My Child Snores—Is It A Problem

By: Nira Goldstein, MD, MPH

Snoring is common and occurs in 10% of children, but sometimes snoring is indicative of a serious condition called sleep apnea; an episodic upper airway obstruction that occurs during sleep. Sleep apnea affects 1 to 4% of children, with children between the ages of 2 and 8 being the most commonly affected. Additional nighttime symptoms of sleep apnea are pauses in breathing, restless sleep, frequent awakenings, choking/gasping, sleeping with the neck extended, mouth breathing and bedwetting. Daytime symptoms include mouth breathing, chronic congestion, noisy breathing, and a stuffy voice. Because of the fragmented sleep, many children with sleep apnea exhibit behavior and learning problems. Poor growth and failure to thrive also occur, especially in infants. Untreated sleep apnea can lead to high blood pressure and other heart and lung problems.

Sleep apnea is most commonly due to enlarged tonsils and adenoids. The tonsils and adenoids are part of the immune system and are the body's first line of defense against viruses and bacteria that enter the nose and mouth. The tonsils consist of two round masses that sit in the back of the throat, and the adenoids sit in the back of the nose above the roof of the mouth. The adenoids cannot be seen by looking in the nose without special instruments. Sleep apnea is associated with the following conditions: overweight/obesity, sickle cell disease, Down Syndrome, craniofacial syndromes, neuromuscular disorders and cerebral palsy.

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If you suspect your child has sleep apnea, your child should see an Ear, Nose, and Throat physician. At the visit, the doctor will obtain a history about your child's nighttime and daytime symptoms and will perform an ear, nose, and throat examination. To look at your child's adenoids, he/she will place a small endoscope into your child's nose. There may be discomfort but it is rarely painful.

If sleep apnea is diagnosed by history and physical examination, surgical removal of the tonsils and adenoids is usually recommended. Some children require an overnight sleep study for diagnosis. Sleep studies are performed in children with underlying medical conditions and children with symptoms of sleep apnea but with small tonsils and adenoids.

Surgical removal of the tonsils and adenoids (adenotonsillectomy) results in resolution of symptoms 70 to 90% of the time. The procedure is usually ambulatory, but children under 3 years of age, children with underlying medical conditions and children with severe sleep apnea are often admitted overnight after surgery. The procedure is performed under general anesthesia. Recovery time is generally 10 to 14 days, and children require a soft diet and pain medication. Post-operative bleeding occurs in 3% of children and often requires further medical attention with possible readmission and return to the operating room.

Children with residual sleep apnea after adenotonsillectomy may be treated with continuous positive airway pressure (CPAP) which consists of a nasal mask attached to a machine that generates positive pressure to open the airways. Weight loss is also recommended for children who are overweight. Additional therapies include topical intranasal steroids for mild sleep apnea, orthodontic appliances, and rarely additional surgery.

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