

Evidence Review for Adenoidectomy

Question to be addressed

1. In patients with documented medical problems caused by obstruction of the airway by the adenoids and all conservative treatments have been exhausted is there evidence to support adenoidectomy?

Reason for review

NHS Birmingham and Solihull CCG, Sandwell and West Birmingham CCG, requested a rapid evidence review of the clinical and cost effectiveness of adenoidectomy for adults with a documented medical problem, caused by obstruction of the airway compared to alternative treatment options, to inform their decisions on commissioning policy development.

Options for commissioners:

1. The Committee considers that due to the limited quality of evidence of clinical and cost effectiveness for the use adenoidectomy compared to conservative treatment options, its use should be considered a low priority.
2. The Committee recommends that, due to the limited quality of evidence of its clinical and cost effectiveness, adenoidectomy should be offered ONLY to patients who have failed conservative treatment.
3. The Committee considers that there is sufficient evidence to suggest that the use of adenoidectomy in patients with enlarged adenoids which are causing documented medical problems is at least as effective as alternative treatment options and the costs are comparable, therefore the decision about which approach to proceed with should be made after an informed discussion between the clinician and the individual person about the risks and benefits of each procedure.

Summary

Background

- Adenoids are small lumps of tissue at the back of the nose, above the roof of the mouth.
- Adenoids are part of the immune system, which helps fight infection and protects the body from bacteria and viruses.
- By age seven to eight, the adenoids start to shrink and by the late teens, they're barely visible. By adulthood, they should have disappeared completely.
- Adenoidectomy is the surgical procedure to remove enlarged adenoids

Clinical effectiveness

- There was a paucity of evidence available to determine the clinical effectiveness of adenoidectomy, however NICE IPG supports this intervention.

Safety

NICE supports the use of adenoidectomy and deems it a safe intervention.

Cost effectiveness

NICE deems adenoidectomy with suction diathermy to be cost effective.

Equity issues

None were identified within the course of this review.

Context

1.1 Introduction

- Adenoids are small lumps of tissue at the back of the nose, above the roof of the mouth. You can't see a person's adenoids by looking in their mouth.
- Adenoids are part of the immune system, which helps fight infection and protects the body from bacteria and viruses.
- In most cases only children have adenoids. They start to grow from birth and are at their largest when a child is around three to five years of age. By age seven to eight, the adenoids start to shrink and by the late teens, they're barely visible. By adulthood, in most people they will have disappeared completely.
- Adenoids can be helpful in young children, but they're not an essential part of an adult's immune system. This is why they shrink and eventually disappear.
- Adenoids can sometimes become swollen or enlarged. This can happen after a bacterial or viral infection, or after a substance triggers an allergic reaction.
- In most cases, swollen adenoids only cause mild discomfort and treatment isn't needed. However, for some, it can cause severe discomfort and interfere with their daily life.

Management

- The adenoids can be removed during an adenoidectomy.
- The operation is usually carried out by an ear, nose and throat (ENT) surgeon and takes around 30 minutes. Afterwards, the patient will need to stay in the recovery ward for up to an hour until the anaesthetic has worn off.
- Adenoidectomies are sometimes day cases if carried out in the morning, in which case you / your child may be able to go home on the same day. However, if the

procedure is carried out in the afternoon, you / your child may need to stay in hospital overnight.

1.2 Existing national policies and guidance

NICE Interventional procedures guidance [IPG328] Suction diathermy adenoidectomy Published date: December 2009

- Guidance was published in 2009 on suction diathermy adenoidectomy which states that this procedure should only be carried out by trained surgeons who perform the procedure regularly.
- The use of adenoidectomy is considered by NICE to be an 'Interventional Procedure', and therefore is not 'approved' as may be the case for a drug or procedure subject to technology appraisal. NICE do not examine interventional procedures which are considered established practice unless there are data demonstrating uncertainty about their efficacy or safety.

- **Epidemiology**

There was a lack of epidemiology data available relating to adenoidectomy in adults.

- **Findings**

.1 Evidence of effectiveness

NICE IPG 328 found clinical effectiveness of the suction diathermy procedure, however no systematic reviews were found of adenoidectomy in adults / adolescents.

.1.1 Clinical effectiveness

Adenoidectomy is an accepted intervention in children with medical problems caused by enlarged adenoids.

However, there is very little available evidence on the use of adenoidectomy in adults with adenoid hypertrophy.

4.1.2 Trials in progress

A search of clinicaltrials.gov found no clinical trials currently recruiting for a review of adenoidectomy vs conservative management in either adults or children.

4.1.3 Cost-effectiveness

NICE deems adenoidectomy with suction diathermy to be cost effective.

.2 Safety

- NICE IPG 328 found clinical effectiveness and safety of the suction diathermy procedure.

.1 Summary of findings

There is a significant paucity of evidence available to review the use of adenoidectomy fully. However, the available evidence along with clinical review, supports the use of adenoidectomy in certain clinical circumstances.

- Equity issues

There is a greater occurrence rates of adenoidectomy in children as most adenoids have resolved by the time a child has reached the age of 8 years old.

- Search Strategy

PubMed:

Publication types, MeSH terms

Publication types

- Meta-Analysis
- Review
- Systematic Review

MeSH terms

- Adenoids/abnormalities*
- Humans
- Hypertrophy/diagnosis
- Hypertrophy/epidemiology*
- Prevalence

8. References

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