폐쇄성 수면무호흡증의 병태생리

구 수 권

Pathophysiology of Obstructive Sleep Apnea

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		가		
	. 1970			가 가
	. 1010			. ,
가 가		(Fig. 1).		
교쇄성 수면무호흡증의 발생기전 (Pathogenesis of Obstructive Sleep Apnea)			7	ł
			(Fig. 2).
				(tonic
		activity)가	(hypotonia)	가 1-3) ・
(oropharynx) (deglutition) 가	(larynx) (respiration)	(Primary S	수면무호흡증의 단 equence of Obstri Sleep Apnea)	
			1) the onset o	f obstructive
		apnea 2) the deve	lopment of progress	ive asphyxia
가		during apnea 3) te	rmination of the apn . 4)	ea 3
. , 601 - 731	3 31-3	The onset of obstru	uctive apnea	
			(pharynx)	
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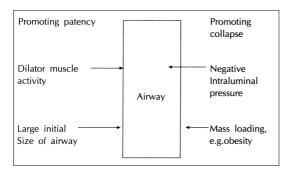


Fig. 1. Control of upper airway patency.

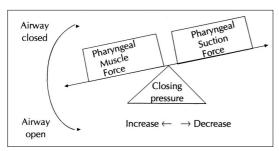


Fig. 2. Balance of forces affecting upper airway caliber durung sleep. These forces rotate around a fulcrum, the position of which is dependent on the closing pressure of the upper airway.

(Small size of upper airway)

가

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. 1)
                                        (lung vol -
                      (reflex)
                                              . 2)
ume)
                       가
                                       가
                                     가
 . 3)
        . 4)
                                            (chest
                       가
wall muscle)
 가
                          가
Development of asphyxia during obstructive apnea
                    (ventilation)
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NREM

(tonic activity)

REM

1 - 3)

Maintenance and termination of obstructive apnea 가 (expiration) (ventilation) 가 (end of inspiration) 가

(asphyxia)

(Upper airway compliance) (compliance) (dilator mu -(respiratory drive)가 가 scle) (constrictor muscle) 가 (tonic ac-(arousal) (ar tivity)가 ousal) (constrictor mu -(intrathoracic pressure) 가 stage 3, 4 scle) stage 1, 2 가 (dilator mu -**REM NREM**

가

2)3)

scle)

REM

Table 1. Maintenance and termination of an obstructive sleep apnea

	Onset of apnea	Maintenance of apnea	Apnea termination point	Post apnea
Upper airway dilator muscle activity	-	-	+ +	+
Surface forces	-	+	-	-
Respiratory drive	+	+ +	+ + +	+ +
Inspiratory chest wall muscle force	+	+ +	+ + +	+ +
Arougal	_		_	_

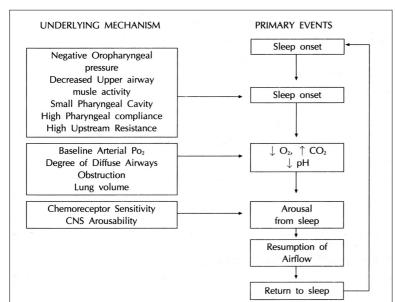
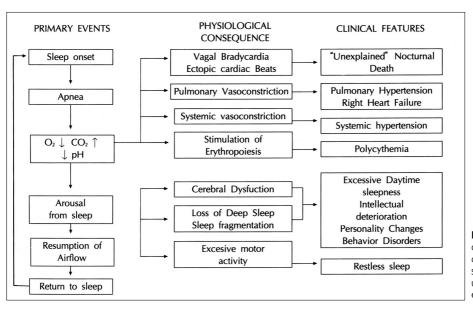


Fig. 3. The primary sequence of events in patients with obstructive sleep apnea, and the pathogenic mechanisms that contribute to these events.

REM		(hy -			
poxia)	(hypercapnea)	(arousal)	폐소	배성 수면무호흡증의 원인	
	chemoreceptor		(Cause	of Obstructive Sleep Apnea)
가		(arousal)			
	(arous	al)		1)	
((dilator muscle)		2)	(dilator muscle)	3)
				(chest wall muscle tone)	가
	(hyperventilation)				
가	가 .		가		
			(Table	2).	
(dilator	muscle)				
	(Table 1, Fig. 3).		Obesity and no	eck muscle hypertrophy	
	5	00	Obesity	,	
		3)4)8)	(fat)		

Small upper airway	Obesity			
	Tabocco smoking			
	Hormonal factors	Menopause		
		Acromegaly		
		Hypothyroidism		
	Supine position			
	Upper airway lesions	Nose: polyps, rhinitis		
		Pharynx: tonsils and adenoids, cysts and tumors		
		Larynx: congenital webs and cysts		
		Crico-arytenoid arthritis		
	Skeletal abnormality	Congenital and traumatic abnormalities		
		Retrognathia		
Loss of upper airway	Sleep deprivation and frame	ntation		
Dilator muscle activity	Benzodiazepines			
	Alcohol			
	Neurogenic disorders	Diffuse e.g. poliomyelitis		
		Focal		
	General anesthetic			
	Ventilatory support	Nasal and negative pressure ventilation, phrenic nerve		
		Pacemaker		
Increased chest wall				
muscle tone				
가 mas	ss effect	Sleep position		
9)10)		(auning position)		

•		crook browner.		
9)10)		(supine position)		
		가 REM		
Tabacco		14)		
,	(diffuse mucositis)			
	가 ni -	Nasal obstruction		
cotinic cholinergic	receptors			
REM	.8)	15)16)		
Hormonal factor		Pharyngeal narrowing		
	가	가 . ¹⁷⁾		
	androgen estrogen,			
progestrone	. ¹¹⁾ Acromegaly	Drugs		
	,12)	Benzodiazepines CNS depressant		
	,		arousal)	
	13)	¹⁸⁾ alcohol benzodiazepines	CNS	
		'		



(hypere -

depressant

plication)

Fig. 4. The physiologic responses and clinical features resulting from obstructive sleep apneas.

가

가

19) mia) 가 가 Miscellaneous Heart rate and dysrhythmia Down, Marfan, Apert craniofacial (heart rate) abnormality, poliomyelitis, myotonic dystrophy 가 (asphyxia) neuromuscular conditions, 8) 가 가 (bradycardia) 폐쇄성 수면무호흡증의 동반질환 (atrial fibrillation), (ventricular tachy -(Sequele of Obstructive Sleep Apnea) cardia) (arrhythmia) **REM** 가 75% 8)20)21) 가 가 (asphyxia) (arousal) (Fig. 4).4) Systemic blood pressure, left ventricular failure, myocar dial infarction and stroke

(asphyxia) REM .²²⁾

(arousal)

가

가

심혈관계 합병증(Cardiovascular, hemodynamic com-

(pulmonary hypertension)		, (morning		
23)		headache) 71 (31)32)		
,	(st -	가 . ³¹⁾³²⁾		
roke), (hypertension), (myoc farction) 3	cardial in - . ²⁴⁾	기타 합병증(Miscellaneous complication) cAMP가 가		
50%		ATP가 . ad-		
30%		enosine, xanthine purine nucleotides가 가		
		가 purine nucleotides (uric acid)		
(bradycardia) .		(uric acid) 가		
(afterload) 가	(brady -	. ³³⁾ (intrathoracic pressure)		
cardia)		(atrium) (atr -		
20)21)27)		ium) ANP(artrial naturinuretic peptide)		
		가 . ANP 가 renal sodium		
Pulmonary hypertension, right heart failure and	l policyth -	가 . ³⁴⁾		
emia	, ,	<u>-</u>		
		(intrathoracic pressure)		
(pulmonary artery	oressure)	(arousal) . 35)		
가 .	p. 000u. 0)	7L 36)		
(pulmonary artery pressure)		, , , , , , , , , , , , , , , , , , , ,		
(pulmonary artery pressure) (pulmonary hypertension)		맺 음 말		
(right ventricle) (stroke		X 11 E		
volume) (right ventr	`	가 가		
	ventric -	71 71		
ular failure)	VOITTIO			
•	nyperca -	·		
	турстса -	, , , , 가		
pnea) 가 (polycythemia)		, , , , 기		
28)		71		
• '		•		
신경정신적 합병증(Neuropsychiatric complic	ation)	중심 단어 :		
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²⁹⁾ フト		during sleep. Clin Chest Med 1998;19:21-32.		
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(hypoxia), (hypercapnea)		4) Bradley TD, Phillipson EA. <i>Pathogenesis and pathophy-</i>		

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