

veronica.barroso@uva.es



# **Uncovering Pediatric Sleep Apnea Patterns: Deep Learning and Explainable Artificial Intelligence Insights from Airflow and Oximetry Signals**





Verónica Barroso-García <sup>1,2</sup>, Jorge Jiménez-García <sup>1,2</sup>, Gonzalo C. Gutiérrez-Tobal <sup>1,2</sup>, David Gozal <sup>3</sup>, and Roberto Hornero <sup>1,2</sup>

<sup>1</sup> Biomedical Engineering Group, University of Valladolid, Valladolid, Spain <sup>2</sup> Centro de Investigación Biomédica en Red en Bioingeniería, Biomateriales y Nanomedicina (CIBER-BBN), Spain <sup>3</sup> Office of The Dean, Joan C. Edwards School of Medicine, Marshall University, Medical Center Drive, Huntington, WV, USA

I JORNADA DE PERSONAL **CIENTIFICO JOVEN CIBER** Vigo, 8 – 10 de mayo, 2024

## INTRODUCTION

#### BACKGROUND

Pediatric Obstructive Sleep Apnea (OSA) is highly prevalent а respiratory disorder characterized by recurrent apnea and/or hypopnea episodes during sleep

#### **OBJECTIVES**

- To assess the diagnostic performance of an explainable deeplearning model capable of estimating the childhood OSA severity from airflow (AF) and oximetry (SpO<sub>2</sub>) signals
- Polysomnography (PSG) is the gold standard diagnosis test, but its cost, complexity, discomfort, and limited availability contribute to underdiagnosis of the disease
- To identify novel patterns of AF and SpO<sub>2</sub> that contribute to the OSA detection

### MATERIALS AND METHODS



#### **SUBJECTS** Childhood Adenotonsillectomy Trial (CHAT) Comer Children's Hospital from University of Chicago (UofC)

LeBonheur Children's Hospital from University of Tennessee (UofT) CHAT

TRUE COLOR	(Training)	(Validation)	(Test)	(Validation)	(Test)	(Test)
Subjects ( <i>n</i> )	1006 (61.4%)	326 (19.9%)	306 (18.7%)	584 (60.0%)	390 (40.0%)	545 (100.0%)
Age (years)	7.0 [2.0]	7.0 [2.0]	6.9 [2.0]	6.0 [5.0]	5.5 [6.0]	7.2 [7.6]
Males (n)	471 (46.8%)	156 (47.9%)	134 (43.8%)	346 (59.2%)	253 (64.9%)	293 (53.8%)
BMI (Kg/m²)	17.4 [6.1]	17.1 [6.4]	17.6 [6.0]	17.7 [6.6]	18.2 [5.9]	19.5 [12.1]
AHI (events/h)	2.6 [4.8]	2.4 [4.6]	2.3 [5.1]	4.1 [8.3]	3.3 [6.5]	2.3 [5.8]
No OSA ( <i>n</i> )	219 (21.8%)	69 (21.2%)	67 (21.9%)	96 (16.4%)	75 (19.2%)	176 (32.3%)
Mild OSA ( <i>n</i> )	496 (49.3%)	168 (51.5%)	148 (48.4%)	229 (39.2%)	169 (43.3%)	207 (38.0%)
Moderate OSA (n)	160 (15.9%)	44 (13.5%)	49 (16.0%)	113 (19.4%)	63 (16.2%)	79 (14.5%)
Severe OSA ( <i>n</i> )	131 (13.0%)	45 (13.8%)	42 (13.7%)	146 (25.0%)	83 (21.3%)	83 (15.2%)
Segments (n)	114,873	37,155	34,771	58,985	39,467	56,303

#### CONVOLUTIONAL AND RECURRENT NEURAL NETWORKS (CNN+RNN) WITH GRADIENT-WEIGHTED CLASS ACTIVATION MAPPING (GRAD-CAM) l segment $(S_i) = 6$ epochs = 30 min total AF $\frac{1}{N} \sum \frac{\hat{y}_i}{0.5}$ $SpO_2$ Epoch 1 (5 min) Epoch 6 (5 mir Conv2D (64:17×2) Conv2D (64;17×2) Conv2D (64;17×2) TD BatchNorm BatchNorm TD BatchNorm ΓD ReLU ReLU Кец . . . MaxPool TD MaxPoo MaxPoo - - - -TD Dropout (0. Dropout (0. Dropout **Linear Regression** TD Flattenning Flattenning Flattenning . . . **Bidirectional GRU** Apnea-Hypopnea Index (AHI) estimatior **Fully Connected**

 $\hat{y}_i$ : estimated # of apneic events in a 30-min segment.

#### RESULTS

		CNN + RNN				
		No-OSA	Mild	Moderate	Severe	
PSG	No-OSA	110	197	10	1	
	Mild	43	359	101	20	
	Moderate	2	46	71	72	
	Severe	0	6	28	174	

AHI threshold	Sensitivity (%)	Specificity (%)	Accuracy (%)
1 event/h	95.12	34.59	79.60
5 events/h	86.47	84.30	85.00
10 event/h	83.65	90.99	89.76





Figure. Grad-CAM results in a) normal breathing; b) apneic (A) and hypopneic (H) events associated to blood oxygen desaturations (D); and c) hypopneic (H) events associated to arousals (\*)

### CONCLUSIONS

- The improvement over conventional techniques, along with pointing out the AF and SpO2 regions that most contribute to the model prediction, highlights the effectiveness and reliability of combining deep-learning strategies and these signals for simplifying the pediatric OSA diagnosis
- Our proposal could be a powerful tool to automatically identify the OSA-linked respiratory patterns and contribute to its interpretation

A promising PSG alternative to provide early, objective, and accurate diagnosis of pediatric OSA









