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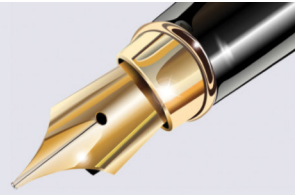
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From the Desk of the Editor



Tonsillectomy is one of the most commonly performed surgical procedures in children. The indications for tonsillectomy are recurrent tonsillitis, peritonsillar abscess and obstructive sleep apnoea (OSA). As a consequence of the improvement in antibiotic treatment during the last decades, the incidence of tonsillectomy due to recurrent tonsillitis is gradually declining, while OSA is slowly becoming a major indication for removal of hypertrophic tonsils in children. Tonsillectomy conventionally involves total removal of the tonsils, but partial tonsillectomy (also called tonsillotomy or intracapsular tonsillectomy) is becoming popular in treatment of OSA. Since tonsil has important immunological functions, it is more logical to resect only the obstructive tonsillar tissue and leave remnants in the tonsillar beds. Although it originated in the last decade of the 19th century, partial tonsillectomy became a relatively uncommon procedure until its re-emergence nearly 100 years later.

The first reference to the use of partial tonsillectomy as an alternative procedure for the treatment of OSA was described by Lantslov and Kovaleva in 1993. Proponents of partial tonsillectomy report lower risk of postoperative haemorrhage, significantly reduced pain and analgesia requirement, and earlier return to normal diet. However, it is as yet unclear whether or not re-hypertrophy of this remnant of the tonsils and/or tonsillitis reoccur in the long-term. Current evidence suggests that partial tonsillectomy is a safe and effective treatment for children with OSA. Furthermore, it has been found to have comparable results to total tonsillectomy in the improvement of OSA symptoms in children.

But the evidence base is limited by heterogeneity in study samples and surgical techniques as well as by differences in the operationalizing of partial tonsillectomy that preclude quantitative analyses. Future research to standardize partial tonsillectomy is important to promote comparability of findings with strong evidence.

Dr Chiranjib Das
Executive Editor
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