Case Study: Obstructive Sleep Apnea in an Infant

Background:

The infant, Elizabeth Meir, was evaluated by Otolaryngology and diagnosed with stridor secondary to laryngomalacia, reflux laryngitis and pharyngitis, intermittent retractions, and obstructive sleep apnea. The child has had six neonatal visits including 2 ER visits in the first 3 months of life before he was diagnosed with laryngomalacia.

History from the mother has revealed that the inspiratory stridor had been present since birth and the child used to awaken from sleep often with gasping breaths. This is a clear sign of obstructive sleep apnea.

Expert Analysis & Observations:

Patient’s History

Though the child was subsequently diagnosed with laryngomalacia and was surgically treated at 4 months of age, the recurrent hypoxemia due to obstructive sleep apnea as a result of laryngomalacia before surgery could have led to brain damage and the subsequent developmental delay.

Oxygen Monitoring

The child was not monitored during sleep by means of Polysomnography and monitoring of oxygen saturation in blood which could have led to early referral to otolaryngologist and possibly early surgery.

The child has sustained speech delay and mild motor delay probably as a result of recurrent hypoxemia due to obstructive sleep apnea before he was operated for laryngomalacia.

Conclusion:

Delay in diagnosing and appropriately managing the child with obstructive sleep apnea can be attributed as a cause of the damages sustained by the infant.

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