PEDIATRIC ENT CLINICAL PEARLS: SNORING, SLEEP APNEA AND RECURRENT EPISTAXIS

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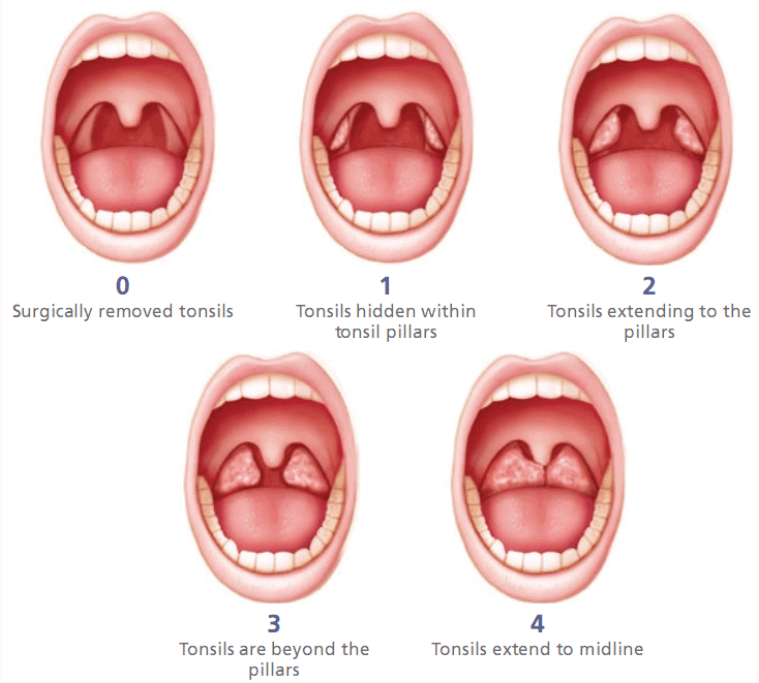
SLEEP APNEA

- Not an emergency in an otherwise neurologically appropriate child
- Most common cause in children is obstructive tonsils and/or adenoids
- Patients who are obese or under age 3 need a sleep study prior to tonsillectomy – consider referring to sleep medicine and ENT
- Consider using Flonase nightly while waiting for an ENT appointment, especially with signs of nasal turbinate hypertrophy, mouth breathing, or chronic nasal congestion. We usually recommend a 3 month trial.



SINGULAIR (MONTELUKAST)

- A randomized controlled trail was performed from April 2018 to March 2019. 60 children aged 4-12 years were included.The study group was treated with Montelukast sodium 5mg consistently for three months while the control group got placebo treatment for a similar timeframe. A questionnaire was filled by parents/ guardians of every child before and after the intervention to evaluate the severity of sleep discomfort, snoring and mouth breathing.
- Results: Following 3 months of treatment, significant reduction in size of the adenoids was seen in 76% of study group compared with just 3% of control group getting placebo treatment.
- We see Singulair have a shrinking effect on tonsils in our clinic as well. Dosing is 4 mg for patients age 5 and younger, 5 mg for patients over 5.
- We typically recommend a 3 month trial prior to considering surgery. Can be combined with Flonase.
- Discuss black box warning prior to prescribing.

RECURRENT EPISTAXIS

If there are prominent vessels present, can assure parents that this is coming from the anterior septum. Posterior epistaxis is extremely rare unless associated with an acute nasal fracture.

Teach patients how to properly hold pressure for cessation of epistaxis. Compare to plugging a hole in a hose.

Explain anatomy of the nose – reassure that this is not coming from the brain. It is normal to make large blood clots if pressure is not being applied correctly.

RECURRENT EPISTAXIS

Use saline gel 2-4 times daily to prevent nosebleeds (saline spray, Vaseline, or Aquaphor are alternative options)

This is a routine referral, so sometimes if they are told this ahead of time then they do not end up needing to see us

If they are already doing this and still having nosebleeds, we have a reason to move forward with cauterization at their initial appointment

SOURCES

Massick D, Hurtuk A. Effectiveness of a nasal saline gel in the treatment of recurrent anterior epistaxis in anticoagulated patients. Ear Nose Throat J. 2011 Sep;90(9):E4-6. doi: 10.1177/014556131109000916. PMID: 21938693.

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THANK YOU

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