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NEW-ONSET OBSTRUCTIVE SLEEP APNEA DIAGNOSIS IN A COVID-POSITIVE PATIENT*Nobel Nguyen,¹ Kimberly Mebust²*¹A.T. Still University School of Osteopathic Medicine, ²Multicare Neuroscience & Sleep Medicine

Introduction: Risk factors for the mortality of COVID-19, such as cardiovascular and lung disease, are commonly seen in patients with obstructive sleep apnea (OSA). Patients with OSA experience approximately 8-fold greater risk for COVID-19 infection compared to a similar age population. Among patients with COVID-19 infection, OSA was associated with an increased risk of hospitalization and approximately doubled the risk of developing respiratory failure. However, there is little information on whether COVID-19 can directly develop OSA. To the best of our knowledge, we describe the first case-presentation of a positive COVID-19 patient who developed sudden-onset OSA.

Report of case(s): NL is a 47-year-old female who complains of new-onset snoring, excessive daytime sleepiness, and witnessed apnea events after testing positive for COVID-19 seven months prior after developing mild symptoms. Her ESS score is 12/24, neck circumference is 14.75 cm, BMI is 27.9, and Mallampati II. She has no pertinent PMH and is not a tobacco user. In regards to her sleep, she has no symptoms of restless legs, narcolepsy, or periodic limb movements. She denies any physical disturbances, psychiatric conditions, environmental factors, or medical issues that might affect her sleep. There is no family history of sleep apnea, snoring, or other sleeping disorders. The patient's presentation at the initial sleep visit prompted a home sleep study. Results of her home sleep study revealed 131 total number of sleep-related respiratory events, with an apnea-hypopnea index of 11.9 per hour. Mean oxygen saturation was 94% and the minimum oxygen saturation was 83%. Total estimated sleep time was 7 hours, 59 mins, and sleep quality and duration were deemed adequate. The results from NL's sleep study gave the final diagnosis of mild OSA.

Conclusion: Besides having a slightly overweight BMI, NL had relatively few risk factors for developing OSA (no family history, no comorbidities, and normal physical exam findings). The link between the virus and the development of OSA in healthy individuals is not readily apparent. We recommend sleep studies for healthy patients who develop OSA like-symptoms after being infected with COVID-19 to prevent unwanted health risks associated with OSA.

Support (if any):