Choanal adenoids: further evidence for a modern approach.
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It is becoming increasingly apparent that there is a sub-set of patients whom require repeat surgery for symptomatic choanal adenoidal hypertrophy.

We can show that adoption of adenoidal dissection, aided by mirror guidance or endoscopic visualisation, results in dramatic resolution of the recurrence rates.

Objective
To elucidate the incidence of symptomatic choanal adenoidal tissue and the factors that may contribute to the requirement for repeated surgery.

Methods
Retrospective review of electronic operation records and case notes of patients undergoing adenoidectomy, under a single consultant surgeon, in a University hospital over a 2 year period.

Results
Total number of cases - 145

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Currettage</th>
<th>Trans-nasal coblation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Palpation</td>
<td>13%</td>
<td>N/A</td>
</tr>
<tr>
<td>Mirror guided assessment and dissection</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Endoscopic guided assessment and dissection</td>
<td>0</td>
<td>0</td>
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</tbody>
</table>

Nearly 1/3 of patients had choanal extension of their adenoidal tissue and over 10% of these patients had recurrent symptomatic disease.

No patients undergoing either mirror guided or endoscopic guided dissection had recurrence of symptomatic adenoidal tissue. This was the case for both currettage dissection and coblation assisted dissection.

Conclusions
Choanal extension of adenoidal tissue occurs in a relatively high proportion of symptomatic patients. Assessment and management via the traditional method of palpation and blind currettage can result in non-resolution or recurrence of symptoms. By visualising the posterior choana with either a transorally placed mirror, or using an endoscope, allows optimal assessment and ensures that the posterior choana is free from tissue following dissection. In our experience, a transnasal approach using coblation, ensures optimal clearance of choanal adenoidal tissue.