



**Keywords:** Respiratory polygraphy in children; Sleep- disordered breathing; Respiratory indicators in different pediatric conditions; Transcutaneous capnometry

## Introduction

This dataset presents the comparison of respiratory indicators as well as the oxygen saturation attained by PG between different groups of sleep- disordered breathing. In addition to the substantially described OSA, our dataset adds useful values for other sleep- related breathing diseases in children. The data promote the feasibility of transcutaneous carbon dioxide partial pressure measurement concomitantly to PG in children. The dataset may be of use for pediatricians, pediatric pulmonologists and sleep specialists. The data can be used to encourage validating of PG bias in children. Indications and contraindications and underlying conditions were taken from the Garcon- grounded PG library and the motorized patient medical records [1, 2].

Lung cancer is cultivated underdiagnosed due to lack of early symptoms. In late notorious stages only methodical curatives can be applied. In the last few times tyrosine kinase inhibitors (TKIs) are being used for epidermal growth factor positive cases (EGFR) and anaplastic carcinoma kinase mutation positive cases (ALK). Also; immunotherapy either as first line or alternate line has been approved in the once 20 months for metastatic lung cancer complaint. Still;

events using RemLogic- E so ware. Total recording time was acclimated regarding sleep and awake ages by using the information in the case's journal and reported as time anatomized. Non-interpretability was de ned as an absent or unreliable SpO<sub>2</sub> signal and/or when tailwind and RIP in ow trace signals were absent or unreliable during time anatomized. Time anatomized is reported.

Respiratory indicators were scored according to pediatric scoring rules published by the American Academy of Sleep Medicine (AASM) [7, 8].

Apnea was de ned as a drop in the peak signal excursion of the nasal in ow trace or RIP in ow (X ow ) trace by = 90 of the pre-event birth for at least the time original to two breaths. Obstructive apnea was scored if respiratory trouble was maintained. Central apnea was scored if inspiratory trouble was absent, and associated with a drop in oxygen desaturation = 3 or if the event was lasting 20 s or longer. Hypopnea was de ned as a drop in = 30 of the breadth of nasal in ow trace or RIP in ow (X ow ), during the time original to two breaths, and associated with a drop in oxygen achromatise.

Apnea hypopnea indicator (AHI) was de ned as the total number of respiratory events (apneas plus hypopneas) divided by the time anatomized in hours. Mean oxygen achromatism was recorded, and the number of events of oxygen desaturation = 3 divided by the time anatomized in hours was de ned as the oxygen desaturation indicator (ODI) [9, 10].

Transcutaneous carbon dioxide partial pressure (ptcCO<sub>2</sub>) was measured using the Radiometer's transcutaneous monitoring systems TOSCA 500<sup>®</sup> and TCM TOSCA<sup>®</sup> using TCM 4<sup>®</sup>