

Tonsillectomy and Adenoidectomy: Indications

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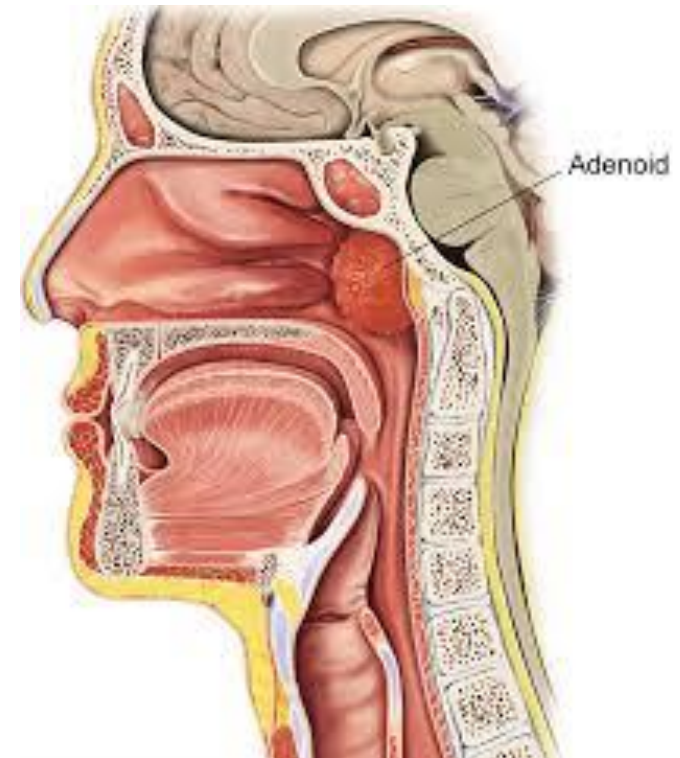
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Tonsillectomy and Adenoidectomy: Indications

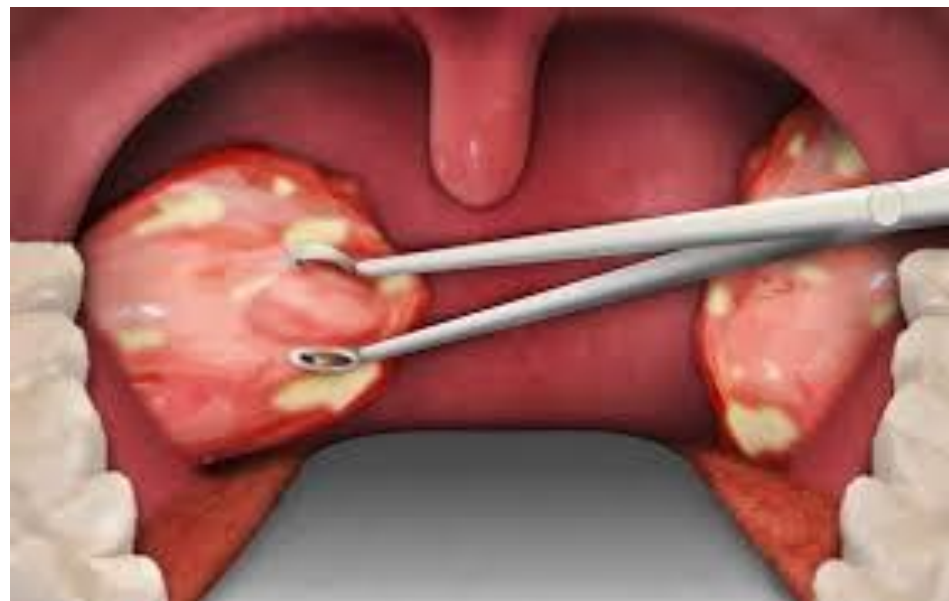
- Terminology
 - Tonsillectomy
 - Surgical Removal of the Palatine Tonsils
 - Adenoidectomy
 - Surgical removal of the adenoidal lymphoid pad
 - Adenotonsillectomy
 - The surgical removal of both the palatine tonsil & the adenoid

Tonsillectomy and Adenoidectomy: Indications

- Most common Indications
 - Recurrent Infections
 - Airway obstruction (Sleep Disordered Breathing)

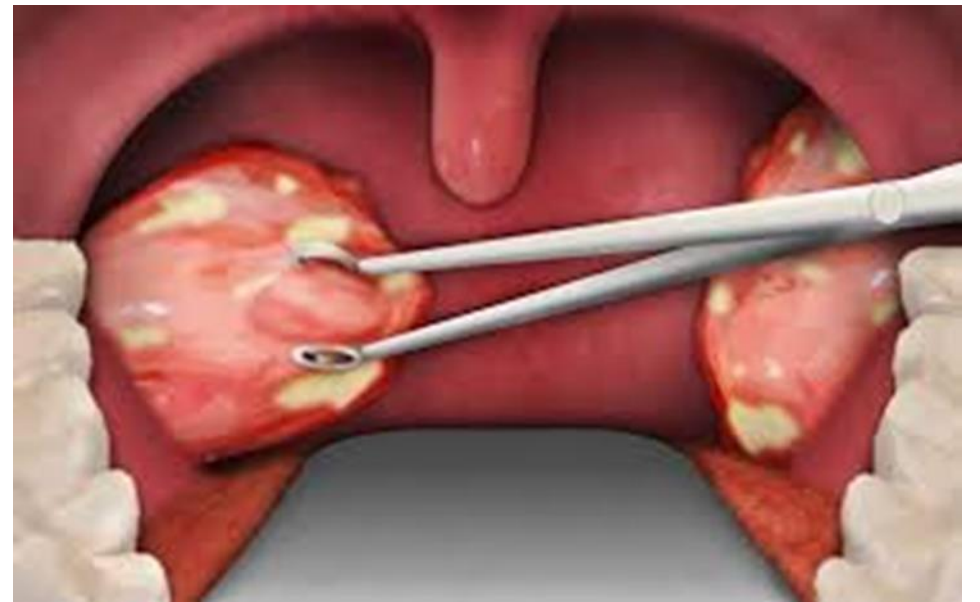


Tonsillectomy



Tonsillectomy

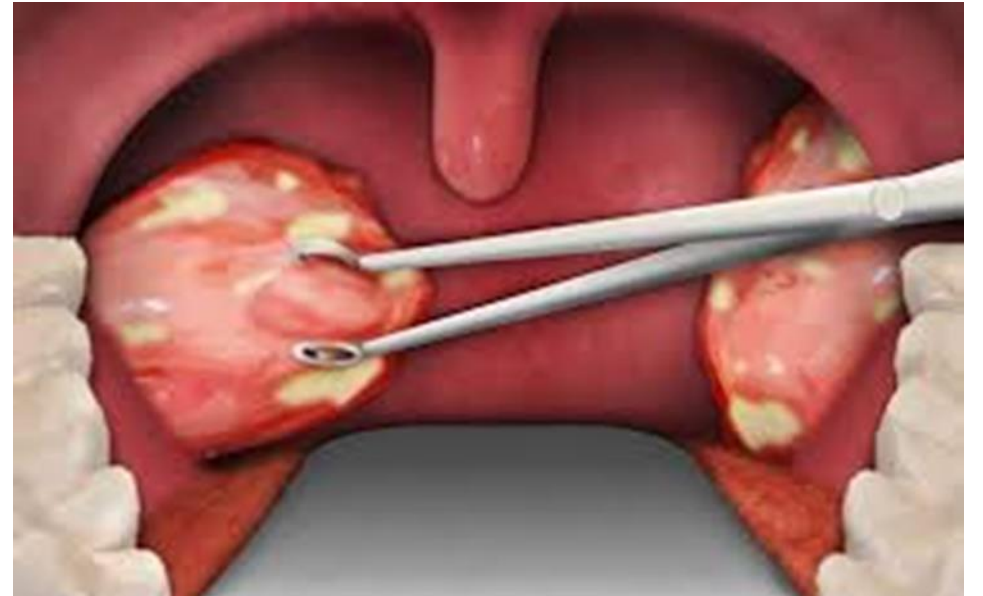
- One of the commonest operations
- Frequency varies from region to region



Tonsillectomy

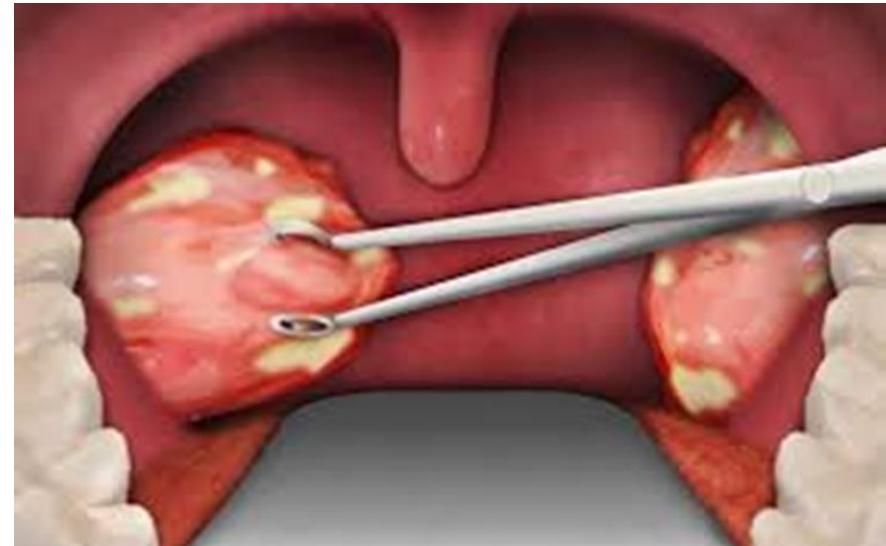
Indications

- Obstruction
 - Oropharyngeal airway
 - Oropharyngeal deglutitory pathway
- Infections
 - Recurrent tonsillitis and its complications



Tonsillectomy

- Considerations for Children
 - Tonsil related problems often decline with age
 - Decision for tonsillectomy is individualized
 - Risk/Benefits of Tonsillectomy
 - Natural course of disease
 - Frequency & severity of episodes
 - Child's tolerance to antimicrobial therapy
 - Performance at school and illness related absence
 - Access to health care services



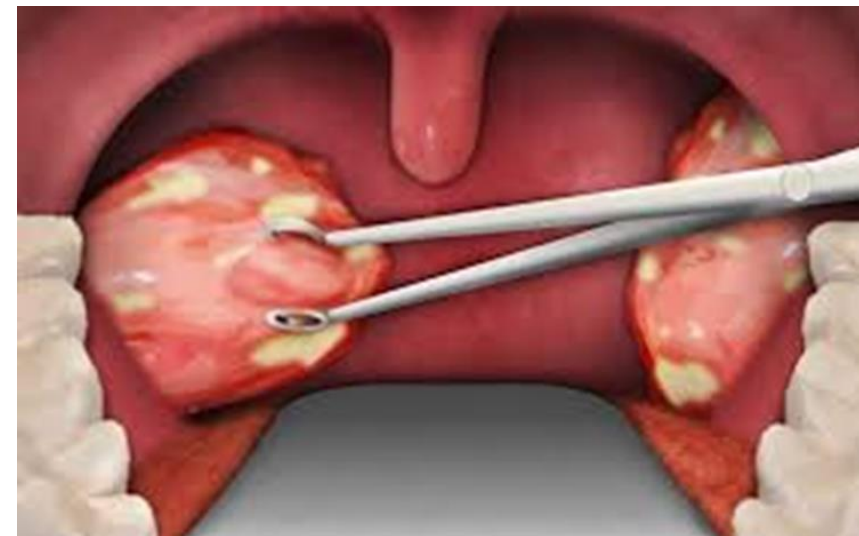
Tonsillectomy

Indications

- Obstructive sleep apnea
 - Recurrent tonsillitis
 - Severely affected children
 - PFAPA Syndrome
 - Peritonsillar abscess
- Other
 - Dysphagia
 - Altered Voice quality
 - Malignancy
 - Refractory halitosis
 - Chronic Pharyngeal carriage

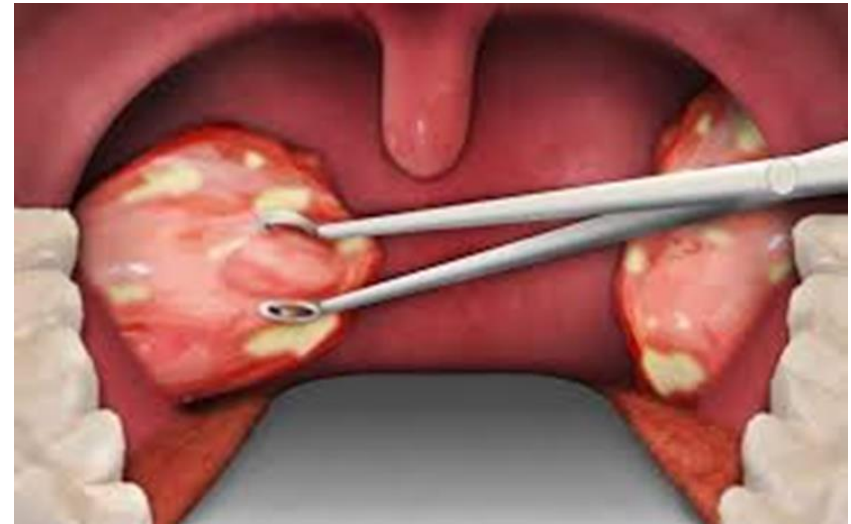
Obstructive Sleep Apnoea

- Common paediatric problem
- Complications
 - Cardiovascular and cognitive morbidity
- Adenotonsillectomy
 - 1st line treatment for otherwise healthy children
 - Should ideally be older than age 2
 - Still considered in absence of tonsillar hypertrophy
- Syndromic children
 - Multilevel obstruction
 - Surgery still considered with caution



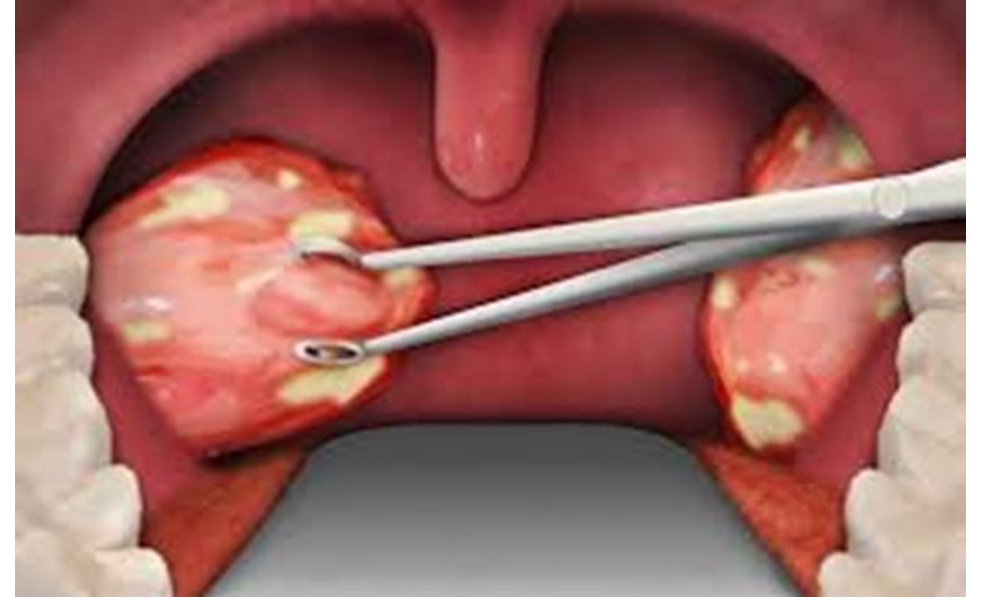
Recurrent Throat Infection

- Benefits depend on frequency & severity
- Documentation of previous episodes
 - Outcome is poorly predicted without documentation
 - Medico-legal concerns



Paradise Criteria 2002

- 7 episodes in 1 year
- 5 episodes per year for 2 years
- 3 episodes each year for 3 years
- Clinical features of one or more
 - Temp > 38,3°
 - Tender lymphadenopathy
 - Tonsillar/pharyngeal exudate
 - Positive culture for Group A beta-haemolytic Streptococcus
 - Previous response to antibiotics



American Academy of Otolaryngology & Head and Neck (AAO-HNS) Guidelines 2019

- Severely affected children
 - 7 or more episodes in a year
 - 5 episodes each year for 2 consecutive years
 - 3 episodes each year consecutively
 - Surgery suggested as 1st operation



AAO-HNS Guidelines 2019

- Severely affected Children
 - Each episode characterised by
 - Oral temperature $> 38.3^{\circ}$
 - Inflamed tonsils
 - Tender jugulodigastiric lymph nodes
 - Tonsillar exudate
 - (+) culture for Group A beta-hemolytic *Streptococcus*
 - Good response to antibiotics for previous episodes



AAO-HNS Guidelines 2019

- Mildly or moderately affected children
 - episodes are less frequent than ones mentioned above
 - less severe in any degree than described above
 - Benefits of surgery are modest, outweighed by risks
 - Tonsillectomy is not advised
- Exceptions made for
 - Multiple antibiotic allergy/intolerance
 - Peritonsillar abscess
 - Rheumatic fever
 - Post streptococcal glomerulonephritis



PFAPA syndrome

- Periodic fever
 - Every 2 – 8 weeks, preceded by aphthous ulcers
- Aphthous stomatitis
- Pharyngitis
- Cervical adenitis
- Tonsillectomy
 - Controversial since syndrome benign
 - Poor response to conservative treatment
 - Steroids, analgesia topical anaesthetics
 - Prophylactic therapy (cimetidine)
 - Poor quality of life



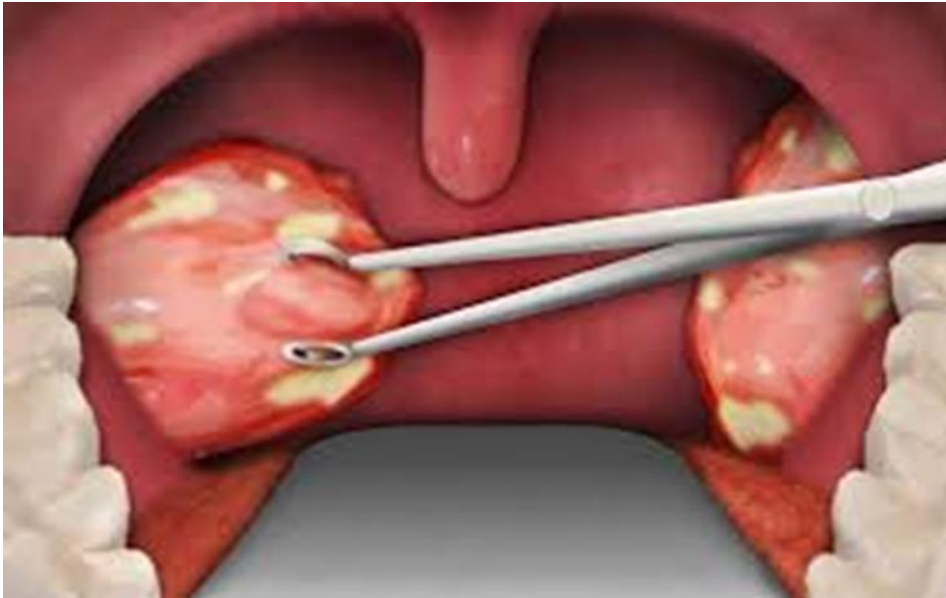
Peritonsillar Abscess

- Traditional indications
 - Significant upper airway obstruction
 - Previous episodes of recurrent tonsillitis
 - Recurrent peritonsillar abscess
- Recently
 - Hot tonsillectomy



Contraindications

- Acute tonsillitis
- Hematological



Adenoidectomy



Adenoidectomy

- Principal Indications

- Nasal obstruction due to adenoidal hypertrophy
 - mouth breathing
 - hyponasal speech
 - Obstructive sleep apnoea (adenotonsillectomy)
- Adenoid facies
 - Controversial
- Chronic rhinosinusitis (children)
- Otitis media



Adenoidectomy

- **Contraindications**
 - Velopharyngeal insufficiency
 - Hematological
 - Acute infection



Questions

Thank You

References

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4. Images google Images