

// ()
 // , ,
 //

*

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= /)
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(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)

() FEV1 (PEFR (P= /)

FEV0.5 (FEV1/FVC) FVC FEV1

FEV1/FVC (/)

() 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.

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 , Kuseu B , Akkoclu A. The importance of pulmonary function tests in adenotonsillectomy indications (abstract). *Indian J Pediatr* 1993; 60(2): 249-55.