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LETTERS TO THE EDITOR

Using Nasopharyngeal Stenting Devices as a Novel Way of Surgical Planning for Obstructive Sleep Apnea

Henry Zhang[1]; Bhik Kotecha[2]

[1]Department of Otolaryngology, Royal National Throat, Nose and Ear Hospital, London, United Kingdom; [2]Royal National Throat, Nose and Ear Hospital, London, United Kingdom

Victores and colleagues[1] have described a novel method of using a nasopharyngeal tube (NPT) during drug-induced sleep endoscopy (DISE) as a way of determining suitability of palatal surgery. Their technique involves placing an NPA in the adequately sedated patient during DISE, and observing (with a fiberoptic nasendoscope) the site of collapse and whether this was complete or partial, preplacement and postplacement of the NPT. The authors observed that, in patients with isolated palatal collapse, apneic episodes during DISE were resolved with NPT in situ. They also showed that a significant proportion of patients with multilevel collapse showed partial and complete improvement of downstream upper airway collapse with placement of the NPT.

The authors state that this is the first study of its kind to use nasopharyngeal stenting as a tool for DISE assessment. However, in a 2014 feasibility study by Powell et al.[2] using the AlaxoStent, a European Union-approved device that is inserted intranasally to stent open the nasopharynx and oropharynx as an alternative to continuous positive airway pressure and surgery in the treatment of obstructive sleep apnea, the use of NPT as an adjunct to DISE was also proposed. In this pilot study, DISE was performed on 10 patients with the device in situ. The authors observed a result similar to that of Victores et al.: that the efficacy of the AlaxoStent was greatest for patients with predominant nasopharyngeal collapse and flutter, with variable improvement in those whose airway collapse was multisegmental.

We wish to highlight that both of these papers suggest that nasopharyngeal and oropharyngeal stenting may be a useful adjunct to determining patient selection for nasopharyngeal and oropharyngeal surgery in the treatment of obstructive sleep apnea. Utilization of stenting devices alone as an alternative treatment would, however, require larger studies with documentation of tolerance.

CITATION

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REFERENCES

1. Victores AJ, Olson K, Takashima M. Interventional drug-induced sleep endoscopy: a novel technique to guide surgical planning for obstructive sleep apnea. *J Clin Sleep Med*. 2017;13(2):169–174.
2. Powell HR, Watson NA, Kotecha BT. Pilot study assessing the efficacy of a novel treatment for sleep-related breathing disorders in patients undergoing sleep nasendoscopy: our experience. *Clin Otolaryngol*. 2014;39(3):190–194.

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Address correspondence to: Henry Zhang, Specialty Registrar, Department of Otolaryngology, Royal National Throat, Nose and Ear Hospital, Gray's Inn Road, London, WC1X 8DA; Email: henry.zhang@nhs.net

DISCLOSURE STATEMENT

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