

# INTRODUCTION OF THIS ISSUE

## OSAS

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Chief editor of this Issue

If sleep deprivation impairs performance during daytime and can lead to sleepiness, it also can alter general health. Obstructive Sleep Apnea Syndrome (OSAS) is one of the main causes, and is still under-diagnosed.

When talking about OSAS, one might think of a middle aged man, overweighted, who is a loud snorer... but OSAS also affects children, with clinical signs that are various, and not equal to the adults.

Because the orthodontist has a major role in screening patients, but also in the treatment of OSAS, it appeared important to dedicate a special issue to the subject, recalling the article published in 2006 in our review<sup>1</sup>.

The first article, written by Dr T. Seailles, a sleep physician, deals about OSAS physiopathology, giving a systematic clinical exam of children, and describing the clinical symptoms that one might look for, and exams to perform.

The second article exposes the role of ENT surgery in obstructive

sleep events, as well as early orthopaedic treatment, written in collaboration with the ENT department of Necker Hospital for Sick Children in Paris.

OSAS in adults and teenagers is described by Dr M. Hans, who gives us his clinical experience as an orthodontist in the United States, especially about mandibular advancement appliances. As this oral devices are now taken into account by French health insurance for OSAS, our "clinical corner" describes its principles and titration procedure.

For the apneic adult, a protocol combining surgery and orthodontic treatment can be proposed, in very precise indications; in an article illustrated with severe OSAS cases, Dr B. Petelle, surgeon, gives details about maxillo-mandibular advancement.

Finally, Dr A. Béry ends with the ethical and legal aspects of all those treatments, giving a conclusion to this issue.

1. Garcia R., Fauquet Roure C., Fleury B., et al. Le syndrome d'apnée hypopnée obstructive du sommeil. Rev Orthop Dentofaciale 2006;2:177-198.