

Dexmedetomidine cuts perioperative respiratory adverse events in tonsillectomy

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Among children undergoing elective tonsillectomy and adenoidectomy,

the incidence of perioperative respiratory adverse events (PRAEs) is reduced for those receiving premedication with intranasal dexmedetomidine, according to a study published online Aug. 9 in *JAMA Network Open*.

Fangming Shen, M.D., from Xuzhou Medical University in China, and colleagues examined the effect of premedication with intranasal dexmedetomidine or midazolam on the occurrence of PRAEs among [children](#) aged 0 to 12 years undergoing elective tonsillectomy and adenoidectomy from October 2020 to June 2021. Participants were randomly assigned to receive intranasal midazolam, intranasal dexmedetomidine, or intranasal saline for control (124, 124, and 125 children, respectively).

The researchers found that children in the midazolam group were more likely to experience PRAEs than those in the normal saline group, while those in the dexmedetomidine group were less likely to experience PRAEs (adjusted odds ratios, 1.99 and 0.45, respectively) after adjustment for confounders, including age, sex, American Society of Anesthesiologists physical status, body mass index, [obstructive sleep apnea](#), upper respiratory tract infection, and passive smoking. The [midazolam](#) group had a higher risk for PRAEs compared with the dexmedetomidine group (adjusted odds ratio, 4.44), but no other serious clinical adverse events were seen.

"If there are no special contraindications, we recommend [dexmedetomidine](#) sedation before surgery for children undergoing tonsillectomy and adenoidectomy," the authors write.

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