

## Patient #5

This patient is a 40 year old Caucasian male who was referred to me by his sleep physician because he was intolerant of his CPAP. Patient's date of birth is 5/16/1970. The patient lives alone in Example, Illinois. I initially evaluated him on April 12, 2012.

### Chief Complaint:

The patient's chief complaint is excessive daytime sleepiness. He has been drowsy when driving and often feels "hazy" at work. He usually wakes up 4 times during the night and takes NoDoz caffeine supplements to stay alert. He has attempted to wear CPAP for 3 months last year but kept pulling it off in the middle of the night and was therefore not feeling any better. He discontinued use of CPAP completely in July of 2012.

### History of Present Illness:

This patient was originally diagnosed on March 27, 2012 with Moderate Obstructive Sleep Apnea (OSA), with an Apnea-Hypopnea Index (AHI) of 16.6 and lowest oxygen saturation of 87%. He attempted to wear CPAP for 3 months and was unsuccessful. He subsequently had septoplasty and nasal turbinate reduction surgery in July of 2012 and felt that his breathing had improved, but he was still tired. Another diagnostic polysomnograph was done on January 29, 2013, which revealed Mild OSA with an AHI of 14.1 and lowest oxygen desaturation of 86%.

### Past Medical History:

This patient is 5 feet 6 inches tall and weighs 200 pounds for a BMI of 32.28. He had surgery in July of 2012 to correct his deviated septum and reduce the size of his nasal turbinates. He has sinus congestion, asthma, hypertension, adult-onset diabetes and depression. His current daily medications are: Flonase, Advair HFA inhaler, Albuterol inhaler, Propranolol ER 160mg, NovoLog SubQ, Effexor XR 150mg and Vilazodone.

## Clinical and Radiographic Examination:

The patient is missing teeth #1, 2, 5, 12, 13, 14, 15, 16, 17, 18, 30, 31 and 32. He has implants with single crowns replacing teeth #12, 13, 14, 30 and 31. Teeth #4, 19 and 29 have had root canal treatment and post and cores. There is a 3-unit bridge on teeth #3=4=(5) and single crowns on teeth #19 and 29. His teeth and restorations are in good condition with no caries present. There is a small chip in the porcelain of #3 bridge abutment. He flosses several times per week and sees his periodontist every year for examination and prophylaxis. He sees his dentist sporadically. All periodontal probings measure 3mm or less, but there is bleeding on probing interproximally around the posterior teeth. He has a class I occlusal classification with a very deep overbite. Diastemas are present between teeth: #6=7, 8=9, 9=10, 10=11, 21=22, 24=25, 26=27, and 27=28. Radiographs indicate good bone support and there is no clinical tooth mobility. No deviation of the mandible is present upon opening and closing. There is no tenderness upon palpation of the temporalis, masseter and lateral pterygoid muscles. The mandibular range of motion is excellent and asymptomatic. The tongue is large, positioned above the occlusal plane and retracts into the airway upon opening. The soft palate is low lying and the Mallampati classification is IV.

## Diagnosis:

Overnight Polysomnogram on January 29, 2013 revealed:

- Mild Obstructive Sleep Apnea Syndrome – AHI: 14.1 with the lowest O<sub>2</sub> desaturation of 86%
- Sleep disordered breathing was moderate in the supine position – AHI: 20.1

## Results:

Titration polysomnogram on August 15, 2013 revealed:

- AHI: 4.3
- Lowest O<sub>2</sub> desaturation of 91%
- Advised to wear the appliance at 13 turns from the most retrusive end of the device, which “gave very good control of sleep apnea.”

### Rationale:

The Dynaflex Dorsal appliance was chosen because it is comfortable and easily inserted and adjusted. It allows the patient to move vertically and easily breath through the mouth. The acrylic can readily be relined if a crown or other restoration needs to be replaced. The Dynaflex Dorsal is an FDA approved appliance.

### Disposition:

The sleep physician read this patient's titration study and recommended that he continue to wear the appliance set at 13 turns per side. The patient feels mentally sharper and has an improved attitude since he started wearing his appliance. He will be seen for annual follow up visits with me.