

Tonsillectomy or adeno-tonsillectomy effective for chronic and recurrent acute tonsillitis

Clinical question	How effective is tonsillectomy, with or without adenoidectomy, in patients with chronic or recurrent acute tonsillitis?
Bottom line	Good information about the effects of tonsillectomy and adenotonsillectomy is available for children and for effects in the first year following surgery. Children were divided into two subgroups: those who are severely affected (based on specific criteria which are often referred to as the "Paradise criteria") and those less severely affected. For more severely affected children, tonsillectomy or adeno-tonsillectomy avoids three unpredictable episodes of any type of sore throat, including one episode of moderate or severe sore throat in the next year. The cost of this is a predictable episode of pain in the immediate postoperative period. Less severely affected children will have an average of 2 rather than 3 unpredictable episodes of any type of sore throat. The "average" patient will have 17 rather than 22 sore throat days but some of these 17 days (between 5 and 7) will be in the immediate postoperative period.
Caveat	Although the concept of the "average patient" is attractive, in practice, wide variability is likely. It is clear some children get better without any surgery, and, although removing the tonsils will always prevent "tonsillitis", the impact of the procedure on "sore throats" due to pharyngitis is much less predictable.
Context	Tonsillectomy is a common procedure. However, the procedure is controversial, and opinions vary greatly as to the relative risks and benefits.
Cochrane Systematic Review	Burton MJ and Glasziou PP. Tonsillectomy or adeno-tonsillectomy versus non-surgical treatment for chronic/recurrent acute tonsillitis. Cochrane Reviews 2008, Issue 4. Article No. D001802. DOI: 10.1002/14651858.CD001802. This review contains 5 trials involving 789 participants.

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[References]



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