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# Tonsillectomy in adults: A paucity of data

**W**E SHOULD NOT RECOMMEND tonsillectomy for adults without first determining whether the patient has recurrent viral pharyngitis or has recurrent streptococcal tonsillitis. Tonsillectomy will not help patients whose recurrent throat infection is viral pharyngitis.

See related article, page 698

I agree with Dr. Bhattacharyya (in this issue of *The Cleveland Clinic Journal of Medicine*, page 698), regarding the “strong” indications for tonsillectomy, ie, suspected malignancy or airway obstruction. However, I have concerns about his other indications for tonsillectomy in adults with recurrent viral sore throat.

In support of his argument, Bhattacharyya cites retrospective cohort studies. However, those studies did not include a definition for chronic infectious tonsillitis. They did not include a power analysis for sample-size calculation. Only about one quarter of eligible patients responded to one survey. The data depended on patients’ recollection of events that occurred several months and sometimes years earlier. In addition, the studies did not provide data on microbiologic investigations, raising concern about whether viral pharyngitis was the underlying illness.

## ■ FORMAL EVALUATION NEEDED

Two large reviews, one by the Cochrane Database of Systematic Reviews<sup>1</sup> and the other by the Scottish Intercollegiate Guidelines Network (SIGN),<sup>2</sup> indicate that the effectiveness of tonsillectomy in adults has not been formally evaluated and call for further study before recommendations can be made. The

SIGN advises a 6-month period of observation prior to tonsillectomy to establish the pattern of symptoms and to allow the patient time to consider the implications of surgery.

Since a randomized, blinded study would be unethical to conduct in patients with recurrent tonsillitis, I believe that a case-control study or a randomized, unblinded study would help answer this question.

I agree with Dr. Bhattacharyya that an absolute number of infections may not be the only guide to consider for adult tonsillectomy: it is true that improvement in quality of life is one of the goals we need to achieve in patients with recurrent tonsillitis. However, tonsillectomy in children with documented, repeatedly positive, tonsillar streptococcal cultures may be justified on the premise of preventing chronic complications, namely rheumatic fever. The same does not apply to adults.

In summary, I think tonsillectomy may be considered for adults who have recurrent episodes of tonsillitis and who feel that these episodes interfere with their life. However, we need to differentiate recurrent viral pharyngitis from streptococcal tonsillitis before recommending that these patients undergo surgery. Further data from well-designed studies are needed.

## ■ REFERENCES

1. Burton MJ, Towler B, Glasziou P. Tonsillectomy versus non-surgical treatment for chronic/recurrent acute tonsillitis. Cochrane Database of Systematic Reviews. Issue 4, 2002.
2. Management of Sore Throat and Indications for Tonsillectomy. Scottish Intercollegiate Guidelines Network (SIGN). Publication No. 34. ISBN 1899893 66 0. Published January 1999.

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**Distinguish  
tonsillitis from  
pharyngitis  
before advising  
tonsillectomy**