Kocaeli Üniversitesi Sağlık Bilimleri Dergisi

Düzeltme / Erratum

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ERRATUM:

In manuscript entitled "**A Comparative Clinicopathologic Analysis of Tonsillectomy and Adenoidectomy Cases: A Retrospective Study**" **(Kocaeli Üniversitesi Sağlık Bilimleri Dergisi, 2020;6(3):186-193. doi: 10.30934/kusbed.693112)** written by B. Yaprak Bayrak and F. Mutlu which is published in 6th Volume, 3rd Issue, sections after "Discussion" section were written incorrectly. The Editorial Board apologize to the readers for this unwanted mistake.

The corrected sections of the relevant article is presented below.

DÜZELTME:

"**A Comparative Clinicopathologic Analysis of Tonsillectomy and Adenoidectomy Cases: A Retrospective Study**" **(Kocaeli Üniversitesi Sağlık Bilimleri Dergisi, 2020;6(3):186-193. doi: 10.30934/kusbed.693112)** başlıklı, B. Yaprak Bayrak ve F. Mutlu tarafından yazılan, 6. Cilt, 3. Sayı' da yayımlanan makalede, "Discusion" bölümünden sonraki bölümler sehven yanlış yazılmıştır. Editör Kurulu olarak, tüm okuyuculardan bu istenmeyen yanlış için özür dileriz.

Düzeltilmiş bölümler, aşağıda verilmiştir.

Discussion

Recently, the malignancy rates especially in the tonsils have increased in adults, deducing the necessity of routine histopathological examination of tonsils. However, there is still a debate about whether or in which cases histopathological examination is necessary.[11] In this retrospective study including one center's experience, it was found that malignancy was suspected clinically in 12.8% (n=37) of all adenoidectomy, tonsillectomy and adenotonsillectomy cases, and most of these cases (n=33) were in the tonsillectomy group. Although RLH was the most common diagnosis determined histopathologically among all cases (92.7%), a total of 11 (3.8%) patients were diagnosed as a neoplasm by histopathological examination.

According to the literature, the incidence of malignant pathologies following tonsillectomies in adults ranges from 2% to 11.8%.[12,13] In our study, the malignancy rate among all cases was found 2.1% (6 out of 288 cases) and among tonsillectomy cases it was 8.8% (6 out of 68 tonsillectomies). All malignancies were detected among tonsillectomy cases in adults. In a study by Younis et al.[12] although no malignancy was detected in pediatric tonsillectomy cases, malignancy rate was 11.8% (40 out of 339 adult tonsillectomies) and most of them had SCC. In the study by Faramarzi et al.[14] the malignancy was detected in 26 out of 5.058 tonsillar specimens, most of which had non-Hodgkin's lymphoma. In another study by Aksakal et al.[11] of 1.356 patients who underwent tonsillectomy, only two adults were diagnosed as malignancy (Mantle cell lymphoma, and DLBCL). They noticed that both of these patients had clinical findings suspicious for malignancy such as tonsillar asymmetry, tonsillar discoloration, and weight loss. While unexpected malignancy was not detected in these studies, risk factors, such as tonsillar asymmetry, history of head and neck cancers, and atypical tonsillar lesions, were observed before surgery in patients with malignancy.[11] In our study we also found the tonsillar enlargement, as well as ulceration on tonsils and lymphadenopathy among adults diagnosed as a malignancy in histopathological examination and none of these malignancies were unexpected before surgery.

The studies with larger series have reported that the rate of malignancy is very low in adenoidectomies or tonsillectomies.[15,16] Some of these studies evaluated the incidence of malignancies among tonsillar neoplasms to clarify the consequences of not performing routine histological examination on the tonsillectomy samples. A published cohort of pediatric adenotonsillar surgeries correlated with histopathological reports reported a total of 10 malignancies among 152.352 cases.[8] However, we did not find any neoplasm among the patients under 18 years, although the overall features of tonsillar neoplasm such as type of lymphoma were found to be in line with those in the literature. Lifshitz et al.[8] considered all tonsillar neoplasms presenting with a pre-operative high index of suspicion as "absolute" indication for operation. We also support this idea by suggesting an excisional biopsy of the tonsils of cases carrying a clinical suspicion for malignancy.

Large-scale studies with pediatrics revealed rates of malignancy up to 0.17%.[12, 17-19] In the study of Williams et al.[17] preoperative risk factors, such as necrotic tonsil, tonsillar asymmetry, and lymphadenopathy, were found in all three of the cases with tonsillar malignancy. In our study, similar preoperative risk factors such as tonsillar hypertrophy and lymphadenopathy were found in cases of tonsillar malignancy. These findings suggest that a detailed preoperative risk assessment is also crucial in adults with a lymphadenopathy.

In a study by Aksakal et al.[11] of 1574 pediatric patients, three had an epidermal cyst, and one had a lymphangiomatous polyp, and there were well-defined, benign lesions on preoperative evaluation, and the pathological results were consistent with the clinical findings. On the contrary, among our cases with a clinical suspicion for malignancy, papillomatous or vegetative appearance were observed in the polyp and cysts, suggesting that the cases which are clinically suspected for malignancy may not always present a malignancy in histopathology.

The tonsillectomy is one of the most common operations performed in children due to the indications of recurrent tonsillitis, obstructive sleep apnea, suspicion of malignancy and SOM. In many institutions, the tonsils and adenoids of these patients are routinely sent for pathological examination, as well as in our center. The correlation between the early incidental diagnosis of a lymphoma in tonsils and adenoids to a better prognosis of the disease still remains unknown, therefore, the adenoids and tonsils are suggested to be sent to pathology departments for histopathological examination.[8]

Conclusion

In this study we reported a retrospective analysis of adenotonsillar surgeries correlated with histopathological findings in both adults and children. We reported that the incidence of tonsillar neoplasm in adult patients is significantly higher than the previously published data. A histopathological evaluation is obviously warranted for the tonsillar tissues presenting with a surgical indication of clinical suspicion for malignancy such as ulceration and necrosis, and with the enlargement of tonsils. These considerations are in agreement with the fact that a routine histopathological examination is needed even if the clinically confirmed case has a high malignancy suspicion or not, prior to tonsillectomy in adults.

Conflict of Interest

The authors declare that they have no conflict of interest.

Compliance with Ethical Statement

Ethical approval was obtained from the Clinical Research Ethics Committee of the Kocaeli University (GOKAEK-2020 / 2.04 - 2020/8).

Author Contributions

BYB: Design; BYB, FM: Project development; BYB, FM: Data collection; BYB: Analysis; BYB: Literature search; BYB, FM: Manuscript writing.

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