

ADENOIDS

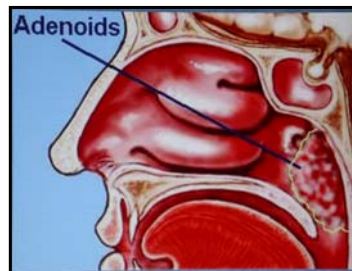
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Adenoids is a nasopharyngeal lymphoid tissue is a part of the **Waldeyer's ring** which includes:

- Palatine tonsil.
- Adenoids.
- Lingual tonsils.
- Tubal tonsils.
- Lateral pharyngeal bands.

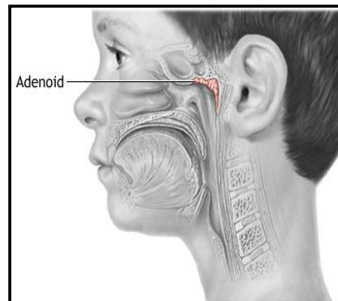


Definition:

“Adenoids” is pathological hypertrophy of the nasopharyngeal tonsil.

Under normal conditions the nasopharyngeal tonsil starts to diminish in size at the age of 7-8 years.

Incidence:

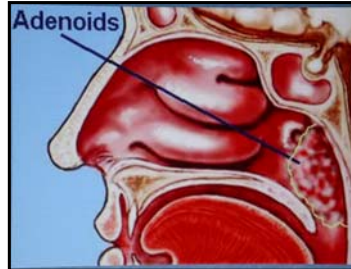


Adenoids is primarily a disease of young children occurs mainly between the ages of 3 and 5 years.

Predisposing factors:

A) General:

- 1) Environmental pollution.
- 2) Allergy.
- 3) Bad Hygiene
- 4) Poor general health.



B) Local:

- 1) Recurrent upper respiratory infections.
- 2) Chronic tonsillitis.

Clinical picture

A) Nasal obstruction.

- 1) Mouth breathing.
- 2) Snoring.
- 3) Difficulty of suckling and eating.
- 4) Nasal tone of the voice.



B) Adenoid facies:

- 1) Flat expressionless face due to absence of the nasolabial folds.
- 2) Open mouth and dry lips.
- 3) Hitched up upper lip, projecting incisors, dry gums, pyorrhea, and dental caries.
- 4) Inactive ala nasi.
- 5) Receding chin.
- 6) High arched palate .

C) Mucopurulent anterior and posterior nasal discharge.

D) Sleep disturbances:

- 1) Snoring.
- 2) Sleep apnea .
- 3) Nocturnal enuresis due to hypercapnia.

E) Respiratory manifestations:

- 1) Irritant cough
- 2) Recurrent pharyngitis, laryngitis, and chest infections.

F) Feeding problems: loss of appetite, indigestion, and vomiting due to swallowed secretions.

G) Skeletal changes :including pigeon chest, Harrison's sulci, and depressed xiphisternum.

H) Recurrent ear aches and deafness due to obstruction of the eustachian tubes causing recurrent otitis media and middle ear effusions

I) Decreased mental performance due to sleep disturbances, hypoxia, defective hearing, and recurrent respiratory infections causing long periods of absences from school.

J) Examination of the throat : presence of a plug of mucous (egg white like) behind the soft palate on gagging.

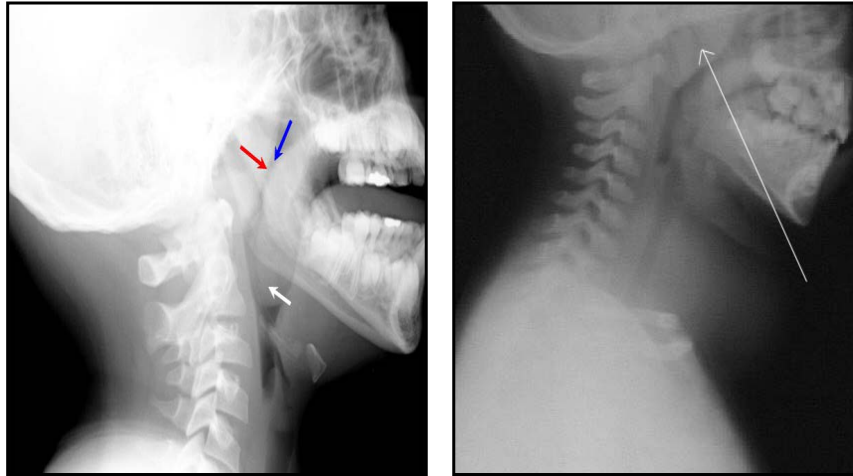
Diagnosis

Clinical picture.

Investigations may be done:

1. Lateral x-ray of the Nasopharynx.
2. Endoscopic exam.



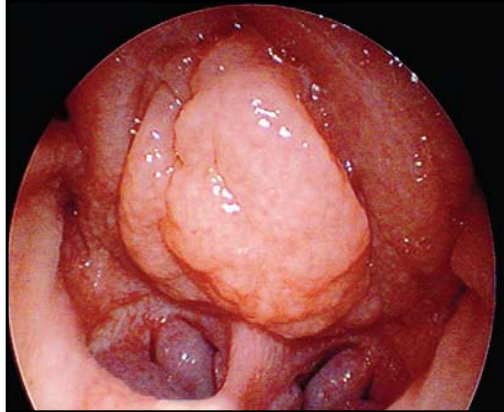


Complications

1. Ear effusions and otitis media.
2. Recurrent respiratory infections.
3. Disturbed learning, easy fatigue, and general poor health.

Treatment

Adenoidectomy.



Indications

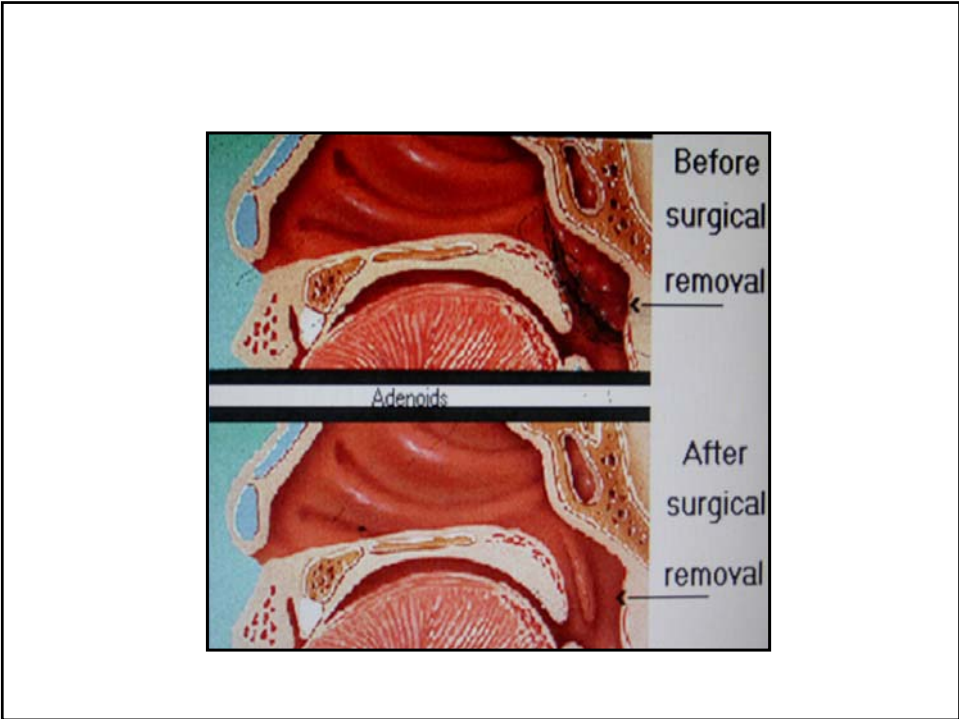
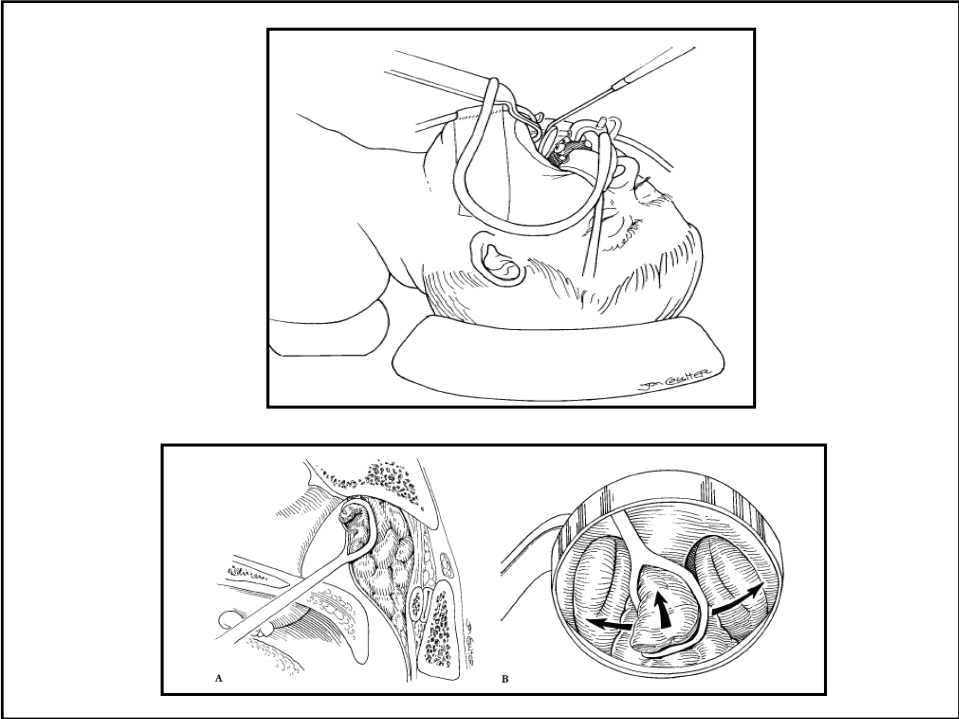
• Infection:

- o Recurrent or chronic sinusitis (adenoiditis)
- o SOM
- o Recurrent AOM in children

• Obstruction:

- o Nasal airway obstruction
- o Obstructive sleep apnea syndrome
- o Chronic mouth breathing; hyponasal speech





Complications

Non-iatrogenic

- o Regrowth of adenoid tissue (secondary) adenoidectomy.
- o Hypernasality, because of temporary pain splinting or velopharyngeal weakness.

Iatrogenic

- Bleeding: 1ry ,excessive curettage or presence of aberrant vessel.
2ry
- Dental injury.
- Nasopharyngeal stenosis.
- Eustachian tube injury.
- Lingual nerve palsy, caused by pressure from the tongue blade of the mouth gag.
- Cautery burns, caused by operator error or equipment malfunction
- Atlantoaxial subluxation (Grisel's syndrome), which presents with persistent torticollis 1-2 weeks after surgery.

Thank you