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Endoscopic Adenotomies

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Abstract: Adenoid hypertrophy in children is one of the most common reasons for regular consultation with an otolaryngologist. Until now, in different clinics, there is no uniform approach to the diagnosis of this disease, nor to the choice of conservative and surgical treatment methods. Digital examination of the nasopharynx and radiography of the nasopharynx in lateral projection are still widely used. The most informative diagnostic method is endoscopy (or videoendoscopy) of the nasopharynx, which allows not only to assess the size of the pharyngeal tonsils (adenoids), but also to objectively describe its anatomical connection with the pharyngeal mouths of the auditory (Eustachian) tubes. , intranasal structures and degree of inflammatory changes.

Key words: Pharyngeal tonsil (adenoids) III degree hypertrophy, adenoid treatment, prevention.

III degree hypertrophy of pharyngeal tonsils (adenoids): the tonsil tissue completely blocks the choana, prolapses into the back parts of the nasal cavity (including disrupts the natural transport of mucus from the paranasal sinuses); pharyngeal openings of auditory (Eustachian) tubes are completely blocked.

Small pharyngeal tonsils (adenoids) that put pressure on the tubal ridge (partially blocking the pharyngeal mouth of the auditory tube) (grades I-II)

However, only the endoscopic image is not enough to determine the treatment tactics: complaints and medical history of the patient and / or his parents play a key role. Indications for surgery are not directly determined by the degree of enlargement of the adenoids, but depend on the symptoms they cause. First of all, it is a long-term difficulty in nasal breathing, snoring during sleep, cessation of breathing during sleep (obstructive sleep apnea syndrome), repeated acute otitis media and exudative otitis media (often accompanied by hearing loss), tooth formation disorder. system, chronic rhinosinusitis, adenoiditis.

Treatment of adenoids. Endoscopic adenotomy in children under endoscopic control

If surgical treatment is necessary, the doctor and the patient are faced with the choice of surgical technique and method of pain relief. Since 1867, when the Danish doctor Wilhelm Meyer first removed adenoids with a circular knife under local anesthesia, the surgical technique has not changed for more than a hundred years, and in a number of clinics it remains the same to this day - the operation is "blind "rona" (the doctor does not see the intervention in the surgical field, but only feels it with the end of the instrument) and is performed under local anesthesia, which often becomes a gross traumatic factor for the child.

Over the past two decades, the widespread introduction of endoscopy and the rapid development of anesthesiological technology have raised this type of surgical intervention to another level in terms of quality.

The use of an endoscope, which broadcasts HD images of the surgical field on a large monitor, now allows, on the one hand, careful removal of the lymphadenoid tissue of the nasopharynx to restore nasal breathing to the maximum and restore respiratory function. auditory (Eustachian) tube and, on the other hand, works most delicately in areas such as the posterior parts of the nasal septum, tubal

ridge, etc., to prevent early (bleeding) and late (scarring) complications. Only during endoscopic operations, it became possible to use high-tech devices such as microdebrider or shaver, surgical laser, cold plasma and radio frequency devices. At the modern level, the use of general anesthesia does not increase the risk of surgery, but makes the treatment psychologically acceptable for a young patient.

In conclusion, it should be noted that during endoscopic adenotomy, the probability of recurrence (repeated "growth") of adenoids decreases from 20-30% (with "classic" adenotomy) to 1-2%, which is confirmed by large studies. domestic and foreign authors

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