# COBLATION◇ Intracapsular Tonsillectomy (CIT) in children with recurrent tonsillitis: Initial experience

Available at: International Journal of Pediatric Otorhinolaryngology 🔒🖱

## Key points

**Significant postoperative improvements** in health-related quality of life (HRQoL) at a mean follow-up of 13 months (p<0.0001)

**No revisions or regrowth** reported at a mean follow-up of 13 months (n=80)

**0** primary or secondary **haemorrhages** after CIT (n=80)

## Overview

- Prospective, consecutive case series of 80 children undergoing CIT (mean age, 7.2 years; range, 2-16 years) for infective indications at a district general hospital in the UK

- Indications:
  - Recurrent tonsillitis alone (n=38; 47.5%)
  - Recurrent tonsillitis with sleep-disordered breathing (n=42; 52.5%)

- Concomitant adenoidectomy was performed in 66 patients and 14 had tonsillectomy alone

- All children weighed >15kg and none had severe obstructive sleep apnoea

- Outcomes assessed at a mean follow-up of 13 months included:
  - HRQoL via the T-14 tonsil questionnaire, a validated parent-reported outcome tool for paediatric tonsillectomy
  - Complications

## Results

- Significant improvements in HRQoL, including combined, obstructive and infective domains of the T-14 score at a mean of 13 months from preoperative values (p<0.0001; Figure)

- No primary or secondary haemorrhage

- No revision surgery reported for either tonsillar regrowth or ongoing symptoms of recurrent tonsillitis

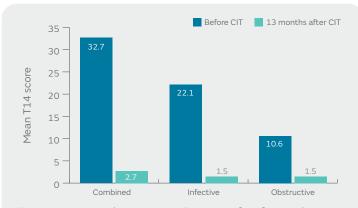- No children re-attended for issues with pain control



*Figure. Mean pre- and postoperative T-14 scores for infective, obstructive and combined domains*

*p<0.0001 at 13 months versus preoperative values in all three domains*

## Conclusions

COBLATION Intracapsular Tonsillectomy was safe and effective for the treatment of recurrent tonsillitis in children at a district general hospital in the UK. While previous literature has predominantly focused on obstructive tonsillectomy indications, this study demonstrates the potential value of the technique for infective indications.