Commentary: Watchful waiting is useful for children with recurrent throat infections

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Van Staaij et al's study is a welcome addition to a controversial subject. It shows that for children with moderately frequent throat infections (on average three in the previous year) a “wait and see” approach results in acceptable control of symptoms and avoids postoperative pain and complications (1% requiring operative surgery for haemorrhage, and 2.6% having severe nausea or dehydration). The major limitation of the study is the large number of children from the watchful waiting group who had tonsillectomy (34%). Since a per protocol analysis was not done—that is, comparing those who had tonsillectomy with those who did not, controlling for severity indices—it cannot be concluded that tonsillectomy in itself is ineffective but simply that immediate tonsillectomy is more severe symptoms.

Should children with more severe symptoms be offered surgery? With the normal caveats about subgroup analysis, there was some evidence from Van Staaij et al's trial that those more severely affected (three or more infections a year) had some benefit from immediate tonsillectomy—one less episode of sore throat. The earlier Paradise trial assessed tonsillectomy among selected children with severe symptoms—the “Paradise” criteria of seven or more operations—a complication rate of 4-7%. For the remaining children, doctors should probably not offer tonsillectomy.

Competing interests. PL has been paid for two consultancy sessions from Abbott Pharmaceuticals for antibiotics for complications from respiratory tract infections. Until this evidence is available it would be reasonable for doctors to share with parents the probable benefits of surgery—among children with the Paradise criteria, one less episode of moderately severe or severe sore throat a year; among children with at least three infections in the past year, one less episode of sore throat a year—but also the important harms of operation—a complication rate of 4-7%. For the remaining children, doctors should probably not offer tonsillectomy.