

IS POLYSOMNOGRAPHY NEEDED IN PATIENTS WITH LATERAL MEDULLARY INFARCTION AND ACQUIRED ONDINE'S CURSE?

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BACKGROUND: Central alveolar hypoventilation syndrome (Ondine's curse) is a disorder rarely reported in adults; it is characterized by lack of automatic control of ventilation during sleep due to the dysfunction of the respiratory center in the brain stem. Patients with brain stem infarction can present this syndrome, developing prolonged apnea after falling asleep.

MATERIAL AND METHODS: Prospective clinical study on 65 cases of patients with brain stem infarction. Patients were evaluated by cerebral CT or MRI and some of them by polysomnography.

RESULTS AND DISCUSSIONS: Ten patients with lateral medulla infarction needed emergency intubation and mechanical ventilation. Eight patients died following nosocomial pneumonia or sepsis. Only 5 patients have been evaluated by polysomnography (due to logistic inconvenience) and fulfilled laboratory criteria for the diagnosis of Ondine's syndrome. Polysomnography showed nocturnal apnea-hypopnea with desaturation, inconstant reduction of nocturnal desaturation after noninvasive positive pressure ventilation. Therapeutic options consisted of respiratory stimulants and used of non-invasive positive pressure ventilation.

CONCLUSIONS: Acquired Ondine's syndrome has an unpredictable clinical evolution and prognosis. Polysomnography is essential to diagnose this pathophysiological entity in patients with lateral medullary infarction, because severe ventilatory failure may be present during sleep but not during the day.