

# SUMMARY

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Adenoids are nasopharyngeal lymphoid tissue forming a part of the Waldeyer's ring. Adenoidal hypertrophy is a common condition in children and can cause symptoms such as mouth breathing, nasal discharge, snoring, sleep apnea, and hypo nasal speech. It also contributes to the pathogenesis of rhino-sinusitis, recurrent otitis media, and otitis media with effusion.

Adenoidectomy is one of the most common procedures performed in children today, either alone or in conjunction with tonsillectomy or insertion of ventilating tubes. The widely used conventional curette adenoidectomy was first described in 1885. The main disadvantage of curettage is that it is a relatively "blind" technique that may lacerate the choanae and torus tubarius, gauge the nasopharyngeal mucosa, or skim the adenoid bulk, leaving behind obstructing tissue, particularly at the Eustachian tube orifices, high in the nasopharynx, and at intranasal protrusions.

The powered-shaver method with microdebrider has been applied in a number of ways. It may be the primary technique, used as an adjunct to curettage, or coupled with other methods.

The aim of this work was to compare the advantage and disadvantage among transoral video endoscopic adenoidectomy with microdebrider (TVA) and traditional Transoral Curette Adenoidectomy (TCA).

Two-hundred (200) patients of both sexes were included in this study all had adenoid (with or without tonsils) hypertrophy. Patients were distributed in two groups. Group (A) ninety (90) patients were underwent transoral video endoscopic adenoidectomy with microdebrider (TVA). Group (B) One hundred and ten (110) patients were underwent traditional Transoral Curette Adenoidectomy (TCA).

In our study, which was a comparative prospective one, we found the mean operative time for (TVA) group (17.389 minutes) is longer than that of (TCA) group (9.046 minutes) and the difference was highly significant (P value 0.001). The mean amount of blood loss for (TCA) group (52.27 ml.) is larger than that of (TVA) group (28.33 ml.) and the difference was highly significant (P value 0.001). The surgeon found that the oscillating cutting action of the shaver blade minimizes bleeding and continuous suction maintains a clear view thus enhancing safety.

In our study the incidence of residual tissue (0%) is highly significant (P value 0.001) controlled in (TVA) group compared to (TCA) group (38.2%).

In this study we found that presence of possible recurrent symptoms in only (18.2%) from all cases of (TCA) group and that were more than that of transoral (TVA) group (0%) and the difference was highly significant (P value 0.001). We suggest that nasal pathology may play a role in recurrence in our cases.

Traditional Transoral Curettage Adenoidectomy (TCA) is still the most common method of doing adenoidectomy in our Practice. It has short duration and easy operative technique but it also has highly amount of blood loss and highly incidence of presence of residual obstructing lymphoid adenoid tissue.

Transoral video endoscopic adenoidectomy with microdebrider (TVA) is a safe and precise procedure with minimal blood loss, optimal vision, clear view and minimal complication. It gives a complete clearance of obstructive adenoids. However, the slightly longer duration than curettage is more than compensated by the greater precision and confidence gained by the surgeon. Moreover, it is quite easy to teach using video images. It is highly recommended in cases of recurrent distributed adenoid, partial adenoidectomy and recurrent Eustachian tube obstruction.