Methods

**Subjects**
- All subjects were pediatric patients with AH and a history of chronic nasal obstruction and snoring.
- Subjects with hypertrophic tonsils were excluded.
- Eligible subjects were assigned to MFNS treatment (Group A) or control group (Group B) based on the presence or absence of AH. (Figure 3)

**Figure 3.** Clinical/diagnostic inclusion criteria and treatment allocation of study participants.

**Assessments**
- Efficacy variables included change in size of adenoidal gland and change in degree of snoring from baseline to 8 weeks.
- Adenoidal gland size was evaluated at baseline and after 8 weeks using flexible fiberoptic rhinoscopy. Size was graded as a percentage according to the observed degree of obstruction of the choanae.
- Snoring severity was rated by each subject and parent/guardian at baseline and after 8 weeks on a 3-point scale of 0 (absent), 1 (intermittent), or 2 (continuous).

**Results**
- The demographic characteristics and baseline values for snoring severity and adenoidal gland size were similar between the MFNS treatment and control groups. (Table)

**Conclusions**
- Mometasone furoate nasal spray 100 mcg QD is beneficial in the treatment of AH for pediatric subjects with AH.
- Graded according to the observed degree of obliteration of the choanae, percent reduction in adenoidal gland size was greater with MFNS (84.4%) compared with placebo (4.9%).
- The ability to reduce adenoidal size was greater in those with adenoidal size and, in turn nasal obstruction, resulted in reduced snoring in these atopic subjects.

**References**