

Take out the tonsils, solve a sleep problem. Still-popular procedure can solve behavior problems, too, doctors say

By Kim Painter
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When pediatric sleep specialist Rafael Pelayo starts talking about tonsillectomies, parents often are surprised.

"They'll say, 'I didn't think anybody did that anymore,' " says Pelayo, a neurologist at Lucile Packard Children's Hospital, part of Stanford University Medical Center in Palo Alto, Calif.

Tonsillectomy isn't nearly as common as it was half a century ago, when it was performed on almost any kid with a persistent sore throat. But it's not rare: In 1996, the last year in which the federal government counted all inpatient and outpatient surgeries, more than 400,000 tonsillectomies were performed, making it one of the most common childhood surgeries.

And some doctors such as Pelayo say it probably should be more common.

The reason: Removal of the tonsils and adenoids, those fleshy growths at the back of the throat, usually can cure what they say is an under-diagnosed childhood sleep problem that has been linked with poor school performance, poor attention, behavior problems and even slow physical growth.

The condition is sleep apnea, or, more broadly, sleep-disordered breathing.

Children with apnea pause in their breathing many times each night. Alert parents may hear loud snoring, or choking and gasping sounds. Parents also may notice that their sleeping children thrash around or assume unusual positions, says Ralph Wetmore, a pediatric otolaryngologist at Children's Hospital of Philadelphia. "You'll find them sitting up in bed or hanging over the side with their heads hanging down."

During the day, he says, the same kids are "loud mouth-breathers" and may have raspy voices. On physical examination, Wetmore often finds the cause: very large tonsils and adenoids. In children between ages 3 and 7, the tissues often are large enough to temporarily block the airway during sleep, he says.

In a growing number of young patients, he says, the condition is aggravated by obesity. That's because excess fat can further narrow the airway.

Children with disrupted breathing thrash and snore in an unconscious attempt to keep the airway open, Wetmore says. The majority of tonsillectomies he does today are to cure sleep-disordered breathing, which includes apnea and related conditions.

At Lucile Packard, "I would say it's at least 90%," says otolaryngologist Anna Messner. When baby boomers were kids, she says, most tonsils were taken out because of repeated infections, now usually treated with antibiotics.

Like Wetmore, Messner asks parents to describe a child's sleep and daytime behavior before she decides on surgery. The surgery carries some risk of excess bleeding or adverse reactions to anesthesia. Very young children may spend a night in the hospital. The sore throat that follows can last two weeks.

Doctors' diagnoses

In any case, doctors say they won't take out tonsils and adenoids just because they are unusually large: symptoms must be present, too. Occasionally, when symptoms aren't clear, both Messner and Wetmore ask parents to bring a child in for an overnight observation in a sleep lab. But both say that sleep studies are not usually needed -- a stance that puts them in the company of many otolaryngologists, but at odds with many sleep specialists.

Experts do agree on one thing: Kids with sleep apnea don't necessarily appear sleepy during the day. In fact, Messner says, many seem agitated, hyperactive and inattentive.

That makes sense, says David Gozal, a pediatric sleep specialist at Kosair Children's Hospital in Louisville. Sleepy children often fight drowsiness with over-activity and can become the kind of cranky, aggressive kids that are as likely to end up in the principal's office as the doctor's office.

Gozal concludes: "We think there's a group of kids out there being treated for ADHD (attention-deficit hyperactivity disorder) who don't have ADHD."

Gozal has written studies showing that "sleep apnea is associated with significant behavior and cognitive deficits in children," he says. "And we assume that the earlier they are diagnosed and treated, the more likely these effects are reversible."

Thomas Anders, a psychiatrist who also specializes in sleep disorders at the University of California-Davis M.I.N.D. Institute, agrees that apnea can cause attention and learning problems. The problems may be the result of chronic sleep deprivation, or the disrupted breathing could be robbing children's brains of oxygen, causing subtle damage, he says. "That's all speculation."

Still, he says, the link should not be overstated. "Sleep apnea does not account for a significant number of children who are learning-disabled," he says. "I think it's a small number."

But parents who are concerned about a child's learning and behavior, he says, "should be aware . . . and listen to their child's sleeping."

One mom's experience

Sandra Levison of Atherton, Calif., remembers listening to 6-year-old daughter Alexa sleep: "She sounded horrible. . . . It wasn't a real snore, but breathing was very loud and labored. And she'd flip and flop and move all over."

During the day, Levison says, Alexa, a first-grader, had no apparent problems with attention or schoolwork, but she was grumpy and cried easily. "I'm the mother of five, so I had something to compare it to," Levison says.

She took up the problem with Alexa's pediatrician and then with Messner, who took out Alexa's tonsils and adenoids in February. "For the first time, her breathing was actually silent" when she

slept, Levison says. And Alexa's daytime mood has improved: "She's just able to cope with things much better."

Doctors say the removal of tonsils and adenoids cures sleep apnea in more than 75% of children, though the success rate is lower in obese children. Children with persistent apnea can wear special nighttime masks that help to maintain air flow. Obese children also can improve by losing weight.