

dex of 5 or more episodes per night were considered positive for OSA. Every patient had undergone upper GI endoscopy evaluating for hiatus hernia, erosive and histological esophagitis, biliary reflux and peptic ulcer.

RESULTS: 33 males and 9 females with mean age of 49.6 years were assessed. 47.6% of selected patients had mild OSA, 14.3% - moderate, 38.1% - severe. Pathological GI findings were found in vast majority of patients - 83.3%, 59.5% of them showing two or more findings. The most frequent observed pathology was hiatus hernia - 64.3% of patients, followed by erosive esophagitis grade A - 45.2%, histological esophagitis and erosive gastritis - both 21.4%, duodenal ulcer - 7.1% and biliary reflux - 4.8% of patients. No significant correlation between OSA severity and frequency of GI findings was found.

CONCLUSIONS: A high prevalence of upper GI tract endoscopic findings in OSA patients was identified. The most frequent pathology was hiatus hernia and esophagitis indicating reflux. Direct significant correlation between GI findings and OSA severity was not determined. We recommend consultation of gastroenterologist in patients diagnosed with OSA.

SP435 – New technique of laser in-office uvullectomy for snoring

Yves-Victor Kamami, MD (presenter)

OBJECTIVES: 1) Describe a new technique of LAUP associating uvullectomy and one single velopalatal median trench. 2) Appreciate potential benefits, safety and efficacy of this technique in the treatment of snoring and sleep apnea syndrome.

METHODS: Retrospective review of 1522 patients (1233 men, 289 women), snorers and mild OSAS, who underwent this new single trench technique from September 2000 until September 2008. Since 1988, LAUP technique has been modified several times: in several sessions, then in one-step with two velo-palatal para-median trenches. This new technique has again been simplified with only one uvullectomy with only one single velo-palatal median trench and a micro-uvula remaining.

RESULTS: They have been noted by the partner on a visual analogic scale, acoustic pharyngometry and/or a sleep study. Results are improved: on snoring intensity, on the reduction of sleep apnea & hypopnea number and duration, less side-effects: post-operative pain, with a tissue resection and residual raw surface less large, less feeling of dry mouth, ghost uvula. Swallowing and speaking are immediately normal. The margins of the median trench seems to work like vocal cords, closing in the middle of the oropharynx.

CONCLUSIONS: This new technique permits a quicker and simpler way to obtain reduced thermal injury and lower pain scores than older techniques. There were fewer thermal injuries, statistically significant differences in pain scores, a quicker return to normal.

SP438 – Palatal stiffening via transoral, retrograde interstitial laser coagulation

Yosef Krespi, MD (presenter); Victor Kizhner, MD

OBJECTIVES: 1) Overcome several limitations offered by current snoring treatments addressing the soft palate including high cost of disposables, post-operative pain, occasional mucosal slough, ulceration, and implant extrusion. 2) Introduce a novel technique where interstitial ablation is done antegradely starting from the nasal (dorsal) wall of the soft palate, avoiding contact with food during deglutition.

METHODS: A pilot study with 10 loud snorers and RDI MISSING

RESULTS: All patients responded to a phone survey one month after the procedure. Four patients reported significant improvement, three had some improvement, two had mild improvement, and one patient had no change. Pain score was moderate for three patients, while the rest had mild pain.

CONCLUSIONS: We report encouraging results of this small series. The excellent wavelength absorption makes it ideal for tissue modulating without significant bleeding. We find it advantageous for the following reasons: inexpensive, reproducible results, minimal post-operative discomfort, can be energy titrated, pain is minimal, has possible favorable oral intake due to minimal interference with food passage, safe office procedure, and patient appealing. Those results encourage further studies.

SP436 – The Pro12Ala polymorphism of PPARG gene and OSAHS

Shan-Kai Yin, MD (presenter); Hai-Bo Shi, MD; Jian Guan, MD

OBJECTIVES: Peroxisome proliferator-activated receptor gamma (PPARG) is a ligand-dependent transcription factor has been implicated in the pathophysiology of metabolism disorders. This study was to assess the significance of Pro12Ala polymorphisms of the PPARG gene in OSAS.

METHODS: 420 (63 female and 357 male) patients with OSAS and 190 (39 female and 151 male) healthy volunteers were included for genetic analyses of Pro12Ala polymorphisms of the PPARG gene. PPARG polymorphism was analyzed by PCR-based restriction fragment length polymorphism. Polysomnography parameters, blood pressure, biochemical measurements, and anthropometric measurements were collected and determined from all participants.

RESULTS: An overall comparison between the genotypes and allele frequencies of the patients and controls did not reveal any significant difference ($p > 0.05$). Gender-specific and AHI-specific comparisons were not significantly different ($p > 0.05$). In the OSAS patients, there was no correlation between the genotypes and polysomnography parameters on correlation analyses ($p > 0.05$). There was no relationship between the genotypes and dyslipidaemia ($p > 0.05$). Pro/Ala