

Bedwetting may improve after adenotonsillectomy for sleep apnea

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(HealthDay)—Adenotonsillectomy for the treatment of pediatric

obstructive sleep apnea (OSA) appears to also result in improvement in bedwetting, according to a study published online Sept. 9 in *JAMA Otolaryngology-Head & Neck Surgery*.

Aaron Snow, from the Eastern Virginia Medical School in Norfolk, and colleagues compared outcomes for adenotonsillectomy versus watchful waiting in [children](#) with nonsevere OSA who experienced [nocturnal enuresis](#) (NE). The analysis included 393 children (51.1 percent were girls; mean age at baseline, 6.54 years).

The researchers found that the odds of NE in the watchful-waiting group were two times higher than in the adenotonsillectomy group after seven months (odds ratio, 2.0; 95 percent confidence interval, 1.3 to 3.1). However, following adenotonsillectomy, there was a decrease observed in the number of children with NE (–11.0 percent; 95 percent confidence interval, –16.3 to –5.7 percent), while the prevalence of NE did not change significantly in the watchful-waiting group at follow-up (–0.5 percent; 95 percent confidence interval, –5.4 to 6.4 percent). NE was less frequent in girls (adjusted odds ratio, 0.53; 95 percent [confidence](#) interval, 0.33 to 0.85), but other clinical factors such as age, race and ethnicity, obesity, and apnea-hypopnea index were not associated with improvement of NE.

"It may be useful for clinicians to inquire about bedwetting in children with OSA and counsel caregivers regarding the benefit surgery may confer," the authors write. "Further research is needed to compare NE outcomes in children managed with [adenotonsillectomy](#) versus behavioral modification and bedwetting alarm."

More information: [Abstract/Full Text \(subscription or payment may be required\)](#)

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