

// ()
//
//

*

paired t-test

/ ± / (% %) :

/ ± / / ± / FEV0.5/FVC ± / / ± / FEV1/FVC :

FEV1/PEFR (P < /) / ± / ± / MEF50 / ± / / ± / FEV25-75

(.) Adenotonsillar- (ATH) Hypertrophy
()

ATH (.)

Obstructive Sleep Apnea Syndrome(OSAS)
%

ATH (.) ()

ATH (.)

()

PT Clotting Time Bleeding Time

PTT

Yadav

()

/ Maurizi

Minato

()

(Forced Expiratory Volume in First Second)

FVC (Functional Vital Capacity) FEV1

FEV0.5 (FEV1/FVC) FVC FEV1

()

(Forced Expiratory Volume in half a second)

FEV25-75 (FEV0.5/FVC) FVC FEV0.5

(Forced Expiratory Volume 25%-75%)

MEF50 (Peak Expiratory Flow Rate) PEFR

)

(Maximum Expiratory Flow at 50% of vital capacity)

)

(() Brodsky

FEV1/ PEFR

(

Paired t-test

P- Value				
/	+ /	± /	/ ± /	FEV1/FVC ()
/	+ /	/ ± /	/ ± /	FEV0.5/FVC ()
/	+ /	/ ± /	/ ± /	FEV25-75 ()
/	+	/ ± /	± /	MEF50 ()
/	/	/ ± /	/ ± /	FEV1/FEV0.5 ()
/	/	/ ± /	/ ± /	FEV1/PEFR ()

(%))

((%)

() / ± /

+
(%)+
(%)

(/ %)

(/ %)

FEV0.5/FVC

(/ %)

(/ %)

.()

()

FEV1/PEFR

.(P < /)

MEF50

(% /)

FEV0.5/FVC

.(P= /)

() % / (Flow Volume Plot)
% (Forced Inspiratory Flow)

Kavukcu

%

%

%

(Peak Expiratory Flow Rate)

(FEV1/FEV0.5) /

(.)

()

Yadav

/

FEV1/PEFR FEV1/FEV0.5

FEF% 50/FIF% 50

(.)

FEV1

(.)

FEV1

FEV1

(FEV1/ PEFR)

) FVC

() FEV1 (PEFR (P= /)

FEV0.5 (FEV1/FVC) FVC FEV1

FEV1

FEV1/FVC (/)

FEV1/FEV0.5

() FEV25-75 ()

() MEF50 /

FEV1/FEV0.5

FEV1/FEV0.5

(P < /)

Maurizi

REFERENCES

1. Greenfeld M, Tauman R, DeRowe A, Sivan Y. Obstructive sleep apnea syndrome due to adenotonsillar hypertrophy in infants. *Int J Pediatr Otorhinolaryngol* 2003; 67(10): 1055-60.
2. Tezer MS, Karanfil A, Aktas D. Association between adenoidal-nasopharyngeal ratio and right ventricular diastolic functions in children with adenoid hypertrophy causing upper airway obstruction. *Int J Pediatr Otorhinolaryngol* 2005; 69(9): 1169-73.
3. Mora R, Salami A, Passali FM, Mora F, Cordone MP, Ottoboni S, et al. OSAS in children. *Int J Pediatr Otorhinolaryngol* 2003; 67 Suppl 1: 229-31.
4. Kurnatowski P, Putynski L, Lapienis M, Kowalska B. Neurocognitive abilities in children with adenotonsillar hypertrophy. *Int J Pediatr Otorhinolaryngol* 2006; 70(3): 419-24.
5. Yadav SP, Dodeja OP, Gupta KB, Chanda R. Pulmonary function tests in children with adenotonsillar hypertrophy. *Int J Pediatr Otorhinolaryngol* 2003; 67(2): 121-5.
6. Ersoy B, Yuceturk AV, Taneli F, Urk V, Uyanik BS. Changes in growth pattern, body composition and biochemical markers of growth after adenotonsillectomy in prepubertal children. *Int J Pediatr Otorhinolaryngol* 2005; 69: 1175-81.
7. Gorur K, Doven O, Unal M, Akkus N, Ozcan C. Preoperative and postoperative cardiac and clinical findings of patients with adenotonsillar hypertrophy. *Int J Pediatr Otorhinolaryngol* 2001; 59(1):41-6.
8. Pac A, Karadag A, Kurtaran H, Aktas D. Comparison of cardiac function and valvular damage in children with and without adenotonsillar hypertrophy. *Int J Pediatr Otorhinolaryngol* 2005; 69(4): 527-32.
9. Kharb S, Yadav SP, Singh H, Singh GP. Effect of adenotonsillectomy on arterial blood gases and acid-base balance. *Int. J. Pediatr Otorhinolaryngol* 1998; 43: 213-15.
10. Maurizi M, Paludetti G, Todisco T, Dottorini M, Grassi V. Pulmonary function studies in adenoid hypertrophy (abstract). *Int J Pediatr Otorhinolaryngol* 1980; 2(3): 243-50.

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11. Yilmaz MD, Onrat E, Altuntas A, Kaya D, Kahveci OK, Ozel O, et al. The effects of tonsillectomy and adenoidectomy on pulmonary arterial pressure in children. *Am J Otolaryngol* 2005; 26(1): 18-21.
 12. Kavukcu S, Coskun S, Cevik N , Kuscu B , Akkoclu A. The importance of pulmonary function tests in adenotonsillectomy indications (abstract). *Indian J Pediatr* 1993; 60(2): 249-55.