Commentary on “The Role of Tonsillectomy in Adults with Tonsillar Hypertrophy and Obstructive Sleep Apnea”
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No sponsorships or competing interests have been disclosed for this article.

We wish to address the manuscript entitled “The Role of Tonsillectomy in Adults with Tonsillar Hypertrophy and Obstructive Sleep Apnea,” by Smith et al.1 This is an excellent work; however, diseases of the nasal cavity and paranasal sinuses, in addition to adenoid hypertrophy, are also factors in adult cases of tonsillar hypertrophy and obstructive sleep apnea. Thus, an examination of the nasal cavity and nasopharynx was required for their patients.

Tonsillectomy is a basic method for treating tonsillar hypertrophy and obstructive sleep apnea; however, some adults with tonsillar hypertrophy and obstructive sleep apnea are simultaneously affected by diseases of the nasal cavity and paranasal sinuses, as well as deviation of the nasal septum. In the study by Smith et al.,1 although performing tonsillectomy alone without treating nasal cavity disease or nasal structural abnormalities reduced the apnea-hypopnea index (AHI) and improved sleep quality, it had no significant impact on snoring. A surgical response to treatment was defined as a >50% decrease in AHI and a decrease in the overall AHI to <20%; the authors found that 78% (14/18 subjects) of the cohort showed a surgical response to treatment. A complete surgical cure (AHI <5) was observed in 50% (n = 9) of the patients. Thus, we believe that the nasal cavity and paranasal sinuses should be examined in adults with tonsillar hypertrophy and obstructive sleep apnea. Simultaneous tonsillectomy and nasal surgery should be performed if severe diseases of the nasal cavity and paranasal sinuses, in addition to nasal structural abnormalities, are found; previous studies corroborated this opinion.2,3 Stow et al.2 reported that the median AHI was significantly decreased, from 31.7 to 5.5 (P = .0002), when simultaneous tonsillectomy and nasal surgery were performed in adults with tonsillar hypertrophy and obstructive sleep apnea. In addition, adults with tonsillar hypertrophy usually have adenoid hypertrophy4,5; thus, we believe that simultaneous endoscopic adenoidectomy and tonsillectomy should be done in adult cases of tonsillar and adenoid hypertrophy.

References

Response to Comments on “The Role of Tonsillectomy in Adults with Tonsillar Hypertrophy and Obstructive Sleep Apnea”
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The purpose of our article was to determine if tonsillectomy alone is an effective treatment in improving obstructive sleep apnea in adult subjects with tonsillar hypertrophy and to evaluate the effect of tonsillectomy on patient-reported quality-of-life indices. While not stated in the original manuscript, all patients included in the study underwent a complete head and neck exam. The inclusion criteria for the study specifically

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excluded patients with adenoid hypertrophy, nasal cavity obstruction, or nasal sinus disease. We agree that in adults with adenoid and tonsillar hypertrophy and obstructive sleep apnea that both the tonsil and adenoid tissue be treated.

In your commentary, you mentioned that our study had “no significant impact on snoring.” Our study did not include data regarding the presence or degree of snoring before or after surgery and as such was not mentioned in the article.

Thank you for the opportunity to clarify the inclusion criteria for the study and to answer any questions regarding the purpose of the article.

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