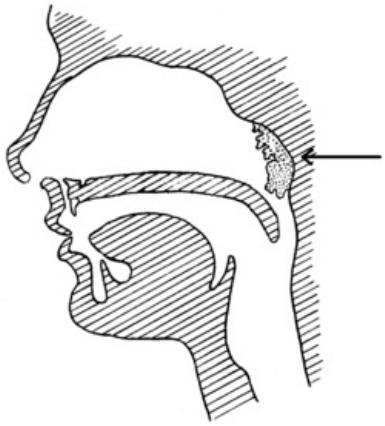
Adenoid vegetations

The term **adenoid vegetation** (AV) refers to the **pathological enlargement of the nasopharyngeal tonsil** (*tonsilla pharyngea*), which occurs most often as a result of chronic rhinosinusitis. It is a childhood disease affecting both sexes.

The nasopharyngeal tonsil is also referred to as the so-called **third tonsil** (next to the palatine tonsils). It is part of Waldeyer's lymphoepithelial circuit. Its function is to participate in **the body's defense against infection**. It is most developed in children aged 4–7 years, after which it gradually involves.

- If it is **pure hyperplasia**, the tonsil is uniformly enlarged and there is no secretion in the nasopharynx.
- As for **the enlargement caused by infection**, the enlargement is irregular, the surface of the tonsil is furrowed and covered with secretion, which is also present in the nasopharynx and the nose.



Adenoid vegetation

Meaning and development of AV

- Lymphatic tissue rich in secretory glands;
- Meaning: participation in the formation of immunity, production of immunoglobulins and lymphocytes, part of the lymphoepithelial barrier;
- Hyperplasia corresponds to the immunobiological activity of childhood (natural hypertrophy from the activity of lymph tissue and the secretory apparatus);
- Hyperplasia is stimulated by stress on the immunological system, poor nutrition, repeated inflammation of the upper respiratory tract, hormonal influences (inflammatory hypertrophy with proliferation of fibrous stroma);
- Greatest between 3 and 5 years of age;
- From the age of 7 it involutes and disappears, but it can persist;
- For the formation of overall immunity, the importance of the nasal tonsil is marginal and it can be replaced by other organs of the Waldeyer circuit;
- The most common infectious focus in children in the ENT area.[1]

Clinical signs

- **nasal obstruction** - children breathe through their mouths (especially during sleep), night snoring, rhinolalia clausa;
- sleep apnea syndrome
- **facies adenoidea** – characteristic facial expression (open mouth, indistinct nasolabial fold, upper lip retraction, exposed upper incisors, flattened cheeks, arched and narrow hard palate – Gothic palate);
- recurrent diseases from colds , rhinosinusitis;
- recurrent mesotitis;
- hearing loss – an enlarged tonsil covers the mouth of the Eustachian tube, a negative pressure will be created in the middle ear, the eardrum will be pushed in and there will be catarrhal inflammation with exudation;
- may be **bedwetting**
- mechanical dysphagia and failure to thrive.

Diagnostics

- anterior rhinoscopy;
- posterior rhinoscopy;
- endoscopy of the nose;
- audiometry;
- tympanometry.

Differential diagnosis

Benign tumors and cysts of the epipharynx, especially **juvenile angiofibroma** and **antrochoanal polyp**, must be differentiated in terms of differential diagnosis.

Treatment

- **adenotomy** - curettage of the nasopharynx with a curette under general inhalation or intubation general anesthesia; endoscopic adenotomy;
- **remediation of HCD inflammations;**
- **nose breathing rehabilitation.**

Links

Related Articles

- Examination methods in ENT/overview
- Secretory otitis
- Acute tubotympanic catarrh

Source

- BENEŠ, Jiří. *Studijní materiály* [online]. ©2007. [cit. 2009]. <http://jirben2.chytrak.cz/materialy/orl_jb.doc>.

References

- KLOZAR, Jan, et al. *Speciální otorinolaryngologie.* 1. edition. Prague : Galén, 2005. 224 pp. ISBN 80-7262-346-X.
- HAHN, Aleš, et al. *Otorinolaryngologie a foniatrie v současné praxi.* 1. edition. Prague : Grada, 2007. 390 pp. ISBN 978-80-247-0529-3.
- KOŇÁKOVÁ, Blanka. „Třetí mandle“ neboli adenoidní vegetace. *Zdravotnické noviny* [online]. 2009, vol. 11, p. 69, Available from <https://zdravi.euro.cz/clanek/sestra/treti-mandle-neboli-adenoidni-vegetace-448196>. ISSN ISSN 1214-7664.

1. KOLÍN, Jan. Adenoidní vegetace. *Vox Pediatriae* [online]. 2003, y. 3, vol. 2, p. 28, Available from <http://www.detskylekar.cz/cps/rde/xbcr/dlekar/2003_vox2.pdf>.