CORRESPONDENCE

Recurrent Tonsillitis in Adults: Quality of Life After Tonsillectomy

by Dr. med. Götz Senska, Dr. med. Stefanie Ellermann, Dr. med. Stefan Ernst, Hildegard Lax, Prof. Dr. med. Philipp Dost in volume 36/2010

Not a Trivial Procedure

The authors retrospectively studied adults who underwent tonsillectomies after recurrent tonsillitis. They used quality of life scores and measured number of days off work because of illness and the number of visits to doctors.

It is surprising that they did not include the not-in-substantial rate of perioperative and postoperative complications in the results of their study and the discussion section.

The number of postoperative hemorrhages is 1.4% (1) to 3.3% (2).

The fact that a simple PubMed search using the search terms “tonsillectomy” and “perioperative or postoperative complications” shows up 24 meta-analyses. To me, this confirms that the procedure is not trivial.

Two years ago, *Deutsches Ärzteblatt* published a CME article on the topic of tonsillectomy in children (3). The authors postulated rightly that the indication for this intervention should be very narrowly defined.

The article by Senska et al is mostly of no value in this respect because it is subject to bias, especially in terms of the included patients: someone who has decided to have a tonsillectomy is bound to be convinced by this procedure and will give positive scores in order not to have to have to live with the feeling that they have risked health and life unnecessarily.

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In Reply:

Egidi seems surprised that we did not discuss the complications of tonsillectomy. He cites a small segment of the large number of studies that have already been done about the complications of tonsillectomy. It is for precisely this reason that our study's outcome measure was not the possible complications associated with tonsillectomy but postoperative quality of life.

Egidi emphasizes that tonsillectomy is not a trivial procedure. We agree, and we wish to point out that we in no way created this impression at any point in our article. He correctly points out that the indication for tonsillectomy should be narrowly defined, especially in children. The study he cites, however, includes only adult patients. The indication for tonsillectomy in adults differs from that in children. Further, we wish to point out that tonsillectomy is a very common procedure in Germany, with more than 110 000 operations per year (1). A large proportion of your readers will be able to judge for themselves whether they risked “health and life” by undergoing the procedure.

The correspondent points out that a retrospective study surveying affected patients has an inherent bias because any affected patient would question their own decision in the context of such a survey. This insight really is trivial and applies to any retrospective patient survey, not only to decisions in favor of surgical treatment.

Whether the study we presented is of no value, as Egidi says, will be judged by those who deal with the indication for tonsillectomy in adults, either in clinical practice or academically/scientifically.

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Conflict of interest statement

The authors of both contributions declare that no conflict of interest exists according to the guidelines of the International Committee of Medical Journal Editors.