Adenotonsillotomy noninferior to adenotonsillectomy in peds OSA

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(HealthDay)—Adenotonsillotomy (ATT) is noninferior to

adenotonsillectomy (ATE) for children aged 2 to 6 years with obstructive sleep apnea (OSA), according to a study published online March 20 in *Pediatrics*.

Anna Borgström, M.D., from Karolinska University Hospital in Stockholm, and colleagues randomized 79 children aged 2 to 6 years with OSA to ATT or ATE (40 and 39, respectively). At baseline and one-year post-surgery, participants underwent polysomnography (PSG) and questionnaire OSA-18.

The researchers found that the mean between-group difference in the primary outcome of change in apnea-hypopnea index (AHI) was 0.83 (95 percent confidence interval, −3.2 to 4.9), which did not exceed the noninferiority margin of 5. AHI decreased after ATE from a median of 12.7 to 2.0; after ATT, AHI decreased from 15.8 to 4.0. Significant improvements of PSG and OSA-18 questionnaire outcomes were seen for both groups, with no significant between-group difference. Thirteen percent of children in the ATT group needed repeated surgery for tonsil regrowth and OSA recurrence.

"The results suggest that ATT is noninferior to ATE in treating pediatric OSA regarding PSG outcomes after one year. ATT could be considered an alternative to ATE for treatment of pediatric OSA," the authors write. "However, after ATT, there is a non-negligible risk of recurrence of OSA, and this should be taken into account when selecting surgical method."

More information: Abstract/Full Text

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