

BILATERAL ADENOTONSILLECTOMY, INCIDENCE AND COMPLICATIONS

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Abstract

Tonsils and adenoids are the body's first line of defense as part of the immune system. They "Sample" bacteria and viruses that enter the body through the mouth or nose, but they sometimes become infected. At time, they become more of a liability than an asset and may even cause airway obstruction or repeated bacterial infections. In this case the specialist of otorhinolarigology can suggest the best treatment options. One of that is the adenotonsillectomy option. Depending on the health problem, it may be recommended that either the tonsils or adenoids be removed alone, but often they are removed at the same time. The most common reason for removing the tonsils and adenoids is when they are causing blockage to breathing at night-this is a condition known as "Sleep Disordered Breathing" or SDB for short. This condition can be so bad that the blockage prevents children from breathing all-together. This is known as "Obstructive Sleep Apnoea" or OSA. There is more about this written below. The other reasons for recommending removal of the tonsils is when there have been several episodes of tonsillitis. It is the frequency and severity of the infections that acts as a guide to the benefit of tonsillectomy. Other types of infections that tonsillectomy may be indicated for include an abscess near the tonsil and a low grade chronic sore throat. This paper reports the results of an retrospective study with patients who received an adenotonsillectomy during 2012. The overall objective is to determine the frequency of adenotonsillectomy in a sample of 270 cases. 100 patients randomly selected who underwent tonsillectomy were analyzed retrospectively to determine the incidence of post-tonsillectomy hemorrhage. The highest incidence of surgical intervention with adenotonsillectomy is 37% (autumn), followed by 34% (winter), 21% (spring) and 8% (summer). The most common major complication after tonsillectomy is hemorrhage.

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