

## F O R E W O R D

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Obstructive sleep apnea/hypopnea syndrome (OSAHS) in children is defined as abnormally frequent interruption of respiration in the mouth and nose, of at least 5 seconds' duration, despite continued thoracic and abdominal movement. The latter distinguishes complete (apnea) and incomplete (hypopnea) obstructive apnea from central apnea, in which thoracic and abdominal movement ceases.

OSAHS remains under-diagnosed, especially in children, in whom clinical signs are heterogeneous and very different from those found in adults.

Without treatment, OSAHS is associated with excess morbidity, with severe cardiovascular effects in adults. In children, it may lead to growth disorder and lung dysfunction, retarded neuro-cognitive development and learning impairment, mood disorder and ADHD (attention deficit hyperactivity disorder).

Physicians (general practitioners, pneumologists, sleep specialists) regularly share their work and experience, notably at the

annual Sleep congress, and general dental surgeons and orthodontists can contribute, by the clinical examinations they perform, to screening for OSAHS, which is a genuine public health issue. History taking should now focus on the quality of sleep and on snoring. Unawareness of sleep apnea may amount to a professional fault.

The shared experience of different agents – physicians and dental surgeons – led to the setting up of the French Society of Dental Medicine of Sleep (SFMDS: *Société Française de Médecine Dentaire du Sommeil*).

The present issue of the JDAO contains the communications made at the last meeting of the SFMDS in May 2014, devoted to childhood OSAHS.

After discussing the genetic (Sabine Plancoulaine) and diagnostic specificities, in terms of history taking, with a questionnaire grading severity (Xuân-Lan Nguyen), and of examinations (Thierry Séailles), the particular case of very young OSAHS

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patients (Brigitte Fauroux), warning signs such as snoring (Julien Briffod) and craniofacial and dental typology (Christine Boehm-Hurez) are dealt with.

Medical treatment (Nicole Beydon) and nocturnal respiratory assistance by continuous positive airway pressure (Guillaume Aubertin), the effects of associating tonsillectomy to orthodontics (Pascal Garrec and Laurence Jordan),

and orthopedic (Claude Chabre) and orthodontic treatment (Mireille Guibert) are then developed.

This special edition of the JDAO is the perfect complement to the 2009 edition directed by Julia Cohen-Levy. We trust it will enable all practitioners to become OSAHS-aware, to avoid loss of opportunity for our young patients in their cranial-maxillary-facial, statural and cognitive development.