

Adenoid Hypertrophy in Children: Information for Parents



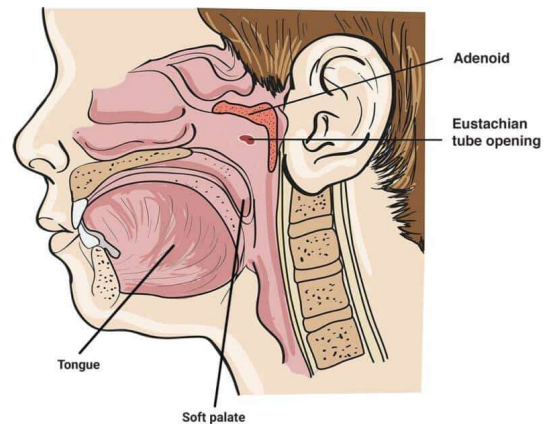
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What Are Adenoids?

Adenoids are a small patch of tissue located at the back of the nose, above the throat. They are part of the immune system and help fight infections in early childhood. In some children, the adenoids become enlarged (this is called **adenoid hypertrophy**), which can lead to symptoms and problems with breathing.

Common Symptoms of Enlarged Adenoids:

- **Snoring** (especially loud or nightly)
- **Mouth breathing** (often noticeable during the day and night)
- **Noisy breathing**
- **Nasal voice** (sounds like talking with a blocked nose)
- **Frequent nasal congestion or runny nose**
- **Interrupted sleep or restless nights**
- **Daytime tiredness or irritability**
- **Frequent ear infections** or fluid in the ears
- **Recurrent tonsillitis** (inflammation or infection of the tonsils)



Why Does This Happen?

Enlarged adenoids can block airflow through the nose. This forces the child to breathe through their mouth and may disturb sleep. The swollen tissue can also affect the function of the Eustachian tubes (which drain the ears), increasing the risk of ear infections and contributing to tonsil problems. Adenoid hypertrophy is most common between ages 2 and 8 and often improves with time.

Treatment Options:

We often begin with **medical treatment** before considering surgery.

1. Sinus Rinses (e.g., *HydraSense®*, *NeilMed®*, or similar saline rinses)

- Help clear mucus, allergens, and irritants.
- Can reduce nasal swelling and improve breathing.
- Use **twice daily**
- Best done **before** using treatment nasal sprays.

2. Steroid Nasal Spray (e.g., *Fluticasone*, *Mometasone*, etc.)

- Reduces inflammation and size of the adenoids.
- Helps improve nasal airflow and reduce snoring.
- Must be used **after sinus rinses, once daily** in each nostril.
- Treatment usually continues for **3 months** to assess benefit.

Consistency is key. It can take several weeks before you notice improvement.

When to Reassess:

After 3 months of treatment, your doctor will check if symptoms have improved. If not, or if the child has ongoing sleep disturbances, recurrent infections (ears or tonsils), or hearing issues, a referral to an ENT (Ear, Nose, and Throat specialist) may be considered to discuss options such as **adenoidectomy** (surgical removal).

Tips for Parents:

- Encourage nose blowing or use of saline rinses for younger children.
 - Avoid known allergens if allergies contribute to nasal symptoms.
 - Ensure good sleep habits and routines.
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Questions?

Talk to your pediatrician if you're unsure how to do nasal rinses or if symptoms worsen.

