# Effectiveness of adenoidectomy in children with recurrent upper respiratory tract infections

Submission date	Recruitment status No longer recruiting	<ul><li>Prospectively registered</li></ul>		
30/05/2007		☐ Protocol		
Registration date	Overall study status	Statistical analysis plan		
30/05/2007	Completed	[X] Results		
Last Edited	Condition category	Individual participant data		
21/01/2013	Surgery			

#### Plain English summary of protocol

Not provided at time of registration

# Contact information

#### Type(s)

Scientific

#### Contact name

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# Additional identifiers

Protocol serial number N/A

# Study information

Scientific Title

#### **Acronym**

NOA (Nederlands Onderzoek Adenotomie)

#### **Study objectives**

This is a superiority trial testing the hypothesis that adenoidectomy is more effective than a watchful waiting strategy in children with recurrent upper respiratory tract infections.

#### Ethics approval required

Old ethics approval format

#### Ethics approval(s)

Approved by the Medical Ethical Committee UMC Utrecht on the 13th October 2006 (ref: NL14149.041.06).

#### Study design

Randomised, multicentre, active controlled, parallel group trial

#### Primary study design

Interventional

#### Study type(s)

Treatment

#### Health condition(s) or problem(s) studied

Adenoidectomy in children, common cold, upper respiratory tract infection, rhinosinusitis

#### **Interventions**

Adenoidectomy within six weeks versus watchful waiting.

#### Intervention Type

Procedure/Surgery

#### Phase

Not Specified

#### Primary outcome(s)

Upper respiratory tract infection with or without fever (38°C or higher); this will be measured continuously by means of symptom diaries and daily temperature measurements.

# Key secondary outcome(s))

- 1. Acute otitis media and otitis media with effusion episodes, measured continuously by means of symptom diaries
- 2. Health related quality of life, measured at inclusion (0 months), 3 months, 12 months and 24 months follow-up
- 3. Cost-effectiveness, measured continuously by means of symptom diaries
- 4. Nasopharyngeal flora, investigated at inclusion (0 months), 3 months and 12 months follow-up
- 5. Exhaled nitric oxide, measured at inclusion (0 months), 3 months, 12 months and 24 months follow-up

## Completion date

# **Eligibility**

#### Key inclusion criteria

Children aged 1 to 6 years selected for adenoidectomy primarily because of recurrent upper respiratory tract infections (common colds and rhinosinusitis).

#### Participant type(s)

**Patient** 

#### Healthy volunteers allowed

No

#### Age group

Child

#### Lower age limit

1 years

#### Upper age limit

6 years

#### Sex

**Not Specified** 

#### Key exclusion criteria

- 1. Age younger than 1 year or older than 6 years
- 2. Previous adenoidectomy or adenotonsillectomy
- 3. Tympanostomy tubes present
- 4. Selected for adenoidectomy combined with tympanostomy tubes
- 5. Downs syndrome
- 6. Craniofacial malformations (e.g. cleft lip or palate)

#### Date of first enrolment

01/04/2007

#### Date of final enrolment

01/02/2010

# Locations

#### Countries of recruitment

Netherlands

# Study participating centre University Medical Centre Utrecht (UMCU)

Utrecht

# Sponsor information

### Organisation

University Medical Centre Utrecht (UMCU) (The Netherlands)

#### **ROR**

https://ror.org/04pp8hn57

# Funder(s)

## Funder type

Research organisation

#### **Funder Name**

The Netherlands Organisation for Health Research and Development (ZonMw) (The Netherlands)

# **Results and Publications**

Individual participant data (IPD) sharing plan

### IPD sharing plan summary

Not provided at time of registration

## **Study outputs**

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
Other publications	economic evaluation	01/02/2013		Yes	No
Participant information sheet	Participant information sheet	11/11/2025	11/11/2025	No	Yes
Thesis results	results	01/12/2012		No	No