To the Editor—The clinical practice guideline for tonsillectomy in children recently published as a supplement by in *Otolaryngology–Head and Neck Surgery* by Baugh et al [1] was incorrectly referenced regarding the tonsillectomy recommendations in the streptococcal pharyngitis 2012 update in *Clinical Infectious Diseases* [2]. The scope of our tonsillectomy guideline does not include adults, nor do the other 3 references listed in the Infectious Diseases Society of America guideline [1, 3–5]. The criteria identified in the article, “the rare patient whose symptomatic episodes do not diminish in frequency over time” and “for whom no alternative explanation for recurrent GAS [group A Streptococcus] pharyngitis is evident” [2] do not reflect the criteria specified in our guideline [1], the best available medical evidence, or even the other references listed [3–5].

The surgical conclusions that “tonsillectomy has been demonstrated to be beneficial only for a relatively small group of these patients” and that “any benefit can be expected to be relatively short-lived” are ambiguous, potentially misleading statements [2]. It is disappointing that these unsupported, ill-defined summary assertions were not even identified as potentially controversial (ie, judged as controversial, limited, conflicting, or in need of additional research) [2]. Our guideline, which makes clear appropriate surgical recommendations based upon the best medical evidence, has been endorsed by the American Academy of Pediatrics and is listed in their approved pediatric clinical practice guidelines and policies [1]. The evidence that would permit extrapolation of the pediatric outcomes to adults is lacking and is insufficient to justify the statements made.
Infectious etiologies are a less frequent indication for tonsillectomy in 2012 than previously has been found [6, 7]. However, in absolute numbers, the number of children undergoing tonsillectomy for infectious causes probably approaches 100,000 per year and is one of the more common operations performed in children [8]. The outcomes of tonsillectomy in children meeting the strict diagnostic criteria outlined in our guideline would be expected to be positive [3–5].

Note

Potential conflicts of interest. Author certifies no potential conflicts.

The author has submitted the ICMJE Form for Disclosure of Potential Conflicts of Interest. Conflicts that the editors consider relevant to the content of the manuscript have been disclosed.

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