Editorial

Introduction

In this current issue of the World Journal of Otorhinolaryngology — Head and Neck Surgery we have assembled several manuscripts encompassing "Special Topics in Pediatric Adenotonsillar Disease". The approach to diseases of the Tonsils and Adenoids and the indications for the commonly performed Tonsillectomy and Adenoidectomy procedures still engender much discussion and debate.

Arambula and colleagues begin by providing a historical look at the anatomy and physiology of the Nasopharyngeal and Palatine Tonsils: from historical references to the modern way in which we believe these lymphoid tissue aggregates participate in the immunological response to infections of the upper aerodigestive tract.

Myers and colleagues then discuss the approach to patients with suspected Streptococcal Tonsillitis. The indications for microbiological testing, the interpretation of test results, and the overall indications for surgical intervention are all discussed in detail. Much controversy remains on this topic, and we feel that the authors have summarized that debate in a clear and concise way.

Another infectious condition involved the tonsils is highlighted in the paper by Licameli, et al. Patients with Periodic Fever, Aphthous Stomatitis, Pharyngitis, and Adenitis (PFAPA) require careful investigation regarding their actual underlying diagnosis. Once the diagnosis has been confirmed (typically, in younger children), it has been found that surgical removal of the tonsils seems to be an effective treatment for such patients.

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The topic of Adenotonsillectomy in High Risk Pediatric patients is then reviewed by Dedhia and colleagues. The decision to carry out Adenotonsillectomy always carries a balance between risks and benefits. This group of authors presents their approach to patients who are at higher than “average” risk (due to a suspected or confirmed bleeding disorder and/or in the face of an unusual viral illness such as the COVID-19 pandemic); so that Tonsillectomy and Adenoidectomy can be performed safely - thus maximizing the chance that a patient will have a successful outcome.

Safety during Adenotonsillectomy is also stressed by the next authors (Drs. Doyle and McGuire), as they look at appropriate guidelines for administering an Anesthetic safely in a child who is to undergo Adenotonsillectomy.

Next, Jensen summarizes the current state-of-the-art thought processes regarding Pain Control during the post-tonsillectomy healing process. There has been a considerable amount of discussion on this important topic over the past decade, and it behooves the reader to be familiar with the many facets of this decision-making process at a crucial step in guiding a patient through the recovery phase.

The article by Ni and Xu then sets the stage in terms of an overview of the important debate regarding what is probably one of the most contentious issues around Pediatric Adenoid and Tonsil disorders — the approach to the child with suspected or proven Obstructive Sleep Apnea (OSA). The main highlight of this manuscript is the fact that children with OSA often require a very comprehensive approach to their condition.

Multiple published guidelines have been created over the last decade to address the management of pediatric OSA. The 2020 Chinese Guidelines for Diagnosis and Management of Pediatric Obstructive Sleep Apnea are quite detailed in comparison to the more general overview offered in the American Academy of Pediatrics Clinical Practice Guidelines paper from 2012. Both sets of guidelines are directed at children 1–18 years of age with or without obesity. It is generally agreed upon (in both documents) that adenotonsillectomy is a first line treatment for pediatric OSA in children with no co-morbidities and that overnight polysomnography is the current gold standard for diagnosis of pediatric OSA. The 2020 Chinese Guidelines for Diagnosis and Treatment of Pediatric OSA provide a comprehensive approach to pediatric OSA with recommendations addressing the grading of OSA, alternatives to polysomnography, surgical indications, risks factors for persistent OSA, and suggestions for medical management of pediatric OSA. These guidelines do mirror the American Academy of Otolaryngology-Head and Neck Surgery (AAO-
HNS) Tonsillectomy in Children (Update) Practice Guideline released in 2019. Both of these documents suggest similar screening tactics by asking families about snoring, growth retardation, poor school performance, restless sleep, enuresis, neurocognitive problems and/or behavioral issues. The AAO-HNS guidelines also stress the importance of recognizing co-morbidities such as craniofacial abnormalities or trisomy 21, that are complex and require individualized care plans and pre-operative polysomnography. The 2020 Chinese guidelines recognize that their recommendations do not apply to these complex patient populations. The 2020 Chinese Guidelines for Diagnosis and Treatment of Pediatric OSA offer a well-researched and data-driven perspective on the management of pediatric OSA.

Arganbright and Weatherly summarize the topic of Drug Induced Sleep Endoscopy (DISE) in the next manuscript. DISE has become a very commonly performed procedure in both adults and children who have Obstructive Sleep Apnea. Several important points are made regarding the use of DISE in Children including the indications for DISE, the way in which surgeons perform the procedure, and a call for more standardization of both reporting and interpretation of DISE results.

Finally, perhaps one of the most controversial topics in the realm of Adenotonsillar Disease and breathing obstruction in Children is the dilemma of what approach to take in a child who has mild Obstructive Sleep Apnea. There are several options available in that scenario, and one could argue that no single approach has been proven to be superior to any other approach. Gozal and colleagues present the topic in great detail, talking about the very heart of that controversy.

We sincerely thank all of the authors for their considerable time and effort spent on the preparation of the manuscripts in this special issue of the World Journal of Otorhinolaryngology – Head and Neck Surgery. Our purpose in presenting these reviews to you is to highlight the many debates that still exist on the topic of Pediatric Adenotonsillar Disease. Ultimately, we feel that more familiarity with these discussions will be of great benefit to you and your patients.

Declaration of competing interest
None.

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