

INTRODUCTION

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Although tonsils surgery is one of the oldest documented surgical procedure, considerable controversy still exists regarding the precise indication and the benefits derived from such an operation.

The first documented account of excision of tonsils was mentioned as early as 1,000 B.C. in the Hindu literature. Adenoidectomy by contrast was probably not undertaken until the later half of the 19th. century when Wilhelm Meyer in 1870 indicated that adenoid vegetations are responsible for both nasal symptoms and impaired hearing in children (Bluestone, 1983).

No practice involving health care for children has excited more heated controversy among health professionals than has surgical removal of the tonsils and adenoids and divergent opinions and experiences are still being expressed making the adenotonsillectomy a controverisal problem.

This continuing controversy lies simply in the lack of convincing evidence that tonsillectomy and adenoidectomy in the condition for which they are usually undertaken are superior in efficacy to concervative managment.

Moreover, whether adenotonsillectomy imposes immunological deficiency of any practical significance remains uncertain.

In our country an extremely large number of adeno-tonsillectomy is performed every day.

The reason why some children suffer from recurrent attacks of tonsilitis and others do not is not clear but there has been a tendency to consider immunodeficiency as a main factor (Donovan 1973), and it is argued that it is wrong to remove the tonsils and adenoids which constitute a part of the alimentary tract lymphoid tissues and have microscopical structure suggest a defensive and protective immune function (Kenneth, 1967).

So the decision for its removal should rarely ever made at a single examination and reassessment of cases for tonsillectomy operation may save high proportion from undergoing this operation.

Moreover, adenotonsillectomy has been claimed to play a role in the onset of some allergic disease or may precipitate attacks of asthma in allergic children (Clein, 1952 and Jazbi, 1980).

So many physicians who are confronted with children who have repeated paroxysms of cough, bronchial asthma and allergic rhinitis often accompanied by tonsillitis and fever have to decide whether tonsillectomy operation will help them or make them worse than before.