

## **ADENOIDECTOMY IN CHILDREN –AN OBSERVATIONAL STUDY EXPERIENCED AT TERTIARY CARE HOSPITALS IN BANGALORE CITY**

**SHIVAKUMAR K. L, SURYANARAYANA JOSHYAM & P. VENUGOPAL REDDY**

Department of Otorhinolaryngology, Bangalore Medical College and Research Institute, Bangalore, India

### **ABSTRACT**

Adenoidectomy in children is difficult operation to perform well, Conventional adenoidectomy is commonly performed by blind digital palpation of the adenoid mass in the nasopharynx and then removal using adenoid curettes with haemostasis by way of postnasal packing. Complete removal is difficult to determine<sup>1</sup>. Endoscopic assisted adenoidectomy (EAA) is a natural progression of this technology to allow a more complete adenoidectomy. The Endoscopic assisted adenoidectomy technique is advocated for use as an adjunct to a more complete adenoidectomy<sup>2</sup>. In Indian perspective very limited study is documented. In this context the present study aims to compare conventional adenoidectomy with Endoscopic assisted adenoidectomy in terms of safety, recurrence & operative duration time. A total 125 patients recruited with written consent. All eligible patients were diagnosed of adenoid hypertrophy depending upon clinical examination & investigations in the Department of Otorhinolaryngology, Venkateshwara Institute & Bowring Hospital BMCRI, Bangalore, for the accrual period between Oct 2010-Sep 2012. Total 63 patients were included in Conventional adenoidectomy considered as a group I and 62 patients were included in Endoscopic adenoidectomy -group II. The average hospital stay for subjects in conventional adenoidectomy was  $1.22 \pm 0.36$  days and in endoscopic assisted adenoidectomy were  $1.06 \pm 0.58$  days. The time taken in CA group varied from 32 to 48 minutes with a mean of 38.19 minutes. In contrast in EAA group the time taken varied from 43 to 63 minutes with mean of 50 minutes. The patients were followed up for duration of 3 months and symptoms were assessed. The observations revealed that there was statistically significant difference ( $p < 0.05$ ) in the relief of symptoms between the two groups of patients, especially oral breathing ( $p = 0.0001$ ), nasal obstruction ( $p = 0.0002$ ) and snoring ( $p = 0.009$ ). During the follow up visit endoscopic examination was carried out for all eligible patients, recurrence history was documented. Only 2 out of 62 patient underwent endoscopic adenoidectomy, while 12 cases out of 63 who underwent conventional adenoidectomy and who had recurrent adenoid hypertrophy and it was found to be statistically ( $p < 0.005$ ). Both the conventional adenoidectomy in experienced hands and endoscopic assisted adenoidectomy have comparable success rates, but the adenoid tissue removed by endoscopic assisted adenoidectomy is more substantial and thereby reducing the chances of developing recurrent adenoid obstructive symptoms (AOS) and reducing the bacterial reservoir in the nasopharynx.

**KEYWORDS:** Adenoidectomy, Endoscopic Examination, EAA, AOS