

Children with only tonsil asymmetry are unlikely to have lymphoma, although traditionally a vast majority of these patients end up with tonsillectomy. The debate is whether asymmetry on its own justifies the need for tonsillectomy. Objective to investigate whether we are appropriately diagnosing asymmetrical tonsils and whether the diagnosis of asymptomatic asymmetrical tonsil should be an indication for tonsillectomy.

A prospective study was carried out in Sulaimani City/Kurdistan region of Iraq. A total of 75 children were included. Brodsky measurement was initially recorded for all cases. Children were divided into 3 equal groups, 25 cases each, group having tonsillar asymmetry and subjected for tonsillectomy, group having tonsillar asymmetry and subjected for follow and control group having symmetrically enlarged tonsils and subjected for tonsillectomy. Tonsil size was measured by fluid displacement in a 20-mL syringe.

During two years of follow up the increase in size was recorded in five patients only which was due to the patients had fracture nasal bone, septal deviation, and unilateral sinusitis. A strong correlation between clinical tonsil grading and objective tonsil volume was observed.

For mild and moderate tonsillar asymmetry in children, if not associated with signs and symptoms follow up is sufficient.