

Effectiveness of adenotonsillectomy in the resolution of nocturnal enuresis secondary to obstructive sleep apnea.

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OBJECTIVES: To investigate the relationship between obstructive sleep apnea (OSA) syndrome and nocturnal enuresis (NE) in patients who required tonsillectomy or adenoidectomy. **STUDY DESIGN:** Retrospective chart review with prospective collection of data. **METHODS:** All charts of patients ages 2 to 18 years that had tonsillectomy or adenoidectomy over a 44 month period were reviewed for presence of NE and indication for surgery. Those patients with a positive history of both NE and OSA were surveyed to determine whether there was no change in enuresis, decreased enuresis, or no enuresis postoperatively. **RESULTS:** Three hundred twenty-six children who had undergone tonsillectomy or adenotonsillectomy had data regarding enuresis available in their charts. One hundred seven of these 326 (32.8%) children had a positive history of enuresis. Of the 107 children with a positive history, 44 (41.1%) were female, and 63 (58.9%) were male. All 107 children with enuresis underwent adenotonsillectomy for OSA. None of the children who had a history of recurrent adenotonsillitis or chronic tonsillitis reported enuresis as a presenting symptom. Of the 107 children with a positive preoperative history of NE, 57 (53.3%) agreed to participate in the second phase of the study. Postoperatively, 61.4% (35) of the children were free of enuresis, 22.8% (13) had a decrease in enuresis, and 15.8% (9) had no change in enuresis. A chi-square test showed a statistically significant difference among the groups ($P < .0001$). **CONCLUSIONS:** NE is a relatively common finding in children with OSA symptoms. NE resolves or markedly improves in the vast majority of these patients postoperatively.

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