

Sounds of Sleep Trouble

By Shaheek Wilson



Dr. Gurpreet Ahuja
CHOC Otolaryngology
Specialist

Dr. Ahuja is the CHOC Children's Specialists division chief of otolaryngology/head and neck surgery. He completed his residency at the Manhattan Eye, Ear and Throat Hospital, New York and a fellowship in pediatric otolaryngology at the Children's National Medical Center, Washington, DC. He is director of pediatric otolaryngology training for the residency program at UC Irvine.

Dr. Ahuja's philosophy of care: "My belief is that every child should be treated like my own. It's my responsibility, as a surgeon to give them the best of care."

EDUCATION:
All India Institute of Medical Sciences,
New Delhi, India

BOARD CERTIFICATION:
Otolaryngology

530,000

NUMBER OF TONSILLECTOMY
AND ADENOIDECTOMY
SURGERIES PERFORMED
ANNUALLY IN THE U.S., IN
CHILDREN 15 YEARS AND
YOUNGER

LISTEN CLOSELY

"When you hear snoring coming from your child's room, a condition called sleep apnea may be the reason. There are two types, central and obstructive. Central sleep apnea, typically, occurs more in infants, but obstructive is the form that's becoming of greater concern," says Dr. Ahuja. "Studies suggest that while 10 to 12 percent of children may snore, as many as one to three percent may have obstructive sleep apnea," he notes.

WHAT IS SLEEP APNEA?

"Obstructive sleep apnea happens when there's a blockage in the airway that can impact the child's ability to exchange air," says Dr. Ahuja. If you notice some of these symptoms, your child could be experiencing sleep apnea:

- Thrashing or moving around in bed
- Periods of choking or gasping for breath while asleep
- Frequent nighttime awakenings
- Mouth breathing
- Excessive daytime sleepiness, irritability or hyperactivity
- Behavioral issues or poor performance at school
- Bed wetting (especially over the age of five)
- Poor growth

STOPPING SLEEP APNEA

Previously, the most frequent indication for removal of tonsils was throat infections. That is less frequently the case today, because of better antibiotic treatment and more stringent guidelines. However, tonsillectomy and adenoidectomy remain a critical, and usually the first, management option for children with sleep apnea and obstructive breathing. "In fact, nearly 80 percent of normal healthy children will show resolution of their sleep apnea and obstructive symptoms after removal of their tonsils and adenoids," says Dr. Ahuja, "but the results are less gratifying in children who are obese or have other associated conditions or syndromes." Treatment considerations also include advising overweight children to shed some pounds. "The accumulation of fat in the body can also lead to the narrowing of the available airway in the throat," he explains.



3 to 6

AGE RANGE WHEN
OBSTRUCTIVE SLEEP APNEA
IS COMMONLY FOUND

WHEN IS SNORING SERIOUS?

"While snoring by itself doesn't necessarily mean that the child has sleep apnea, it is definitely a manifestation of sleep-disordered breathing," says Dr. Ahuja. "It is important to watch for other symptoms and signs and to discuss it with your child's pediatrician." Sometimes, a sleep study is necessary to confirm the condition. Your pediatrician, or an Otolaryngologist (ear-nose-and-throat specialist), can guide you.

80%

OF SLEEP APNEA CASES
CAN BE CURED BY
REMOVING THE TONSILS
AND ADENOIDS



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