which held the mandible anteriorly and increased the
oropharyngeal and hypopharyngeal dimension. There was a significant decrease of
apneaic and hypoxemic episodes during sleep after a few weeks of MAS treatment.
Apnea hypopnoea index decreased from 24.4 ± 16.2 to 3.0 ± 2.8 (p < 0.01). The SDS (self-rating depression scale score decreased from 38.4 to 14.7 to
2.8 (p <0.01). State anxiety score decreased from 47.0 ± 11.3 to 43.5 ± 7.0 (p <
0.01). The cognitively measured in the SAS-positive group the improvement of score (± SD) was 9.8 ± 4.8 which correlated with the mean knowledge score
of 3.8 ± 1.1 (r = 0.35; p = 0.02). Only 21.2% of the patients were aware that one minute should elapse before the next dose is taken. The results of this
study suggest that physicians who regularly prescribe MDIs have poor ability to
use MDIs themselves and this ability correlates with knowledge. Further studies
are indicated to evaluate this further and are of utmost important for planning of
medical education.

The role of Interventional Bronchoscopic in Tracheo-Bronchial Obstruction. Two Years of Experience in Nd: Yag Laser and Stenting of the Central Airways

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Central airways obstruction has multiple etiologies. These obstructions put difficult
problems to the bronchoscopist depending on the cause and localization of the
stenosis, on symptomatology and on the degree of emergency.

The most common lesions is malign airway obstruction (77.1% in our series) either by endoluminal exophytic tumor invasion or by extrinsic tumor/mediasinal
limph node compression (NSCLC – 59 patients; SCLC – 1 patient; Metastatic Lung Tumor – 7 patients; Rare Pulmonary Neoplasms – 4 patients).
Benign stenosis usually results from infection trauma or long term ventilation.
In our series, a benign origin was present in 22.9% of the cases. mainly due to
post-entubation tracheal stenosis. Our experience includes 70 laser treatments in
patients, 38 laser plus stent in 3 patients and 12 laser plus stent in 8 patients from
June 1993 through June 1995. 81.4% of the patients were men and 19.6%
women, with ages ranging from 18 to 78 years. Complications to date have been
few and we consider them "typical" in such procedures. The overall mortality is
5.8% (1 patient).