Indications of Tonsillectomy and Adenoidectomy in Dr. Hasan Sadikin Hospital Bandung

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Background: Tonsillectomy is the intervention to take out the palatine tonsils either whole or subcapsular, while adenoidectomy is the intervention of extraction of the adenoid gland which is commonly done with curettage method. Both interventions are done to eliminate repeated infections and also obstructions due to inflammation and hypertrophy of the tonsils and adenoids. This study was done to know the indications of tonsillectomy and adenoidectomy in the Department of Otorhinolaryngology – Head and Neck Surgery Dr. Hasan Sadikin Hospital Bandung in the period of January 2009–December 2011.

Methods: This is a descriptive study, which was done in the months of October–November of 2012 from the medical records of patients who had tonsillectomy or tonsillo adenoidectomy done on them in the Polyclinic of the Department of Ear, Nose, and Throat – Head and Neck Surgery Dr. Hasan Sadikin Hospital Bandung in the period between January 2009–December 2011 with the cross-sectional approach.

Results: The study showed that the indications of tonsillectomy and adenoidectomy in the Department of Otorhinolaryngology – Head and Neck Surgery Dr. Hasan Sadikin Hospital, Bandung in the period between January 2009–December 2011 were infection at 106 patients (51.2%), obstruction at 100 patients (48.3%), and neoplasia at 1 (0.05%) patient from a total of 207 patients.

Discussion: The most numerous indications for tonsillectomy and tonsillo adenoidectomy in the Department of Otorhinolaryngology – Head and Neck Surgery Dr. Hasan Sadikin Hospital were infection.

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Quality of life benefit after Endoscopic frontal sinus surgery

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Background: There is a lack of reports on the quality of life (QOL) assessment after frontal sinus surgery. This study aimed to assess the QOL of patients after one of three frontal sinus procedures, using the Glasgow Benefit Inventory (GBI) and the 22-item Sino-Nasal Outcome Test (SNOT-22).

Methods: We designed an observational study with two arms. The first arm was a cross-sectional retrospective study recruiting all patients (with rhinosinusitis or mucocele) who had balloon sinuplasty, frontal recess clearance, or endoscopic modified Lothrop procedure in our tertiary referral unit at Newcastle upon Tyne Hospitals, between April 2010 and April 2012. The second arm was a prospective cohort study recruiting all patients having frontal sinus procedures between April 2012 and September 2012. The QOL was measured primarily by the GBI and SNOT-22 questionnaires. A total of 45 patients were recruited. Retrospectively, we identified 27 patients, of whom 19 (70%) returned the questionnaires. Eighteen patients were recruited in the prospective cohort and 14 (77.7%) of them completed the questionnaires 3 months postoperatively.

Results: The total benefit of frontal sinus surgery was found to be +31 for the retrospective group and +25.59 for the prospective arm. The three domains of GBI showed a positive impact after surgery. The general domain scored +37.5 in the retrospective study and +29.76 for the prospective one. The social domain scored +18.81 retrospectively and +21.42 prospectively. The physical domain scores were +17.71 retrospectively and +13 prospectively. The SNOT-22 preoperative score was +59.8 and this significantly improved to +35.2 (p=0.017).

Conclusion: Our study is the first report of QOL benefit after all three frontal sinus procedures using the validated GBI, showing benefit in all aspects of health domains. The physical symptoms and QOL assessed by SNOT-22 significantly improved after all three procedures.

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