Who Has the Ability to Manage Patients Suffering from Snoring or Obstructive Sleep Apnea Syndrome?

This issue of 'Controversies in ORL' is dedicated to snoring and obstructive sleep apnea syndrome (OSAS).

It is generally accepted that simple snoring is mainly a social problem while OSAS is a medical issue. It is also believed that snorers and OSAS sufferers are distinguishable on the basis of respiratory disturbance indices established with polysomnography. The more recent description of the upper airway resistance syndrome (UARS) illustrates that these views are simplistic. UARS represents a medical, and sometimes a serious, disorder, although the respiratory disturbance indices are normal in some patients. In addition, patients with UARS may not even snore! The incidence of snoring, OSAS and UARS is not precisely defined, especially among children. For each syndrome, several therapies are possible. No parameter exists for choosing the most appropriate treatment in each situation. The estimated benefit of each treatment varies between studies. This variation may reflect differences in the treated populations or differences in the evaluation criteria. The benefit of surgical procedures cannot always be explained in terms of physiological mechanisms, as illustrated by the fact that, although in most patients with UARS the pharynx is not narrow, its enlargement by an uvulopalatopharyngoplasty is sometimes efficient. These examples show that there are still uncertainties regarding the physiopathology of snoring and/or OSAS, the diagnostic criteria and the benefit of the proposed therapies. In view of these limitations, some experts tend to establish strict criteria of assessment in order to collect a larger amount of standardized data for statistical analysis. Such an approach is presumptuous and too restrictive as the knowledge is still too limited and prevents original observations that might represent a step forward in the understanding of the problem.

Most ENT specialists have been informed of the problem of snoring and/or OSAS during their residency, and a large majority of them have been trained in different surgical treatments such as uvulopalatopharyngoplasty or laser-assisted uvulopalatoplasty. Once they get their own private practice, ENT practitioners can attend every year several conferences and workshops organized all around the world. During these meetings, experts present their opinions, recommend guidelines for the diagnosis and treatment of sleep-related breathing disorders and praise the benefit of new developments or surgical procedures. In addition, manufacturers encourage surgeons to test new tools designed to facilitate the treatment and improve its outcome. Since every patient represents an opportunity to clarify some aspects of this highly complex topic, the investigation, treatment and follow-up belong to multidisciplinary teams including ENT and maxillofacial surgeons, pneumologists, neurologists, psychiatrists, physiologists and nutritionists. It is necessary to make an effort to convince the insurance companies of all countries to cover the fees resulting from the postoperative evaluation, including a polysomnography. This will not be achieved if politicians consider that a certain number of patients are operated mainly for the profit of the surgeon.

The purpose of this issue is not to bring new knowledge or therapeutical solutions that could be applied routinely, but rather to illuminate the many unresolved aspects of this interesting topic. As in any controversies, we expect that some of the opinions expressed in this issue will raise additional comments among readers that will be published in the next issue of *ORL Nova*. Again, we hope to open a debate which will be an exciting intellectual venue for our field.

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