Pulmonary Abscesses after Tonsillectomy

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The development of a suppurative pneumonitis with abscess formation subsequent to a tonsillectomy is rightly considered one of the most serious complications of this operation. The abscesses are caused by aspiration of blood or mucus or sometimes also of fragments of tonsillary tissue. This is infected organic material, which may give rise to very serious inflammatory pulmonary processes. The otorhinolaryngologist is only very rarely in the position to form a good idea of the frequency of this affection, because these seriously ill patients are usually treated by an internist or lung specialist and not by himself. Still this complication proves to be of rather frequent occurrence. Of the 54 cases treated for a suppurative pneumonitis caused by aspiration in the pulmonary diseases section of the St. Antonius Hospital during the past ten years, 8 had developed subsequent to a tonsillectomy; this is about 15%. The average duration of the disease was 11 months. In most these cases resection of the diseased part of the lung proved necessary. The cases are briefly discussed, illustrated by some X-ray photos.

Only one child was present among these 8 patients. This does not seem very much in comparison with the very great number of children subjected to an adenotonsillectomy every year. As a matter of fact, the risk of serious pulmonary complications is slight in this operation. We try to keep the anaesthesia so superficial that the coughing and swallowing reflexes are preserved. It is, however, always wise to keep in mind that even adenotonsillectomy in children is an operation which may have serious consequences.

The other 7 patients were all persons in whom tonsillectomy had taken place at adult age. The past histories showed that in all these cases the operation had been carried out under general anaesthesia, and actually in the sitting position!

It is a well-known fact that after every tonsillectomy blood and mucus may be found in the trachea. When the patient is treated

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under local anaesthesia a coughing reflex arises which brings about rapid removal of these secretions from the lungs. We must however be aware that, when tonsillectomy is to be carried out in adults, superficial anaesthesia will usually not be sufficient, so that in most cases the patient receives a more or less deep narcosis in which the coughing and swallowing reflexes are abolished. When, therefore, we wish to carry out a tonsillectomy in adult persons under general anaesthesia, we must accept the consequences of it and perform this operation with the patient in the lying position with his head hanging down. Only in this way can we be sure that no aspiration occurs and that this serious complication is prevented.

Van Deinse, J. B. and van den liorg, R.E.: Pract. oto-rhino-laryng. 20: 327–332 (1958)

Attico-antrotomy with Abdominal Fat Transplantation and Myringoplasty.

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With the use of antibiotics and microscope we see the revival of a few obsolete operations. I only have to mention myringoplasty, done already 80 years ago by Tangeman, but later abandoned

due to secondary infections. An other exemple is the Rosen operation, already performed by Kessel in 1876, but dropped for the great risks.

One of the latest gains in the last few years is tympanoplasty (Moritz, Wullstein, Zöllner and Jongkees). By this operation it is attempted to remove the focus of inflammation and to improve the hearing by reconstruction of the middle ear by making one cavity of the mastoid and auditory canal. This cavity is covered with skin and Thiers flaps. This operation is a great improvement indeed, but has a few disadvantages:

1) Often it is difficult to get the cavity dry

especially with children. In the literature one finds a percentage of running ears and relapses of at least 10–30%. This is also true for the fenestra-