Tonsillectomy and Adenoidectomy: Indications

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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
  • Childs 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°
    • 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 peritonsilar abscess

• Recently
  • Hot tonsillectomy
Contraindications

• Acute tonsillitis
• Haematological
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
  - Velopahryngeal insufficiency
  - Heamatological
  - Acute infection
Questions
Thank You
References

1. Tonsillectomy and/or adenoidectomy in children: Indications and contraindications: Jack L Paradise, MD Ellen R Wald, MD. UpToDate 2019
2. Peritonsillar cellulitis and abscess: Ellen R Wald, MD. UpToDate 2019
3. Tonsillectomy in adults: Indications: Nicholas Busaba, MD, FACSShira Doron, MD. UpToDate 2019
4. Images google Images