**Trends in the Indications for Pediatric Tonsillectomy or Adenotonsillectomy**

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**Objective**

To report trends in the indications for pediatric tonsillectomy (T) or adenotonsillectomy (AT), including age-based differences.

**Introduction**

In a commentary article published in 1986, Gates & Fotre noted that the most prevalent indication for T was recurrent tonsillitis. While chronic infection had been the primary surgical indication for T or AT since the 1950s and 1960s and into the 1980s, airway obstruction and obstructive sleep apnea (OSA) have become important indications for surgery. We became interested in evaluating data that exist to support what seems to be an accepted trend away from infection and toward obstruction as a primary indication for pediatric T or AT. To objectively assess trends, we performed a retrospective analysis of our own surgical records as well as a cross-sectional survey of pediatric otolaryngologists. We compared these values to those previously reported in the medical literature.

**Methods and Materials**

1. A retrospective chart review of pediatric patients receiving T or AT at an academic center during 2004 and 2005. The chart review analyzed all indications listed for T or AT procedures performed on patients aged 0-3, 4-10, or 11-18 years.
2. A cross-sectional survey to 300 members of the American Society of Pediatric Otolaryngology (ASPO). The survey asked for approximate percentages of children in the same 3 age groups receiving T or AT for the primary indication of obstruction, infection, or other indications.

**Results**

See Table 1A

**Conclusions**

Over the past 30 years, obstruction has become a more prominent indication than infection for pediatric T or AT. The current trend is substantiated by pediatric otolaryngologists’ practices. While obstruction appears to be especially prominent in younger children, infection is an increasingly important indication as children age.

**Acknowledgments**

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**Bibliography**

4. Postma DS, Folsom F. The case for an outpatient “approach” for all pediatric tonsillectomies and/or adenoidectomies: a 4-year review of 1419 cases at a community hospital. Laryngoscope 1990;100:127-130.

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**Table 1: Current Pediatric Tonsillectomy or Adenotonsillectomy Indications by Age Group**

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Obstruction (%)</th>
<th>Infection (%)</th>
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<td>0-3 yrs</td>
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<td>4-10 yrs</td>
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<td>11-18 yrs</td>
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**Table 2: Tonsillectomy or Adenotonsillectomy Indications in Trends (A) Children of All Ages and (B) Children Between 0 and 3 years**

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