Talk Is Focused on

• Clinical symptoms of large adenoids

• Indications for adenoidectomy: updated guidelines

• Complications and contra-indications
Basic Anatomy

Relationship to Paranasal Sinuses and Eustachian Tube
Clinical Symptoms of Large Adenoids/Adenoid Inflammation

Middle ear problems
Nasal symptoms
Sinusitis
Nasal obstruction
Hyponasal speech
Mouth breathing
Adenoid facies

ETD, AOM or OME

Recurrent or chronic sinusitis

Adenoid facies
Palatal and alveolar problems
Mouth breathing

Adenoid Facies

Long pinched nose
Nasal obstruction
Crowding of teeth
Palatal and alveolar problems
Mouth breathing
When to Perform Adenoidectomy in Children?

- Nasal obstruction
- Sleep disordered breathing, obstructive sleep apnea
- Recurrent otitis media, otitis media with effusion
- Recurrent or chronic sinusitis

Case Scenario

- A 2-year-old male comes for evaluation of symptoms of SDB: snoring, mouth breathing, restless sleeper
- PE: normal weight child, 1+ tonsils, no turbinate hypertrophy
Next Step…

- Intranasal steroid spray
- Adenoid evaluation
- Sleep study

Adenoid Evaluation
Adenoidectomy is commonly performed for nasal obstruction and sleep apnea with or without tonsillectomy.

Adenoidectomy for OME and Recurrent AOM

- Otitis Media with Effusion (ear fluid)
- Acute Otitis Media (ear infection)
Otitis Media and Adenoid Removal: Updated Guidelines

**Previous guidelines**
- Adenoidectomy was performed for a child with otitis media who was undergoing a SECOND set of tubes, irrespective of age and nasal symptoms.

**Newer guidelines**
- If the child is LESS THAN 4 YEARS, adenoidectomy is not recommended even if the child is having a second set of tubes, UNLESS there is a special nasal indication for adenoid removal.

Clinical Practice Guideline: Otitis Media with Effusion (Update)
Otolaryngology-Head and Neck Surgery 2016, Vol. 154(1S) S1–S41

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Otitis Media and Adenoid Removal: Updated Guidelines

IF A CHILD IS HAVING HIS FIRST SET OF TUBES AT AGE 4 OR ABOVE

- TUBES
- TUBES AND ADENOIDECTOMY
- ADENOIDECTOMY
Benefits of Adenoidectomy Along with Tubes for Ages 4 and Above

- Decreases need for future surgery (tubes)
- Decreases occurrence of fluid in the ears

Adenoids and Recurrent OM

- 80% of specimens of adenoid tissue show presence of biofilms
Adenoids do not show presence of biofilms but show various degree of lymphoid activity that interferes with host immune response.

Adenoidectomy for Sinusitis

- Chronic adenoiditis or recurrent acute sinusitis: 3 episodes in 6 months or 4 episodes in a year

- Chronic sinusitis with failure of maximal medical treatment
Benefits of Adenoidectomy for Sinusitis

Adenoidectomy has shown to improve symptoms of sinusitis in over 65% of patients without the initial need for endoscopic sinus surgery.

Contra-indications for Adenoidectomy

- Submucous cleft and bifid uvula
- Cleft palate
Complications of Adenoidectomy

- Uncommon (1%)
  - Bleeding from the nose
  - Hypernasal speech
  - Anesthetic risk
  - Rarely Grisel syndrome