Adenotonsillotomy versus adenotonsillectomy in management of upper airway obstructive syndrome in children evaluated by polysomnography

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Adenotonsillotomy is more appropriate method for the treatment of OSAS in children

Hospital material from PGH Re-Medika was used. In this study we compared the results obtained in a total of 180 patients, out of whom 90 were treated by laser adenotonsillotomy whereas the other 90 by traditional adenotonsillectomy. The patients were preschool children (between 2 and 6 years of age). The following parameters were compared: postoperative decrease of AHI index, duration of operations, intraoperative blood loss, postoperative pain in the first postoperative day, the first and the second postoperative week, postoperative complications, that is, postoperative bleeding, duration of fibrin plaques, disappearance and duration of the hospital stay. The results obtained were analyzed by numeric and qualitative statistical methods.

Introduction

Adenotonsillectomy and adenotonsillotomy are the most frequent procedures performed in managing upper airway obstructive syndrome in children both in recurrent tonsillitis and in pediatric obstructive sleep apnea (OSA).

Our goal

Determining the healing grade or managing the upper airway obstructive syndrome in children by laser tonsillectomy versus traditional surgical procedure tonsilloadenoidectomy.

My next project is Immunological status in children's after tonsillotomy