

# PEARLS

## Practical Evidence About Real Life Situations



Il faut bien soupeser le pour et le contre avant d'enlever les amygdales d'enfants ayant des amygdalites chroniques ou récidivantes, car cette opération n'est pas dénuée de risques. Selon cet article, l'ablation n'est justifiée que dans les cas «graves», c.-à-d. lorsque les critères stricts de JL Paradise\* sont remplis. \* <http://www.iapo.org.br/manuals/14-1.pdf>

Bernhard Rindlisbacher

### Tonsillectomy or adeno-tonsillectomy effective for chronic and recurrent acute tonsillitis

PEARLS No. 141, March 2009, written by Brian R McAvoy

**Clinical question:** How effective is tonsillectomy, with or without adenoidectomy, in patients with chronic or recurrent acute tonsillitis?

**Bottom line:** Good information about the effects of tonsillectomy and adeno-tonsillectomy is available for children and for effects in the first year following surgery. Children were divided into two subgroups: those who are severely affected (based on specific criteria which are often referred to as the "Paradise criteria") and those less severely affected. For more severely affected children, tonsillectomy or adeno-tonsillectomy avoids three unpredictable episodes of any type of sore throat, including one episode of moderate or severe sore throat in the next year. The cost of this is a predictable episode of pain in the immediate postoperative period. Less severely affected children will have an average of 2 rather than 3 unpredictable episodes of any type of sore throat. The "average" patient will have 17 rather than 22 sore throat days but some of these 17 days (between 5 and 7) will be in the immediate postoperative period.

**Caveat:** Although the concept of the "average patient" is attractive, in practice, wide variability is likely. It is clear some children get better without any surgery, and, although removing the tonsils will always prevent "tonsillitis", the impact of the procedure on "sore throats" due to pharyngitis is much less predictable.

**Context:** Tonsillectomy is a common procedure. However, the procedure is controversial, and opinions vary greatly as to the relative risks and benefits.

**Cochrane Systematic Review:** Burton MJ and Glasziou PP. Tonsillectomy or adeno-tonsillectomy versus non-surgical treatment for chronic/recurrent acute tonsillitis. Cochrane Reviews 2008, Issue 4. Article No. D001802. DOI: 10.1002/14651858.CD001802.

*This review contains 5 trials involving 789 participants.*



La supériorité des pansements spéciaux en cas de brûlures est apparemment très faible par rapport aux simples pansements de gaze imbibés de chlorhexidine. Le fait que les pansements à la sulfadiazine d'argent retardent plutôt la guérison fait réfléchir!

Bernhard Rindlisbacher

### Limited evidence for the effectiveness of burn wound dressings

PEARLS No. 138, January 2009, written by Brian R McAvoy

**Clinical question:** How effective are wound dressings for superficial and partial thickness burns?

**Bottom line:** A number of dressings appear to have some benefit over standard chlorhexidine impregnated gauze dressings in the management of superficial and partial thickness burns. These include hydrocolloid, silicon nylon, antimicrobial (containing silver), polyurethane film and biosynthetic dressings. The benefit relates to time to wound healing, the number of dressing changes and the level of pain experienced.

**Caveat:** Most of the trials were small (only 6 had more than 80 patients), and many had methodological limitations. Many of the trials failed to adequately assess the depth of burns. The use of silver sulphadiazine (SSD) as a comparator on burn wounds for the full duration of treatment needs to be reconsidered, as a number of studies showed delays in time to wound healing and increased number of wound dressing applications in patients treated with SSD dressings.

**Context:** Superficial burns are those which involve the epidermal skin layers and partial thickness burns involve deeper damage to structures such as blood vessels and nerves. There are many dressing materials available to treat these burns but none have strong evidence to support their use.

**Cochrane Systematic Review:** Wasiak J et al. Dressings for superficial and partial thickness burns. Cochrane Reviews 2008, Issue 4. Article No. CD002106. DOI: 10.1002/14651858.CD002106.pub3. *This review contains 26 trials involving 1552 participants.*

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### PEARLS

PEARLS are succinct summaries of Cochrane Systematic Reviews for primary care practitioners. They are developed by the Cochrane Primary Care Field and funded by the New Zealand Guidelines Group.

PEARLS provide guidance on whether a treatment is effective or ineffective. PEARLS are prepared as an educational resource and do not replace clinician judgement in the management of individual cases.

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