

Does negative pressure applied to the submandible region improve collapsibility of the passive pharyngeal airway?

Shinichiro Kato, MD

Amemiya M, Sato S, Sato Y, Ikeda A,

Okazaki J, Ishikawa T

Shiroh Isono

Department of Anesthesiology

Graduate School of Medicine, Chiba University

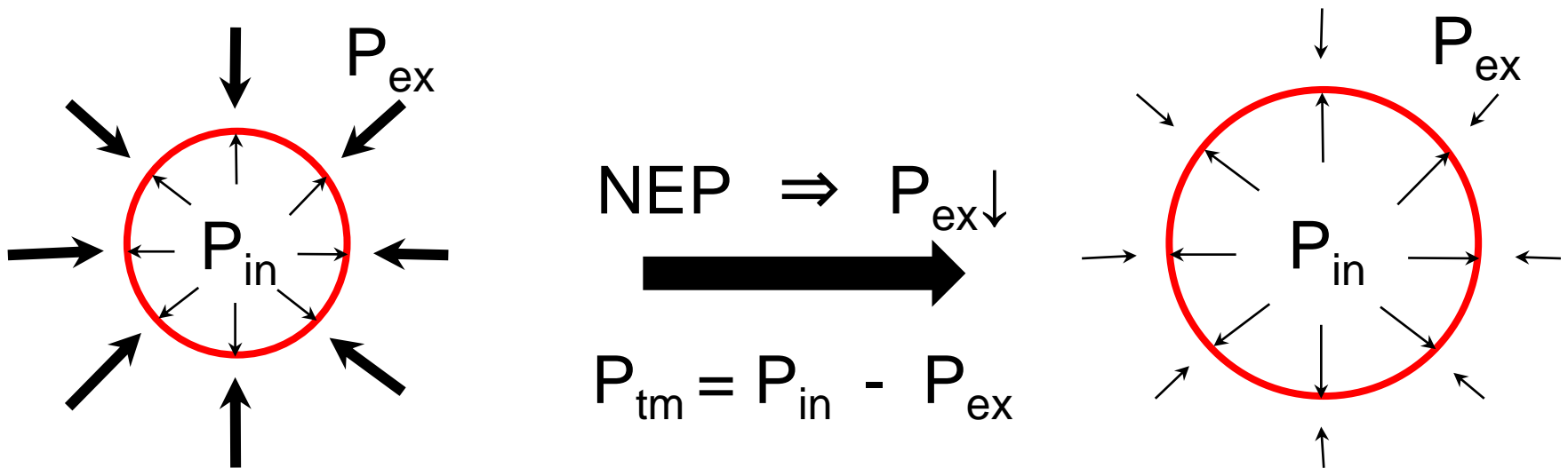
JAPAN

Introduction

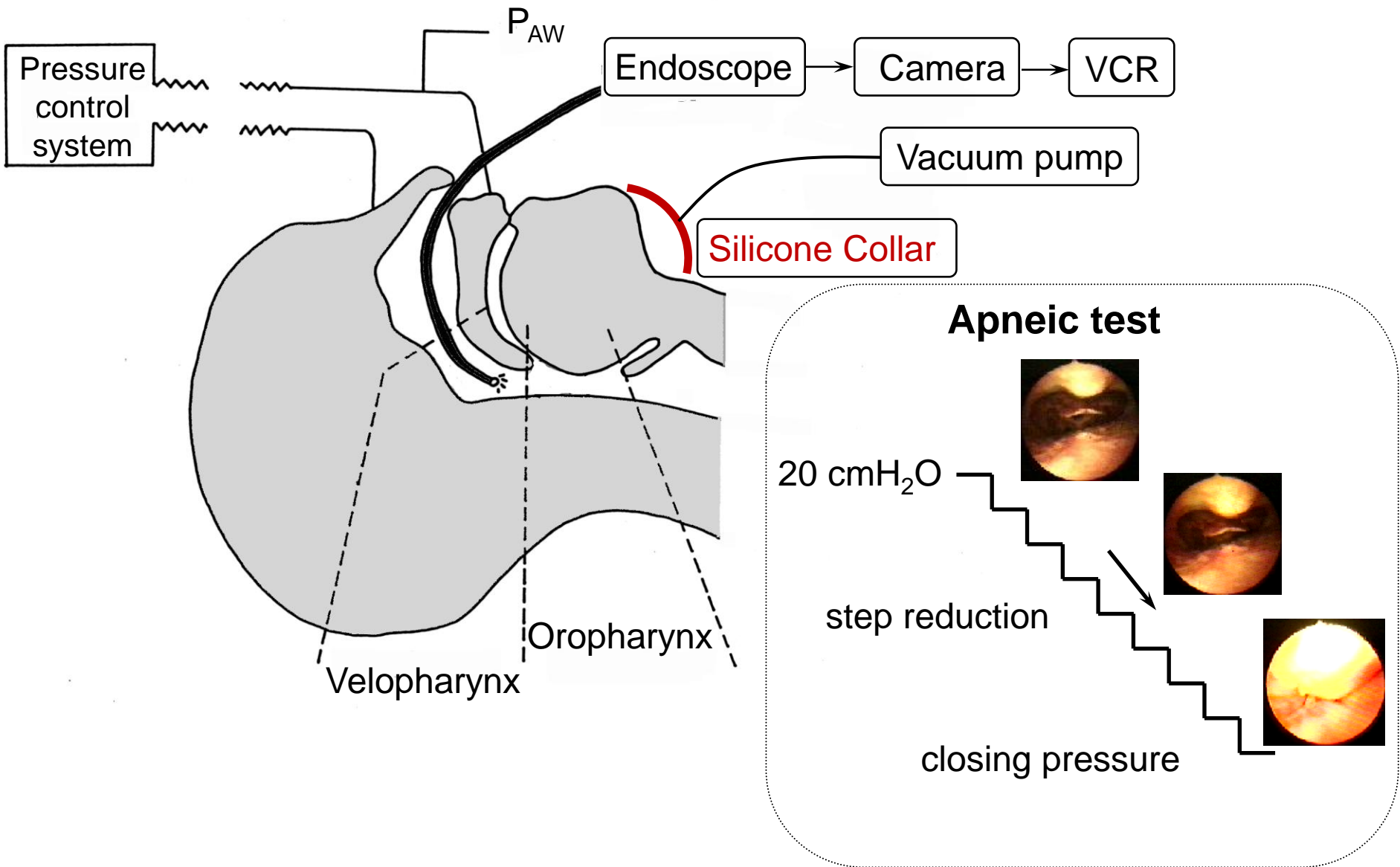
- The passive pharynx behaves like a collapsible tube. Cross-sectional area of the tube is determined by transmural pressure, the difference between intraluminal and extraluminal pressure.
- Dependence of the pharyngeal cross-sectional area on the intraluminal pressure is well documented.
- We lack knowledge of influences of the extraluminal pressure on the pharyngeal airway patency particularly in humans.

Hypothesis

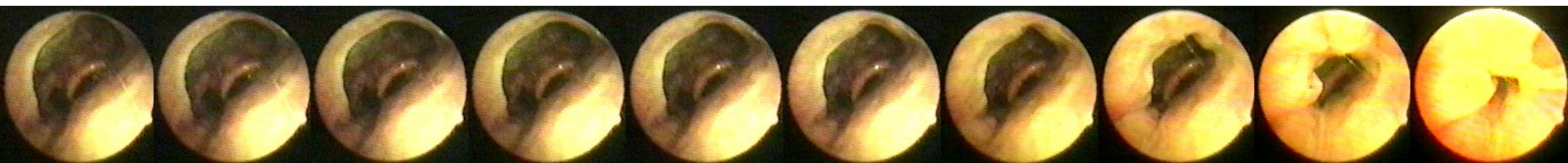
Negative external pressure (NEP) application to the submandible region improves pharyngeal airway collapsibility.



Assessment of passive pharyngeal airway collapsibility under general anesthesia and paralysis



Static pressure/area relationship of the passive pharynx



20

18

16

14

12

10

8

6

4

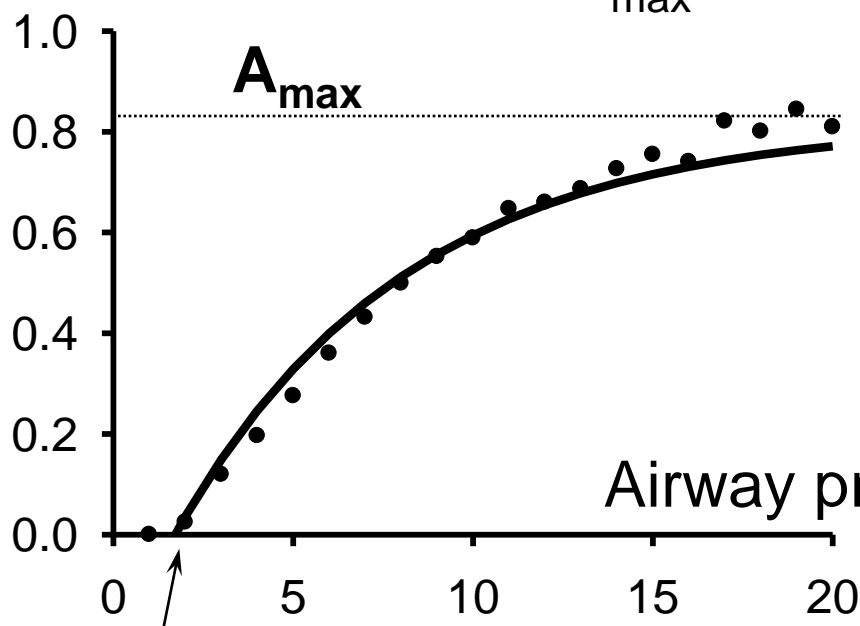
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(cmH₂O)

Curve fitting analysis

Area (A)
(cm²)

$$A = A_{\max} - B \cdot \exp(-K \cdot P_{AW})$$



Airway pressure: P_{AW} (cmH₂O)

$$P'_{\text{close}} = \ln(B/A_{\max})K^{-1}$$

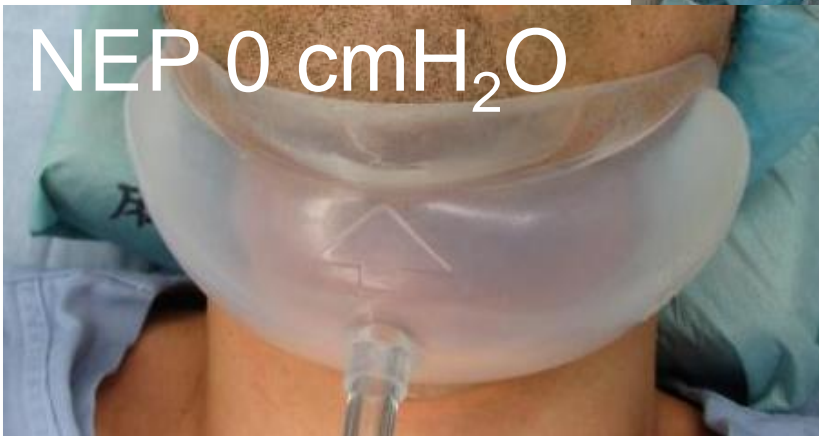
Measurements

Static pressure / area relationship of the velopharyngeal and oropharyngeal airway

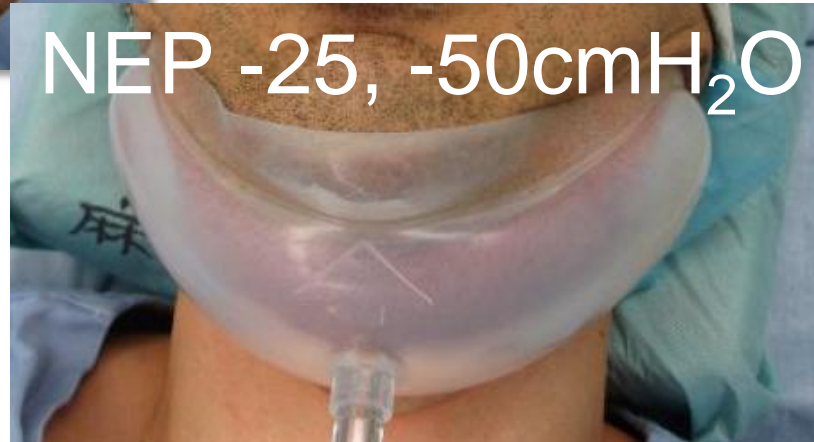
NEP 0 cmH₂O *versus* NEP -25, -50 cmH₂O



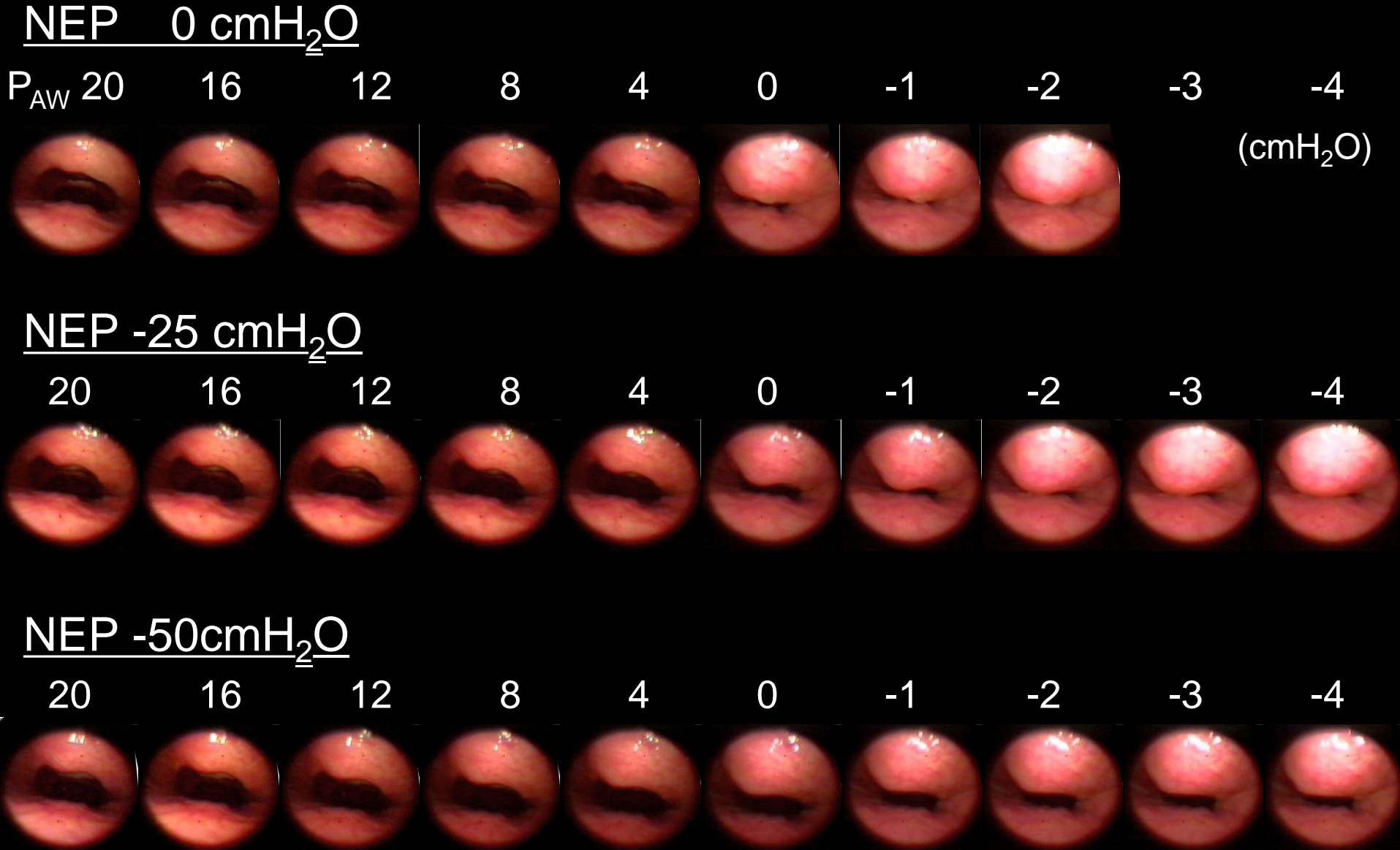
NEP 0 cmH₂O



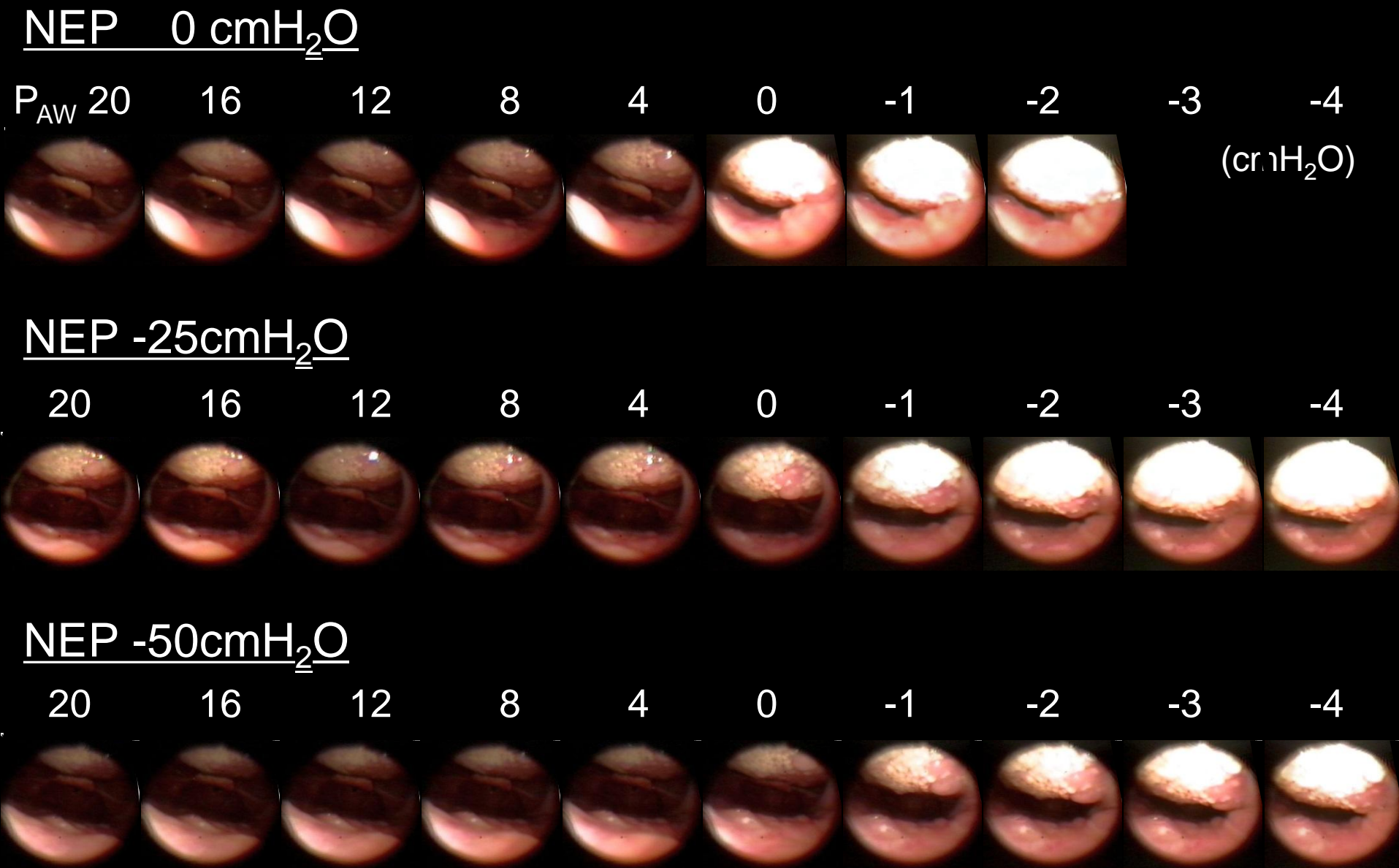
NEP -25, -50cmH₂O



Velopharyngeal CSA Changes

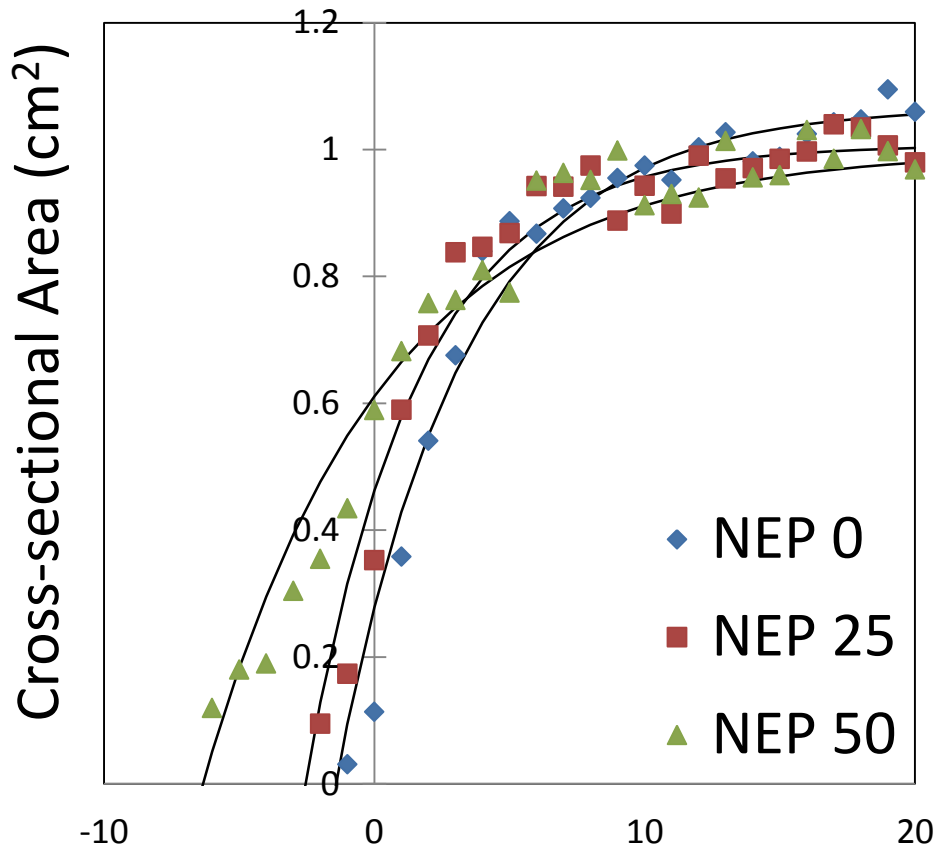


Oropharyngeal CSA Changes

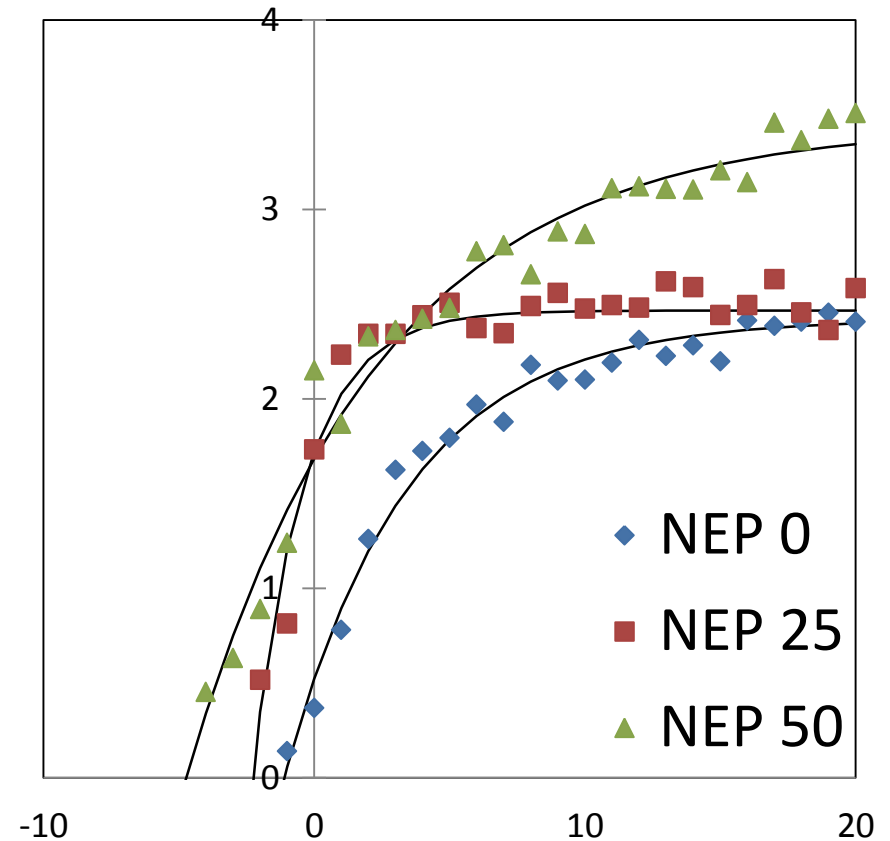


Static Pressure-Area Relationships

Velopharynx



Oropharynx



Airway Pressure (cmH₂O)

Characteristics of the Patients (n=19)

	Mean \pm SD (min to max)
Age	57 \pm 11 (31 to 70)
Gender (male/female)	0/19
Height [cm]	154 \pm 7 (140 to 167)
Weight [kg]	65 \pm 20 (42 to 109)
BMI [kg/m ²]	27.4 \pm 8.2 (17.9 to 45.7)
Mallampati class(I/II/III/IV)	6 / 9 / 2 / 2
Neck circumference [cm]	35.2 \pm 4.6 (30 to 43.5)
3%ODI [/hour]	13.1 \pm 12.4 (0.2 to 39.7)
CT ₉₀ [%]	2.6 \pm 4.5 (0.0 to 14.2)
AHI [/hour]	14.5 \pm 12.9 (0.2 to 39.7)

ODI: oxygen desaturation index, CT₉₀: percent of time spent with SpO₂ below 90%, AHI: Apnea Hypopnea Index

Results

Velopharynx	NEP 0	NEP -25	NEP -50
A_{\max} [cm ²]	1.7 ± 0.8	1.8 ± 0.9	1.8 ± 0.8*
P_{close} [cmH ₂ O]	-1.7 ± 2.3	-3.6 ± 3.2*	-3.3 ± 2.8*
K value	0.23 ± 0.13	0.18 ± 0.07	0.19 ± 0.07
ΔP_{close} [cmH ₂ O]		1.7 ± 2.5	1.6 ± 2.1
Number of Responder		6 / 18 (33%)	4 / 19 (21%)
Oropharynx	NEP 0	NEP -25	NEP -50
A_{\max} [cm ²]	3.2 ± 1.7	3.3 ± 1.5	3.4 ± 1.5
P_{close} [cmH ₂ O]	-1.3 ± 1.9	-3.8 ± 3.9*	-4.1 ± 3.3*
K value	0.20 ± 0.05	0.20 ± 0.10	0.17 ± 0.05
ΔP_{close} [cmH ₂ O]		2.3 ± 3.3	2.8 ± 2.7
Number of Responder		4 / 18 (22%)	4 / 19 (21%)
*: P<0.05 versus control			

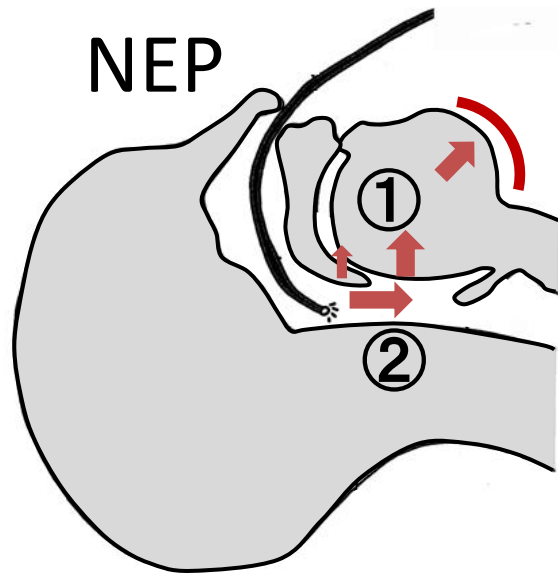
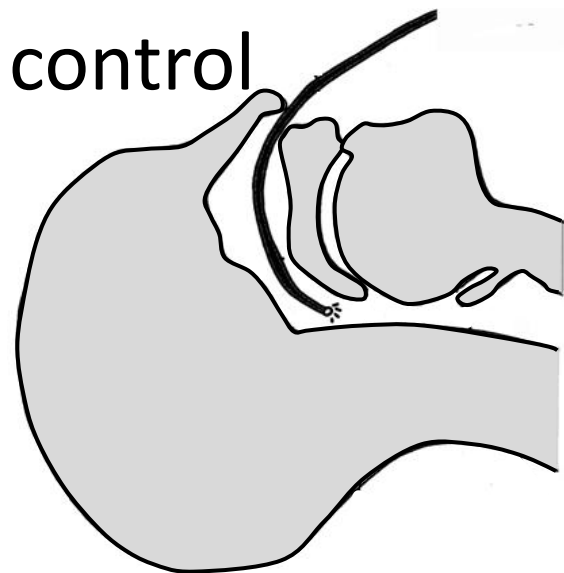
Responder: patients whose P_{close} decreased below -3.8 (velopharynx), and -5.5 (oropharynx) cmH₂O

(S.Isono et.al J Appl Physiol 1997)

Conclusion

Negative external pressure (NEP) application to the submandible region improves pharyngeal airway collapsibility.

Possible Mechanism?



① External Pressure ↓

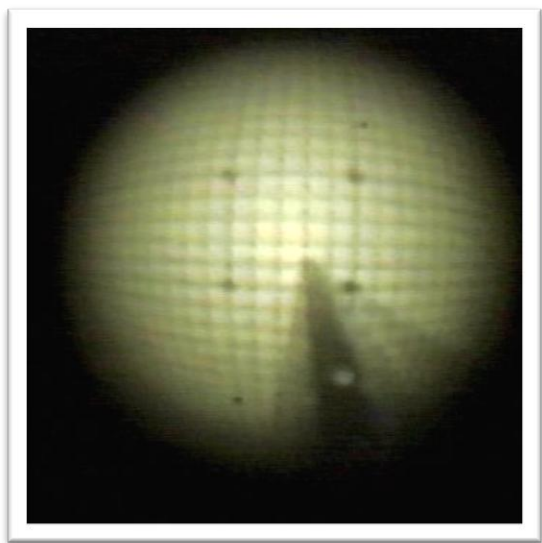
② Longitudinal tension ↑



Collapsibility ↓

Acknowledgement

- Collars for NEP application and a NEP device (cNEP) are provided by Dr. Richard Rose (5i Sciences Inc.).



Wide angle
correciton filter

