

## Is the Traditional Treatment Approach Adequate in Children with Adenoid Hypertrophy?

Baran ACAR

Hayriye KARABULUT

Mehmet Ali BABADEMEZ

Selahattin GENÇ

R. Murat KARAŞEN

**Aim:** We aimed to show the necessity of 1) endoscopic assessment after adenoidectomy performed blindly by adenoid curette, adenotome or adenoid punch forceps after checking adenoid size with finger palpation, which is commonly used in routine practice and 2) extraction of residual adenoids with additional methods.

**Materials and Methods:** Prospective intraoperative flexible endoscopic evaluation of the nasopharynx in a case series of 51 patients was performed. The degree of residual postnasal obstruction due to adenoid tissue was assessed endoscopically with 2.7-mm 0° telescope (small, moderate, large) after routine transoral adenoidectomy. The telescope was then introduced transnasally, and residual adenoid tissue was both assessed and removed with powered-shaver adenoidectomy.

**Results:** In the first assessment (E1) of 51 patients, 15 (29.4%) cases with moderate- and 36 (70.6%) with large-size adenoids were found, while in the second assessment (E2) after traditional blind curettage adenoidectomy, 26 of the patients had moderate and 25 had small residual adenoid tissue. Adenoid size was reduced 1 level in 41 patients (80.4%) and 2 levels in 10 patients (19.6%). Residual adenoid tissue rate was higher in large adenoids when the adenoid sizes determined in the first assessment were compared ( $P = 0.024$ ).

**Conclusions:** Residual tissue rate is fairly high after blind curettage adenoidectomy, particularly in large adenoids. Therefore, residual tissues should be cleaned with additional methods.

**Key Words:** Adenoid hypertrophy, blind curettage, residual adenoid tissue, powered-shaver adenoidectomy