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The Outcome of Tonsillectomy for Chronic and Recurrent Acute Tonsillitis in a Tertiary Care Hospital Dhaka, Bangladesh

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Abstract **Original Research Article**

Background: Recently tonsillectomy has been widely used for managing recurrent tonsillitis was associated with improved quality of life. ***Objective:*** In this study our main goal is to evaluate the outcome of Tonsillectomy for chronic and recurrent acute tonsillitis in a tertiary care hospital Dhaka, Bangladesh**.** ***Method:*** This cross sectional study was done at tertiary care hospital Dhaka, Bangladesh. A total of 116 patients of tonsillitis attended in OPD were included as a sample population. For the collection of data, we used a pretested data sheet, prior to interview verbal consent was taken and the purpose of the study was elaborate clearly. ***Results:*** During the study, majority were belong to 21-30 years age group, 26.7% and 61.2% were female. Besides that, 45.7% had tonsillitis, 25.9% cases were Chronic Tonsillitis, 6.9% had DNS, 6% had Adeno tonsillitis. In addition, 65.5% undergone Tonsillectomy followed by 8.6% had Excisions, Incision & Drainage cases were 6.9%, 11.2% Septoplasty, 4.3% Thyroidectomy. Moreover, majority cases use general anesthesia, 90%. In operative outcome majority cases 116 (98.27%) were successful and 2 (1.98%) were in minor complexity ***Conclusion*****:** From our study it was able to show that tonsillectomy for adults and children with recurrent tonsillitis were widely used which improves health and quality of life and reduces the need to consume medical resources.

Keywords: tonsil, tonsillectomy, tonsillitis.

INTRODUCTION

The tonsil begins developing early in the third month of fetal life. They arise from the endoderm lining, the second pharyngeal pouch, and the mesoderm of the second pharyngeal membrane and adjacent regions of the first and second arches. Acute tonsillitis is an infection of the tonsils triggered by one of the several types of bacteria or viruses, and peritonsillar abscesses can also occur. Chronic tonsillitis is a tenacious infection of the tonsils which may result in tonsil stones. Recurrent tonsillitis ensues when an individual suffers from several incidents of tonsillitis per year [1-3]. Both chronic and recurrent tonsillitis involve repeated occurrences of inflamed tonsils which can impact severely on a patient's quality of life.1,2 Surgical removal of the tonsils is a commonly performed operation in patients with chronic or recurrent infections of the tonsils (tonsillitis) or the other tissues at the back of the throat (pharyngitis). Sometimes, the adenoid tissues are also removed during the surgery [4]. In fact many studies suggested that, those who affected by recurrent acute tonsillitis may have a small benefit from adeno-/tonsillectomy [5-7].

In this study our main goal is to evaluate the outcome of Tonsillectomy for chronic and recurrent acute tonsillitis in a tertiary care hospital Dhaka, Bangladesh

Objective

- To assess the outcome of Tonsillectomy for chronic and recurrent acute tonsillitis

METHODOLOGY

This cross sectional study was done at tertiary care hospital Dhaka, Bangladesh. A total of 116 patients

of tonsillitis attended in OPD were included as a sample population. For the collection of data, we used a pretested data sheet, prior to interview verbal consent was taken and the purpose of the study was elaborate clearly.

All the data were checked and verified throughly. The data obtain from the study were compiled and standard calculator as well as computer software were used and the result of this study analysed statistically using SPSS 20 where relevant.

RESULTS

In table-1 shows age distribution where majority were belong to 21-30 years age group, 26.7% followed by 23.3% belong to 11-20 years age group, 22.4% belong to 1-10 years, 17.2% belong to 31-40 years, 4.3% belong to 41-50 years and 6% belong >51 years. The following table is given below in detail:

Table-1: Age distribution

Age group	Frequency	Percent
1-10 years	26	22.4
11-20 years	27	23.3
21-30 years	31	26.7
31-40 years	20	17.2
41-50 years	5	4.3
>51 years	7	6.0
Total	116	100.0

In figure-1 shows gender distribution of the study group where 61.20% were female and 38.8% were male. The following figure is given below in detail:

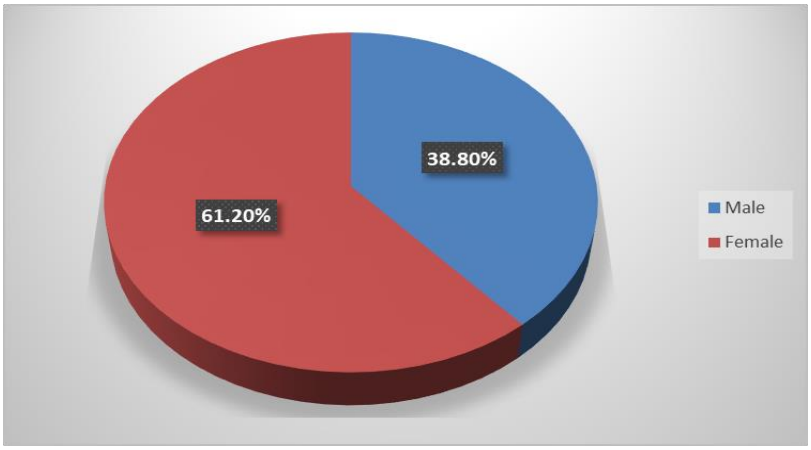

Fig-1: Gender distribution of the study group

In table-2 shows clinical profile of the study group where 45.7% had tonsillitis, 25.9% cases were Chronic Tonsillitis, 6.9% had DNS, 6% had Adeno tonsillitis. The following table is given below in detail:

Table-2: Clinical profile of the study group

Clinical Profile	Frequency	Percent
Adeno tonsillitis	7	6.0
Chronic Tonsillitis	30	25.9
Multi-nodulargoiter	5	4.3
Foreign body	2	1.7
Tonsillitis	53	45.7
DNS	8	6.9
Right sided hand thyroid nodule	1	.9
Papillory Cat	1	.9
elongated styloid Process	1	.9
Peritonsillar	1	.9
Neck Abscess	1	.9
Tongue Cyst	1	.9
Sebtalabsess	1	.9
Pain in Submandibularregion	1	.9
Swelling tipoff tongue	1	.9
thyroid lymph node metastasis	1	.9
TB Abscess on neck	1	.9
Total	116	100.0

In table-3 shows operative status of the study group where 65.5% undergone Tonsillectomy followed by 8.6% had Excisions, Incision & Drainage cases were 6.9%, 11.2% Septoplasty, 4.3% Thyroidectomy. He following table is given below in detail:

Table-3: Operative status of the study group

Operative status	Frequency	Percent
Tonsillectomy	76	65.5
Thyroidectomy	5	4.3
Excisions	10	8.6
Incision & Drainage	8	6.9
Septoplasty	13	11.2
Repair tip of tongue	1	.9
Foreign body remove	3	2.6
Total	116	100.0

In figure-2 shows anesthesia status where majority cases use general anesthesia, 90%. The following figure is given below:

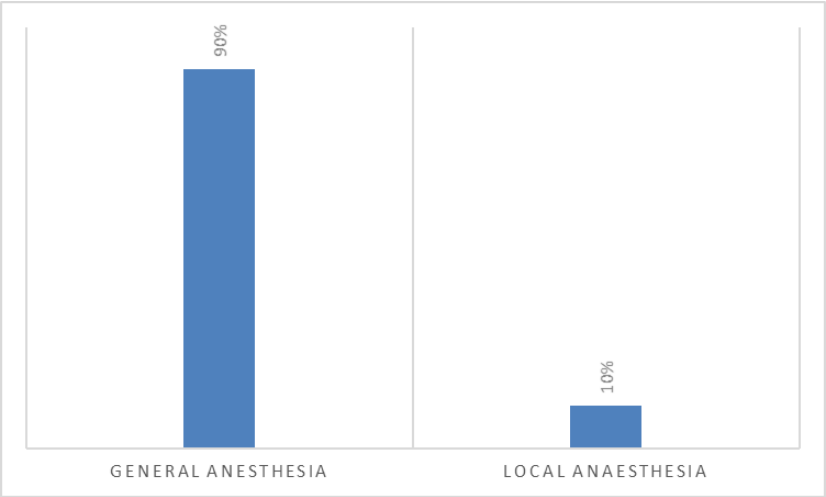

Fig-2: Anesthesia status

In figure-3 shows operative outcome where majority cases 116 (98.27%) were successful, and 2 (1.98%) were in minor complexity. The following figure is given below:

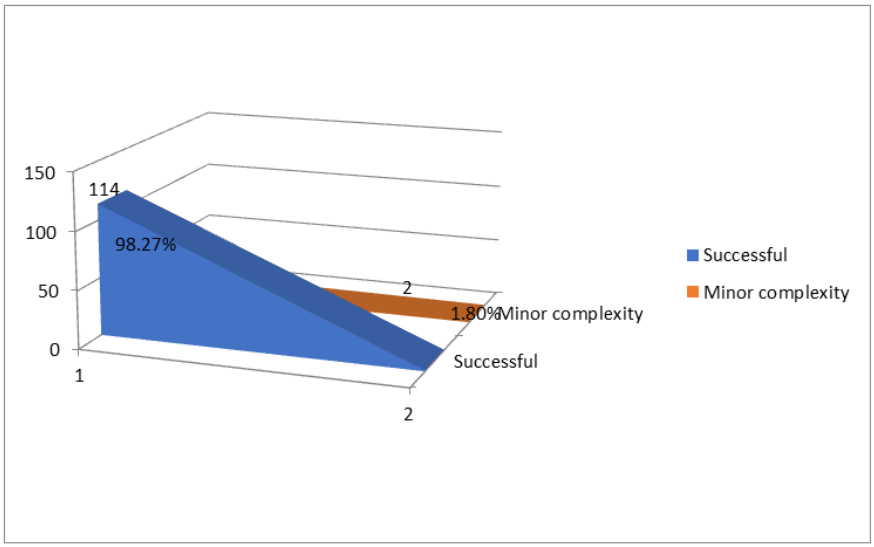

Fig-3: Operative Outcome

DISCUSSION

In one study 72 (72%) were females and 28 were males (28%); female to male ratio was 2.57:1. Besides that, they also noted that, their age of patients under examination ranged from 18-43 years with a mean age of 26.08 [8].

Which was very much consistent to our study where majority were belong to 21-30 years age group, 26.7% followed by 23.3% belong to 11-20 years age group, 22.4% belong to 1-10 years, 17.2% belong to 31-40 years, 4.3% belong to 41-50 years and 6% belong >51 years. In fact in our cases, we found maximum were female cases, which was supported by other study where female cases were 80% [9].

In one study the entire excised tonsils showed hyperplasia plus one or more of the underlisted pathological features in order of frequency; fibrosis 144 (72%), surface ulceration 112 (56%), crypt abscess 80 (40%), bacterial colonies 48 (24%), focal suppuration 16 (8%) and focal necrosis 8 (4%), No features of granulomatous or malignant lesions were seen [10]. Where as in our study we found quite different results where 45.7% had tonsillitis, 25.9% cases were Chronic Tonsillitis, DNS had DNS, 6% had Adeno tonsillitis, .9% thyroid malignantcases were found. Which was supported by other study where 40% had tonsillitis, 31% cases were Chronic Tonsillitis, DNS had DNS, 5% had Adeno tonsillitis, 2% had thyroid malignant [11].

During operation 65.5% undergone Tonsillectomy followed by 8.6% had Excisions, Incision & Drainage cases were 6.9%, 11.2% Septoplasty, 4.3% Thyroidectomy. Which was quite similar to other study where 80% undergone Tonsillectomy followed by 5% had Excisions, Incision & Drainage cases were 2%, 8% Septoplasty, 3% Thyroidectomy [12].

CONCLUSION

From our study it was able to show that tonsillectomy for adults and children with recurrent tonsillitis were widely used which improves health and quality of life and reduces the need to consume medical resources.

REFERENCES

1. Statistisches, B. D. (2006). FallpauschalenbezogeneKrankenhausstatistik (DRG-Statistik), Diagnosen und Prozeduren der vollstationärenPatienten und Patientinnen in Krankenhäusern. Fachserie 12, Reihe 6.4. [Google Scholar]
2. Buskens, E., van Staaij, B., van den Akker, J., Hoes, A. W., & Schilder, A. G. (2007). Adenotonsillectomy or watchful waiting in patients with mild to moderate symptoms of throat infections or adenotonsillar hypertrophy: a randomized comparison of costs and effects. *Archives of Otolaryngology–Head & Neck Surgery*, *133*(11), 1083-1088.
3. Paradise, J. L., Bluestone, C. D., Colborn, D. K., Bernard, B. S., Rockette, H. E., & Kurs-Lasky, M. (2002). Tonsillectomy and adenotonsillectomy for recurrent throat infection in moderately affected children. *Pediatrics*, *110*(1), 7-15.
4. Bhattacharyya, N., & Kepnes, L. J. (2002). Economic benefit of tonsillectomy in adults with chronic tonsillitis. *Annals of Otology, Rhinology & Laryngology*, *111*(11), 983-988.
5. Mui, S., Rasgon, B. M., & Hilsinger Jr, R. L. (1998). Efficacy of tonsillectomy for recurrent throat infection in adults. *The Laryngoscope*, *108*(9), 1325-1328.
6. Witsell, D. L., Orvidas, L. J., Stewart, M. G., Hannley, M. T., Weaver, E. M., Yueh, B., & Goldstein, N. A. (2008). Quality of life after tonsillectomy in adults with recurrent or chronic tonsillitis. *Otolaryngology--Head and Neck Surgery*, *138*(1_suppl), S1-S8.
7. Wolfensberger, M., Mund, M.T. (2004). EvidenzbasierteIndikationzurTonsillektomie. TherUmsch, 61; 325–328. [PubMed] [Google Scholar]
8. Leplège, A., Hunt, S. (1997). The problem of quality of life in medicine. JAMA, 278:47–50. [PubMed] [Google Scholar]
9. MRC Institute of Hearing Research. http://www.ihr.gla.ac.uk/products/index.php (downloads)
10. Robinson, K., Gatehouse, S., Browning, G.G. (1996). Measuring patient benefit from otorhinolaryngological surgery and therapy. Ann OtolRhinolLaryngol, 105; 415–422. [PubMed] [Google Scholar]
11. Schwentner, I., Schwentner, C., Schmutzhard, J. (2007). Validation of the German Glasgow children's benefit inventory. *J Eval Clin Pract*, 13; 942–946. [PubMed] [Google Scholar]