ENDOSCOPIC MICRODEBRIDER ASSISTED ADENOIDECTOMY Vs. CURETTAGE METHOD - A CASE STUDY

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INTRODUCTION: Adenoids are small lumps of tissue located at the back of throat above the tonsils. They are the part of immune system, which helps fight infection and protects the body from bacteria and viruses. Adenoids are commonly present in children. They start to grow from birth and reach their maximum size when the child is approximately 3 to 5 years old.[2] By the time the child is 14 years old, the adenoids start to shrink away. By late teens, they are barely visible. By adulthood, the adenoids generally disappear completely. The adenoids shrink and eventually disappear because they are not an essential part of the body's immune system.[3] Although they may be helpful in children, the body has much more effective ways of coping with infections.

Adenoids may become swollen or enlarged due to:

*Infection with bacteria or virus. Although the infection will eventually clear up, the adenoids may remain enlarged.[4]

*Allergies: Allergens can sometimes induce adenoidal hypertrophy.

CASE REPORT:

History: An 11years old boy complaint of complete bilateral nasal obstruction since 6years. The obstruction was more in the night and was not relieved on taking medications. Associated complaints of nasal discharge were also noted.[7] The symptoms were predominant in winter season and the patient apparently was alright during summer season.

EXAMINATION FINDINGS: Anterior Rhinoscopy revealed mild anterior deviation of nasal septum to the right side. Diagnostic nasal endoscopy revealed bilateral mass in the nasopharnyx filling the chonae.[5] The mass did not bleed on touch. A sample of tissue taken for HPR revealed predominantly lymphoid tissue.

Radiography of the nasopharynx lateral view revealed complete opacification of the nasopharynx and choanae [pic. 1]. No air fluid levels were seen in the mass.[8] Contrast CT scan did not show any increased vascularity in the mass.

A tentative diagnosis of adenoidal hypertrophy was made and a decision to operate was taken. The preoperative screenings were done following routine protocol.

Adenoidectomy was done under GA with curette followed by tonsillectomy. Digital palpation at the end of procedure revealed remnant tissue in the nasopharynx.[1]

Check endoscopy nasal revealed persistence of the mass in the chonae.[9] A retrospective decision was made to endoscopically debride the mass per nasally. A complete clearance of the mass was achieved hitherto. Nose packing was done for homeostasis.[6]

CONCLUSION: Endoscopic adenoidectomy is a much better method of complete removal of adenoid tissue than the conventional method of adenoidectomy done with ST. CLAIR THOMSON adenoid curette. The latter being a blind method and does not ensure complete removal, thereby resulting in residual nasal obstruction post operatively.[10]

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CASE REPORT

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