

ABSTRACT

Adenoid hypertrophy with presenting complaints such as chronic nasal obstruction, snoring, mouth breathing and earache are some of the most common problems encountered in otorhinolaryngological practice. The increased prevalence of adenoid hypertrophy in paediatric patients has led to the wide practice of adenoidectomy. As with all surgical interventions, adenoidectomy is associated with certain complications. In the recent years, different surgical techniques for adenoidectomy have been proposed to reduce the morbidity and the incidence of complications.

Though conventional curettage is still practised, the endoscopic approach is gaining popularity. Conventional technique is a blind procedure and can cause injury to the surrounding structures and has the disadvantage of leaving residual tissue.

The endoscopic approach offers solution to the above mentioned problems. Adenoidectomy can be carried out under direct visualisation thereby minimising the risk of injury to the surrounding structures. A step ahead is the use of the coblator in which the tissue is not exploded but is molecularly broken down into simpler hydrocarbons. The present study is to compare the efficacy of endoscopic assisted coblation adenoidectomy with conventional curettage adenoidectomy with respect to the duration of surgery, intraoperative bleeding, postoperative pain, the time taken for recovery in the postoperative period and completeness of removal of adenoid.

Keywords: coblation, adenoidectomy, curettage