INTRODUCTION
Tonsils are not just easily accessible lumps of lymphoid tissue to be disposed off. They have useful
function in childhood\(^1\) and their removal may cause problems later due to lack of immunity\(^2\). There has
been great opposition to the surgical treatment of tonsils. According to Calderoli\(^3\), ‘it is an ugly,
barbarous, painful, cruel, repulsive, dangerous and largely useless operation much more so than the
simple cutting of a dog’s tail’. However, despite all the arguments and oppositions, over 2 million
tonsillectomies are done each year in the United States. \(^3\) The management of tonsils and adenoids has
always been a controversial issue between physicians and surgeons with both having firm opinions
about their own approaches. The paediatricians and family physicians, however, come to an agreement
with the otolaryngologists in favour of surgical treatment after a careful assessment. It has been
estimated that less than one-tenth of the total patients examined with a history of sore throat will need
surgical treatment. The indication for tonsillectomy in this study were recurrent sore throats for at least
2-3 weeks each year, one attack of quinsy and small children under the age of 5, with large tonsils
causing nocturnal dyspnoea, general ill health and frequent upper respiratory tract infections.

MATERIAL, METHODS AND RESULTS
Out of 73,000 patients with a history of sore throat seen over a period of 8 years, 10,368 were selected
for surgical treatment. Of these 9,216 had tonsillectomy and 1,152 had both the tonsils and adenoid
removed under general anaesthesia. The surgical procedure was dissection tonsillectomy and adenoids
were removed by currettage. Silk was used for haemostatic ligatures. Antibiotics were routinely used
postoperatively. Preoperative investigations included haemoglobin, bleeding and clotting time, ASO
titre and urinalysis. Throat swabs and histological examination of tonsils were done in 300 cases.
Haemoglobin was less than 12 Gm/Cl! in 12% of cases and 9.2% had leucocytosis. ASO titres above
330 units were found in 31% of cases. The most common organism in throat swabs was Beta
haemolytic Streptococcus, followed by Staph aureus, Strep. Viridans, and Neisseria. On histological
examination 87.7% had chronic tonsillitis, 4.6% actinomycosis, 15% cartilage, and 62% no significant
change. Thirteen (0.13%) patients bled postoperatively and needed resuturing. Few female patients had
change in their speech and nasal regurgitation. All recovered without any treatment. Tho patients with
small remnants presented with acute tonsillitis 6 years after tonsillectomy. They were treated with
antibiotics and cryosurgery. Some patients presented with hypertrophied lateral pharyngeal bands and
patches of hypertrophied lymphoid tissue. Their main complaints were irritation and dryness of throat
and past history of allergy. There were no postoperative deaths in this series.

DISCUSSION
Tonsillectomy and adenoidectomy are simple, safe and beneficial procedures when done after a careful
assessment. With improvements in operative, nursing and anaesthetic skills the operative mortality
which was 1 in 10,000 in the United Kingdom about 25 years ago has reduced considerably. There
were no deaths in the present series. Observations reported before\(^5\) and in this study assure excellent
results if surgery is done after careful assessment and reassessment. Indications for tonsillectomy and adenoidectomy have also changed. They have no place in the treatment of otitis media. The criterion for benefits or otherwise was a 6 months follow up. Only 36% of patients came for regular postoperative follow up. They had no more attacks of sore throat, they gained weight and some had dramatic improvement in the temper. Two children under 5 years had tonsillectomy for hypertrophied tonsil and recurrent upper respiratory tract infection. Both improved and spent the first winter at home with their parents out of steam tent. Similar cases have also been reported by others.4,5

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REFERENCES