

Update 9

Effectiveness of Tonsillectomy in Children with Throat Infections or Tonsillitis.

Tonsillectomy is the most commonly performed major surgical operation among United States children; in 1996, the most recent year for which national data are available, an estimated 287 000 children under 15 years of age underwent tonsillectomy with or without adenoidectomy. Current guidelines of the American Academy of Otolaryngology-Head and Neck Surgery suggest surgery after "Three or more infections of tonsils and/or adenoids per year despite adequate medical therapy."

Two recent studies have cast considerable doubt on the usefulness of this procedure. The first study, by researchers from the Children's Hospital of Pittsburgh, Pennsylvania, aimed to determine, 1) whether tonsillectomy would benefit children who were less severely affected than those in our earlier trials, and 2) whether, in such children, the addition of adenoidectomy would help.

To enter the study children were required to have had a history of recurrent episodes of throat infection that met standards higher than those in current official guidelines.

The authors found that only a modest benefit was seen by tonsillectomy or adenotonsillectomy in children moderately affected with recurrent throat infection. The authors concluded that, **"The modest benefit of tonsillectomy seems not to justify the inherent risks, morbidity, and cost of the operations."**

The second study, that has just been published in the British Medical Journal, involved 300 children aged 2-8 years requiring adenotonsillectomy. In this trial adenotonsillectomy was compared with waiting and seeing how the child progressed without medical intervention.

The outcome measures were episodes of fever, throat infections, upper respiratory tract infections, and health related quality of life. After the follow up period of 22 months, no statistically or clinically relevant differences were found for any of the outcome measures. The authors concluded that,

"Adenotonsillectomy has no major clinical benefits over watchful waiting in children with mild symptoms of throat infections or adenotonsillar hypertrophy."