ABSTRACT

Objective
To describe the main indications for lingual tonsillectomy (LT) and to analyze the safety and post-operative morbidity of LT with laryngoscopic approach.

Methods
In this prospective observational study 72 consecutive adult patients (32 males and 40 females) with hypertrophic lingual tonsils proven by fibronasolaryngoscopy during period of 2009 April to 2012 December operated at University hospital were selected. LT were performed under general anaesthesia and direct micropharyngoscopy with laryngeal microinstruments and electrocoagulator. Indications for operation, procedure time, intraoperative blood loss, post-operative pain measured using 100-mm visual analogue scale (0–no pain, 100–extreme pain), complications (post-operative bleeding, edema of epiglottis and infection) and length of stay in the hospital were assessed.

Results
Dysphagia in relation to laryngopharyngeal reflex (55.5% of cases) and sleep-disordered breathing (38.8% of cases) were the main indications for LT. Mean procedure time was 41.5±10.1 min. with the average intraoperative blood loss of 21.8±11.0 ml. Post-operative pain score for the first two days was mild and ranged from 0 to 51 points (mean 27.8±9.8 points). There was no post-operative bleeding. Three patients (4.2%) had slight edema of epiglottis. Mean discharge time was 2.4 days. Post-operative pain was positively moderately related to procedure time, amount of intraoperative blood loss and degree of lingual tonsil hypertrophy (p<0.01).

Conclusions
Lingual tonsillectomy using laryngoscopic approach is safe method with minimal post-operative morbidity and could be routinely used in clinical practice.

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