

Benefits for intra-, extracapsular tonsillectomy in peds OSA

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patients with asthma and obesity (odds ratio, 16.5; $P = 0.04$).

"Both ETA and ITA are effective modalities to treat OSAS, with comparable surgical outcomes on short-term follow-up," the authors write.

More information: [Abstract](#)
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(HealthDay)—For children with obstructive sleep apnea syndrome (OSAS), both extracapsular tonsillectomy and adenoidectomy (ETA) and intracapsular tonsillectomy and adenoidectomy (ITA) are effective, according to a study published online Nov. 19 in *JAMA Otolaryngology-Head & Neck Surgery*.

Pamela Mukhatiyar, M.D., from the Albert Einstein College of Medicine in Bronx, N.Y., and colleagues conducted a retrospective cohort study using medical records from 89 [children](#) who underwent ETA or ITA. Patients had no evidence of craniofacial or neurological disorders.

The researchers found that 52 children underwent ETA and 37 underwent ITA. Children in the ETA group were older ($P = 0.001$) and more obese ($P = 0.004$) than those in the ITA group. OSAS severity was similar between the groups, with median preoperative obstructive apnea-hypopnea indexes of 17.0 and 24.1 in the ETA and ITA groups, respectively ($P = 0.21$), and similar prevalences of asthma (38 percent in each group). Significant improvement was seen on polysomnography in both groups after surgery, with no between-group differences in clinical outcomes. No correlation was seen for procedure type, age, or body mass index z score with treatment failure; however, ITA correlated with residual OSAS in a subset of

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