

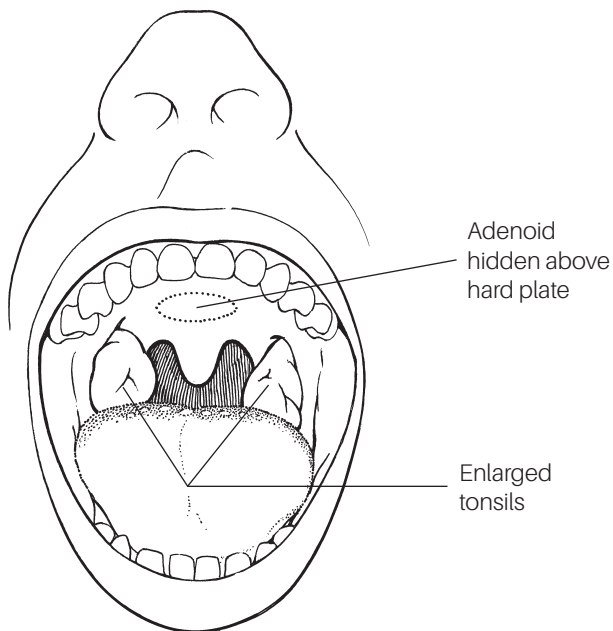
Tonsils and Adenoid

The tonsils produce antibodies when the body is fighting infection. Like the tonsils, the adenoid is part of your child's defense against infections. Here is information from the American Academy of Pediatrics (AAP) about the tonsils and adenoid, tonsillitis, signs of an enlarged adenoid and tonsils, when surgery is recommended, and what if surgery is recommended.

What are the tonsils and adenoid?

If you look into your child's throat, you may see a pink, oval-shaped mass on each side. These are the tonsils. The tonsils are small in infants and increase in size over the early years of childhood. They produce antibodies during periods when the body is fighting infection.

Like the tonsils, the adenoid is part of your child's defense against infections. The adenoid is located in the very upper part of the throat, above the uvula and behind the nose. This area is called the nasopharynx. The adenoid can be seen only with special instruments passed through the nose or mouth, or indirectly by X-ray.



What is tonsillitis?

A common illness associated with the tonsils is tonsillitis. This is an inflammation of the tonsils usually due to an infection. Sometimes, tonsils can be enlarged and not be infected. However, most of the time there is an infection that has caused them to be larger than normal. There are several signs of tonsillitis, including:

- Red and swollen tonsils
- White or yellow coating over the tonsils
- A "hoarse" voice
- Sore throat
- Uncomfortable or painful swallowing
- Swollen lymph nodes ("glands") in the neck
- Fever

What are signs of an enlarged adenoid?

It is not always easy to tell when your child's adenoid is enlarged. Some children are born with a larger adenoid. Others may have temporary enlargement of their adenoid due to colds or other infections; this is especially common among young children. Also, chronic rhinitis (a persistent runny nose) is more frequently the cause of these symptoms, and can be treated with corticosteroid nasal sprays. But the constant swelling or enlargement of the adenoid can cause other health problems, such as ear and sinus infections. Some signs of adenoid enlargement are:

- Breathing through the mouth instead of the nose most of the time
- Nose sounds "blocked" when the child talks
- Noisy breathing during the day
- Snoring at night

Are both the tonsils and adenoid enlarged?

Both the tonsils and the adenoid may be enlarged if your child has the above symptoms along with any of the following:

- Breathing stops for a short period of time at night during snoring or loud breathing; this condition is called sleep apnea
- Choking or gasping during sleep
- Difficulty swallowing, especially solid foods
- A constant "hoarse voice," even when there is no tonsillitis

In severe cases, your child may have such difficulty breathing that it interferes with the normal exchange of oxygen and carbon dioxide in his lungs. This is important to recognize since it may interrupt your child's normal sleep pattern. If your child has severe breathing difficulties, seems drowsy during waking hours, and lacks energy despite what should have been adequate amounts of sleep, consult your pediatrician; when breathing problems are severe, call 911.

If your child shows the signs and symptoms of enlarged tonsils or adenoid, and doesn't seem to be getting better over a period of weeks, mention it to your pediatrician.

When is surgery recommended?

There are two types of operations: tonsillectomy (surgery to remove the tonsils) and adenoidectomy (surgery to remove the adenoid). Although these two operations (often combined and called T & A) were done almost routinely in the past and remain one of the most common major operations performed on children, not until recently has their long-term effectiveness been adequately tested. In light of current studies, today's physicians are much more conservative in recommending these procedures, even though some children still need to have their tonsils and/or adenoid taken out.

According to the guidelines of the AAP, your pediatrician may recommend surgery in the following circumstances:

- Tonsil or adenoid swelling makes normal breathing difficult (causing problems such as behavioral issues, bed-wetting, sleep apnea, school performance problems, etc.).
- Tonsils are so swollen that your child has a problem swallowing.
- An enlarged adenoid makes breathing uncomfortable, severely alters speech, and possibly affects normal growth of the face. In this case, surgery to remove only the adenoid may be recommended.
- The child has an excessive number of severe sore throats each year.

From Your Doctor



What if surgery is recommended?

If your child needs surgery, make sure he knows what will happen before, during, and after surgery. Don't keep the surgery a secret from your child. An operation can be scary, but it's better to be honest than to leave your child with fears and unanswered questions.

The hospital may have a special program to help you and your child get familiar with the hospital and the surgery. If the hospital allows, try to stay with your child during the entire hospital visit. Let your child know that you'll be nearby during the entire operation. Your pediatrician also can help you and your child understand the operation and make it less frightening.

American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN®



healthychildren.org

Powered by pediatricians. Trusted by parents.
from the American Academy of Pediatrics

The American Academy of Pediatrics (AAP) is an organization of 67,000 primary care pediatricians, pediatric medical subspecialists, and pediatric surgical specialists dedicated to the health, safety, and well-being of infants, children, adolescents, and young adults.

The information contained in this publication should not be used as a substitute for the medical care and advice of your pediatrician. There may be variations in treatment that your pediatrician may recommend based on individual facts and circumstances.

Source: Adapted from *Caring for Your Baby and Young Child: Birth to Age 5*

© 2019 American Academy of Pediatrics. All rights reserved.