

AVIS

Pertinence et indications de transmission des prélèvements chirurgicaux au laboratoire d'anatomopathologie

L'oto-rhino-laryngologie et la chirurgie
buccale, maxillo et cervico-faciale

Annexes complémentaires

Une production de l'Institut national
d'excellence en santé
et en services sociaux (INESSS)

Direction de l'évaluation et de la pertinence
des modes d'intervention en santé

Le présent document contient les annexes complémentaires au rapport Pertinence et indications de transmission des prélèvements chirurgicaux au laboratoire d'anatomopathologie : l'oto-rhino-laryngologie et la chirurgie buccale, maxillo et cervico-faciale.

Le contenu de cette publication a été rédigé et édité par l'INESSS.

Ces annexes et le rapport final sont accessibles en ligne dans la section [Publications](#) de notre site *Web*.

Renseignements

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Responsabilité

L'Institut rend accessibles les principales informations qui ont servi à la préparation du rapport Pertinence et indications de transmission des prélèvements chirurgicaux au laboratoire d'anatomopathologie : l'oto-rhino-laryngologie et la chirurgie buccale, maxillo- et cervico-faciale aux lecteurs qui désirent plus de détails sur sa démarche scientifique.

Ce document n'a pas fait l'objet d'une révision linguistique. Il ne reflète pas forcément les opinions des autres personnes consultées aux fins du présent dossier.

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ANNEXE A

Stratégie de repérage de l'information scientifique

Bases de données bibliographiques

Medline (Ovid)	
Date du repérage : 3 novembre 2021	
Limites : anglais, français	
1	(blepharoplast* OR palpebroplast* OR eyelidplast* OR epicanthoplast* OR rhinoplast* OR otoplast* OR genioplast* OR mentoplast* OR platysmaplast* OR rhytidectom* OR ridectom*).tw,hw,kf,kw
2	(rhinectom* OR rhinosurg* OR septoplast* OR septorhinoplast* OR septo-rhinoplast* OR turbinoplast* OR turbinectom* OR septoturbinopectom* OR septo-turbinopectom* OR ethmoidectom* OR (maxillary ADJ2 antrostom*) OR (nasal AND polypectom*)).tw,hw,kf,kw
3	(tympanostom* OR tympanoplast* OR mastoidectom* OR tympanomastoidectom* OR myringotom* OR myringoplast* OR stapedectom*).tw,hw,kf,kw
4	(tonsillectom* OR tonsillotom* OR adenoidectom* OR adenotonsillectom* OR adeno-tonsillectom* OR parotidectom* OR submandibulectom* OR sublingualectom* OR submaxillectom* OR pharyngectom* OR palatoplast* OR lateral pharyngoplast* OR uvulopalatoplast* OR uvulopalatopharyngoplast* OR frenotom* OR frenectom*).tw,hw,kf,kw
5	(thyroidectom* OR parathyroidectom* OR para-thyroidectom* OR hemithyroidectom* OR hemi-thyroidectom*).tw,hw,kf,kw
6	(genioplast* OR mentoplast* OR (osteotom* ADJ2 (mandibular* OR sagittal*)) OR mandibulotom*).tw,hw,kf,kw
7	(apicoectom* OR gingivectom*).tw,hw,kf,kw
8	OR/1-7
9	(specimen* OR sample* OR tissue* OR procedure* OR material OR lesion*).tw,hw,kf,kw
10	8 AND 9
11	((neck OR eyelid* OR palpebral OR face OR chin OR nose OR ear OR ears OR lip OR lips) AND (plastic* OR cosmetic* OR esthetic* OR aesthetic*)).tw,kw
12	(nasal OR intranasal OR paranasal OR sinus OR sinonasal OR sino-nasal OR turbinate* OR ethmoid*).tw,kw
13	(ear OR ears OR otolog* OR mastoid OR anvil OR cochlear OR eardrum OR ear-drum OR hammer OR incus OR malleus OR ossicle* OR stape*1 OR stirrup* OR ossicular OR labyrinth OR (endolymphatic ADJ2 shunt) OR tympanic).tw,kw
14	((tonsil*1 OR adenoid*1 OR adeno-tonsillar* OR ((salivary OR parotid* OR submandibular*) ADJ3 (gland* OR duct*)) OR sialolithias* OR vocal fold* OR pharynx* OR palatal OR palate OR (tongue ADJ2 (tie OR attachment)) OR frenulum OR frena* OR freni OR frenum).tw,kw
15	(thyroid OR parathyroid).tw,kw
16	(facial OR orofacial OR oro-facial OR gingiva* OR jaw OR jawbone OR orthognathic OR mandib* OR temporomandibul* OR temporo-mandibul* OR TMJ OR maxilla* OR maxillofacial OR zygomaticomaxillar* OR craniomaxillo*).tw,kw
17	(hair OR (follicular ADJ2 (unit OR graft*))).tw,kw
18	(otolaryngol* OR otorhinolaryngol* OR laryngo* OR ENT OR ORL OR (head ADJ2 neck) OR (ear ADJ2 nose ADJ2 throat)).tw,kw
19	OR/11-18
20	(surger* OR surgical* OR surgeon* OR operat* OR reduc* OR augment* OR elevat* OR remov* OR ablat* OR reconstruct* OR restor* OR correct* OR repair* OR excis* OR extirp* OR explant* OR dissect* OR procedure* OR debrid* OR insert* OR replac* OR transplant* OR lobectom*).ti,kw
21	9 AND 19 AND 20
22	10 OR 21
23	*Diagnostic Tests, Routine/ OR *Pathology, Surgical/
24	(anatomopatholog* OR clinicopatolog* OR clinico-patholog* OR gross* OR histolog* OR histopatholog* OR microscop* OR pathologic* OR pathology OR laborator*).tw,hw,kf,kw
25	(analysi* OR analyzi* OR diagnos* OR evaluation* OR exam* OR incidental discover* OR incidental finding* OR malign* OR occult* OR (significant* ADJ2 (disease* OR lesion*))).tw,hw,kf,kw
26	(routine* OR discretion OR mandat* OR selective* OR selected specimen* OR systematic OR value OR adequacy OR recommend* OR omit* OR omission OR management OR managing).tw,kw
27	23 OR (24 AND 25 AND 26)

28	22 AND 27
29	((periodontal OR root canal OR dental implant* OR ((wisdom OR impacted) ADJ3 (molar* OR teeth OR tooth))) ADJ5 ((surgic* ADJ2 extract*) OR remov*).tw,kw
30	(specimen* OR samples* OR tissue* OR follicle* OR lesion* OR cyst* OR bone OR bones).tw,kw
31	29 AND 30
32	(anatomopatholog* OR clinicopathology* OR clinico-patholog* OR gross* OR histolog* OR histopatholog* OR microscop* OR pathologic* OR pathology OR laborator*).ti,kw
33	23 OR (25 AND 32)
34	31 AND 33
35	28 OR 34
36	(Case Reports OR Comment OR Editorial OR Letter).pt OR (case report* OR comment* OR reply OR replies OR editorial* OR letter*).ti
37	35 NOT 36
38	Animals/ NOT (Humans/ AND Animals/)
39	37 NOT 38

Embase (Ovid)	
Date du repérage : 4 novembre 2021	
Limites : anglais, français	
1	(blepharoplast* OR palpebroplast* OR eyelidplast* OR epicanthoplast* OR rhinoplast* OR otoplast* OR genioplast* OR mentoplast* OR platysmaplast* OR rhytidectom* OR ridectom*).tw,hw,kf,kw
2	(rhinectom* OR rhinosurg* OR septoplast* OR septorhinoplast* OR septo-rhinoplast* OR turbinoplast* OR turbinectom* OR septoturbinopectom* OR septo-turbinopectom* OR ethmoidectom* OR (maxillary ADJ2 antrostom*) OR (nasal AND polypectom*).tw,hw,kf,kw
3	(tympanostom* OR tympanoplast* OR mastoidectom* OR tympanomastoidectom* OR myringotom* OR myringoplast* OR stapedectom*).tw,hw,kf,kw
4	(tonsillectom* OR tonsillotomy* OR adenoidectom* OR adenotonsillectom* OR adeno-tonsillectom* OR parotidectom* OR submandibulectom* OR sublingualectom* OR submaxillectom* OR pharyngectom* OR palatoplast* OR lateral pharyngoplast* OR uvulopalatoplast* OR uvulopalatopharyngoplast* OR frenotomy* OR frenectomy*).tw,hw,kf,kw
5	(thyroidectom* OR parathyroidectom* OR para-thyroidectom* OR hemithyroidectom* OR hemithyroidectom*).tw,hw,kf,kw
6	(genioplast* OR mentoplast* OR osteotomy* ADJ2 (mandibular* OR sagittal*)) OR mandibulotomy*).tw,hw,kf,kw
7	(apicoectomy* OR gingivectomy*).tw,hw,kf,kw
8	OR/1-7
9	(specimen* OR sample* OR tissue* OR procedure* OR material OR lesion*).tw,hw,kf,kw
10	8 AND 9
11	((neck OR eyelid* OR palpebral OR face OR chin OR nose OR ear OR ears OR lip OR lips) AND (plastic* OR cosmetic* OR esthetic* OR aesthetic*).tw,kw
12	(nasal OR intranasal OR paranasal OR sinus OR sinonasal OR sino-nasal OR turbinate* OR ethmoid*).tw,kw
13	(ear OR ears OR otolog* OR mastoid OR anvil OR cochlear OR eardrum OR ear-drum OR hammer OR incus OR malleus OR ossicle* OR stape*1 OR stirrup* OR ossicular OR labyrinth OR (endolymphatic ADJ2 shunt) OR tympanic).tw,kw
14	(tonsil*1 OR adenoid*1 OR adeno-tonsillar* OR ((salivary OR parotid* OR submandibular*) ADJ3 (gland* OR duct*)) OR sialolithias* OR vocal fold* OR pharynx* OR palatal OR palate OR (tongue ADJ2 (tie OR attachment)) OR frenulum OR frena* OR freni OR frenum).tw,kw
15	(thyroid OR parathyroid).tw,kw
16	(facial OR orofacial OR oro-facial OR gingiva* OR jaw OR jawbone OR orthognathic OR mandib* OR temporomandibul* OR temporo-mandibul* OR TMJ OR maxilla* OR maxillofacial OR zygomaticomaxillar* OR craniomaxillo*).tw,kw
17	(hair OR follicular ADJ2 (unit OR graft*).tw,kw
18	(otolaryngol* OR otorhinolaryngol* OR laryngo* OR ENT OR ORL OR (head ADJ2 neck) OR (ear ADJ2 nose ADJ2 throat)).tw,kw
19	OR/11-18
20	(surger* OR surgical* OR surgeon* OR operat* OR reduc* OR augment* OR elevat* OR remov* OR ablat* OR reconstruct* OR restor* OR correct* OR repair* OR excis* OR extirp* OR explant* OR dissect* OR procedure* OR debrid* OR insert* OR replac* OR transplant* OR lobectomy*).ti,kw
21	9 AND 19 AND 20

22	10 OR 21
23	(anatomopatholog* OR clinicopatolog* OR clinico-patholog* OR gross* OR histolog* OR histopatholog* OR microscop* OR pathologic* OR pathology OR laborator*).tw,hw,kf,kw
24	(analysi* OR analyzi* OR diagnos* OR evaluation* OR exam* OR incidental discover* OR incidental finding* OR malign* OR occult* OR (significant* ADJ2 (disease* OR lesion*))).tw,hw,kf,kw
25	(routine* OR discretion OR mandat* OR selective* OR selected specimen* OR systematic OR value OR adequacy OR recommend* OR omit* OR omission OR management OR managing).tw,kw
26	23 AND 24 AND 25
27	22 AND 26
28	((periodontal OR root canal OR dental implant* OR ((wisdom OR impacted) ADJ3 (molar* OR teeth OR tooth))) ADJ5 ((surgic* ADJ2 extract*) OR remov*).tw,kw
29	(specimen* OR samples* OR tissue* OR follicle* OR lesion* OR cyst* OR bone OR bones).tw,kw
30	28 AND 29
31	(anatomopatholog* OR clinicopathology* OR clinico-patholog* OR gross* OR histolog* OR histopatholog* OR microscop* OR pathologic* OR pathology OR laborator*).ti,kw
32	24 AND 31
33	30 AND 32
34	27 OR 33
35	Case Report/ OR Editorial/ OR Letter/ OR (case report* OR comment* OR reply OR replies OR editorial* OR letter*).ti
36	34 NOT 35
37	Nonhuman/ NOT (Human/ AND Nonhuman/)
38	36 NOT 37
39	limit 38 to embase
40	limit 38 to exclude medline journals
41	39 OR 40

EBM Reviews (Ovid): Cochrane Database of Systematic Reviews; Health Technology Assessment; NHS Economic Evaluation Database	
Date du repérage : 4 novembre 2021	
Limites : anglais, français	
1	(blepharoplast* OR palpebroplast* OR eyelidplast* OR epicanthoplast* OR rhinoplast* OR otoplast* OR genioplast* OR mentoplast* OR platysmaplast* OR rhytidectom* OR ridectom*).ti,ab
2	(rhinectom* OR rhinosurg* OR septoplast* OR septorhinoplast* OR septo-rhinoplast* OR turbinoplast* OR turbinectom* OR septoturbinoplast* OR septo-turbinoplast* OR ethmoidectom* OR (maxillary ADJ2 antrostom*) OR (nasal AND polypectom*).ti,ab
3	(tympanostom* OR tympanoplast* OR mastoidectom* OR tympanomastoidectom* OR myringotom* OR myringoplast* OR stapedectom*).ti,ab
4	(tonsillectom* OR tonsillotom* OR adenoidectom* OR adenotonsillectom* OR adeno-tonsillectom* OR parotidectom* OR submandibulectom* OR sublingualectom* OR submaxillectom* OR pharyngectom* OR palatoplast* OR lateral pharyngoplast* OR uvulopalatoplast* OR uvulopalatopharyngoplast* OR frenotom* OR frenectom*).ti,ab
5	(thyroidectom* OR parathyroidectom* OR para-thyroidectom* OR hemithyroidectom* OR hemi-thyroidectom*).ti,ab
6	(genioplast* OR mentoplast* OR (osteotom* ADJ2 (mandibular* OR sagittal*)) OR mandibulotom*).ti,ab
7	(apicoectom* OR gingivectom*).ti,ab
8	OR/1-7
9	(specimen* OR sample* OR tissue* OR procedure* OR material OR lesion*).ti,ab
10	8 AND 9
11	((neck OR eyelid* OR palpebral OR face OR chin OR nose OR ear OR ears OR lip OR lips) AND (plastic* OR cosmetic* OR esthetic* OR aesthetic*).ti,ab
12	(nasal OR intranasal OR paranasal OR sinus OR sinonasal OR sino-nasal OR turbinate* OR ethmoid*).ti,ab
13	(ear OR ears OR otolog* OR mastoid OR anvil OR cochlear OR eardrum OR ear-drum OR hammer OR incus OR malleus OR ossicle* OR stape*1 OR stirrup* OR ossicular OR labyrinth OR (endolymphatic ADJ2 shunt) OR tympanic).ti,ab
14	(tonsil*1 OR adenoid*1 OR adeno-tonsillar* OR ((salivary OR parotid* OR submandibular*) ADJ3 (gland* OR duct*)) OR sialolithias* OR vocal fold* OR pharyn* OR palatal OR palate OR (tongue ADJ2 (tie OR attachment)) OR frenulum OR frena* OR freni OR frenum).ti,ab
15	(thyroid OR parathyroid).ti,ab

16	(facial OR orofacial OR oro-facial OR gingiva* OR jaw OR jawbone OR orthognathic OR mandib* OR temporomandibul* OR temporo-mandibul* OR TMJ OR maxilla* OR maxillofacial OR zygomaticomaxillar* OR craniomaxillo*).ti,ab
17	(hair OR (follicular ADJ2 (unit OR graft*))).ti,ab
18	(otolaryngol* OR otorhinolaryngol* OR laryngo* OR ENT OR ORL OR (head ADJ2 neck) OR (ear ADJ2 nose ADJ2 throat)).ti,ab
19	OR/11-18
20	(surger* OR surgical* OR surgeon* OR operat* OR reduc* OR augment* OR elevat* OR remov* OR ablat* OR reconstruct* OR restor* OR correct* OR repair* OR excis* OR extirp* OR explant* OR dissect* OR procedure* OR debrid* OR insert* OR replac* OR transplant* OR lobectom*).ti,ab
21	9 AND 19 AND 20
22	10 OR 21
23	(anatomopatholog* OR clinicopatolog* OR clinico-patholog* OR gross* OR histolog* OR histopatholog* OR microscop* OR pathologic* OR pathology OR laborator*).ti,ab
24	(analysi* OR analyzi* OR diagnos* OR evaluation* OR exam* OR incidental discover* OR incidental finding* OR malign* OR occult* OR (significant* ADJ2 (disease* OR lesion*))).ti,ab
25	(routine* OR discretion OR mandat* OR selective* OR selected specimen* OR systematic OR value OR adequacy OR recommend* OR omit* OR omission OR management OR managing).ti,ab
26	23 AND 24 AND 25
27	22 AND 26
28	(periodontal OR root canal OR dental implant* OR ((wisdom OR impacted) ADJ3 (molar* OR teeth OR tooth))).ti,ab
29	((surgic* ADJ2 extract*) OR remov*).ti,ab
30	(specimen* OR samples* OR tissue* OR follicle* OR lesion* OR cyst* OR bone OR bones).ti,ab
31	23 AND 24 AND 28 AND 29 AND 30
32	27 OR 31

Recherche de littérature grise ORL et chirurgie buccale, cervico- et maxillo-faciale – Sites Web d'associations et de sociétés savantes consultés

Date de la consultation : janvier 2022	
Limites : anglais et français	
Aesthetic Society (USA)	www.surgery.org
Agence canadienne des médicaments et des technologies de la santé (ACMTS)	www.cadth.ca/fr
Alberta Society of Dental Specialists (ASDS)	www.asds.ca
Alberta Society of Plastic Surgeons (ABSPPS)	www.abspps.ca/main
American Academy of Facial Plastic and Reconstructive Surgery (AAFPRS)	www.aafprs.org
American Academy of Oral and Maxillofacial Pathology (AAOMP)	aaomp.org
American Academy of Otolaryngology-Head and Neck Surgery (AAO-HNS)	www.entnet.org
American Academy of Pediatric Dentistry (AAPD)	www.aapd.org
American Academy of Periodontology (AAP)	www.perio.org
American Association of Endocrine Surgeons (AAES)	www.endocrinesurgery.org
American Association of Endodontists (AAE)	www.aae.org
American Association of Oral and Maxillofacial Surgeons (AAOMS)	www.aaoms.org
American Association for the Surgery of Trauma (AAST)	www.aast.org
American Board of Facial Plastic and Reconstructive Surgery (ABFPRS)	www.abfprs.org
American Cleft Palate-Craniofacial Association (ACPA-CPF)	www.acpa-cpf.org
American Dental Association (ADA)	www.ada.org
American College of Oral and Maxillofacial Surgeons (ACOMS)	www.acoms.org

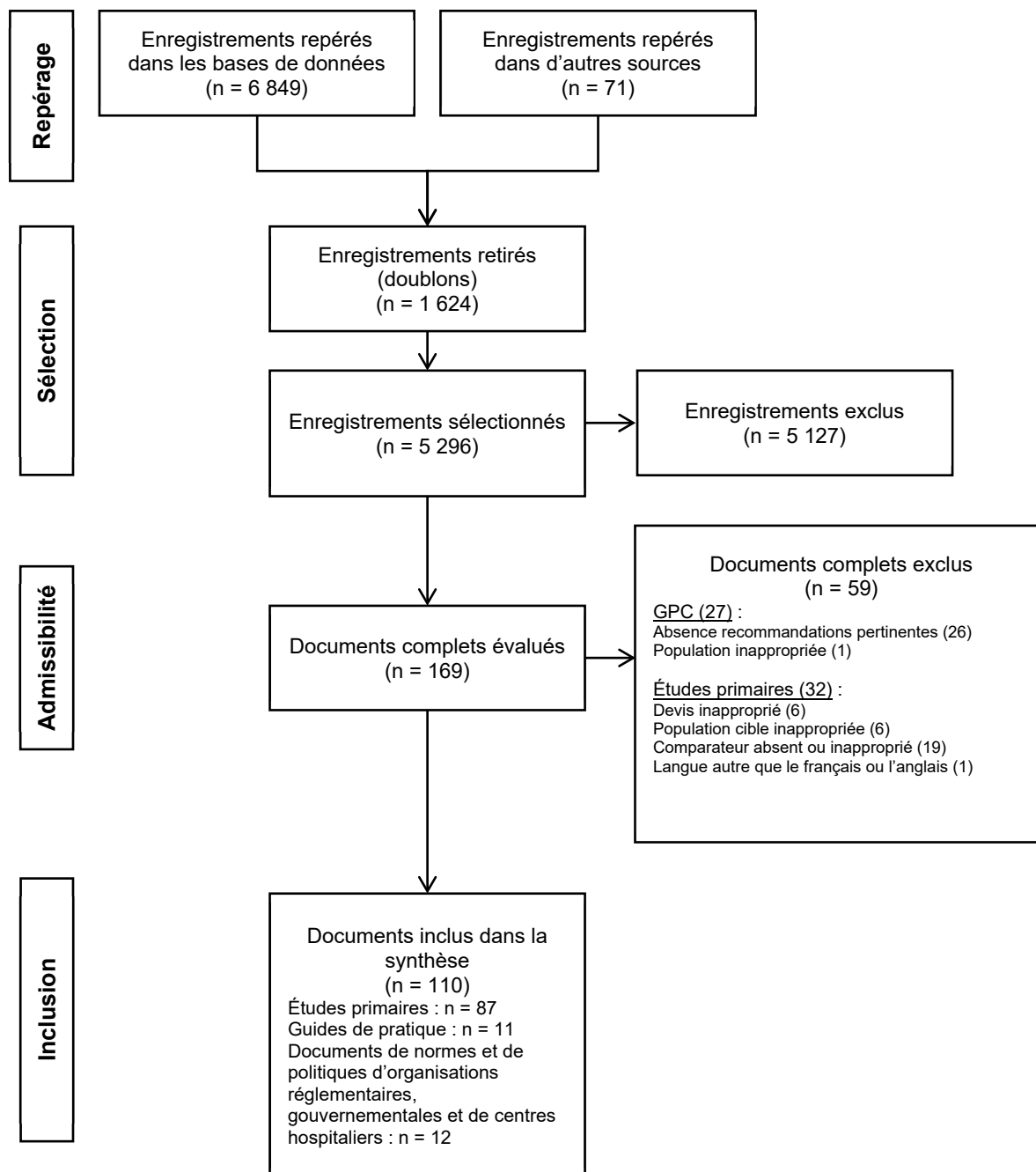
American College of Surgeons (ACS)	www.facs.org
American Head and Neck Society (AHNS)	www.ahns.info
American Laryngological Association (ALA)	www.alahns.org
American Otological Society	www.americanotologicalsociety.org
American Pediatric Surgical Association (APSA)	www.apsaped Surg.org
American Society for Aesthetic Plastic Surgery	www.surgery.org
American Society for Clinical Pathology (ASCP)	www.ascp.org
American Society of Maxillofacial Surgeons (ASMS)	www.maxface.org
American Society of Plastic Surgeons (ASPS)	www.plasticsurgery.org
American Surgical Association (ASA)	www.americansurgical.org
Association canadienne des pathologistes (ACP)	www.cap-acp.org
Association canadienne de protection médicale (ACPM) / Canadian Medical Protective Association (CMPA)	www.cmpa-acpm.ca
Association canadienne des spécialistes en chirurgie buccale et maxillofaciale (CAOMS)	www.caoms.com
Association des chirurgiens-dentistes du Québec (ACDQ)	www.acdq.qc.ca
Association dentaire canadienne (ADC)	www.cda-adc.ca
Association d'oto-rhino-laryngologie et de chirurgie cervico-faciale du Québec	www.orkquebec.org
Association des pathologistes du Québec (APQ)	www.apq.qc.ca
Association des spécialistes en chirurgie plastique et esthétique du Québec (ASCPEQ)	www.ascpeq.org
Australian Clinical Practice Guidelines (NHMRC)	www.nhmrc.gov.au
Australian and New Zealand Association of Oral & Maxillofacial Surgeons (ANZAOMS)	www.anzaoms.org
British Association of Oral and Maxillofacial Surgeons (BAOMS)	www.baoms.org.uk
British Association of Oral Surgeons (BAOS)	www.baos.org.uk
British Columbia guidelines	www2.gov.bc.ca
British Dental Association (BDA)	www.bda.org
British Thyroid Association (BTA)	www.british-thyroid-association.org/
Canadian Academy of Facial Plastic and Reconstructive Surgery (CAFPRS)	www.cafprs.com
Canadian Association of Medical Spas and Aesthetic Surgeons (CAMACS)	www.camacs.ca
Canadian Society for Aesthetic Plastic Surgery (CSAPS)	www.csaps.ca
Canadian Society of Plastic Surgeons (CSPS)	www.plasticsurgery.ca
College of American Pathologists (CAP)	www.cap.org
Collège des médecins du Québec (CMQ)	www.cmq.org
College of Physicians and Surgeons of British Columbia (CPSBC)	www.cpsbc.ca
College of Physicians and Surgeons of Nova Scotia (CPSNS)	www.cpsns.ns.ca
College of Physicians and Surgeons Ontario (CPSO)	www.cpsso.on.ca
CPG Infobase : Clinical practice guidelines (Canada)	www.joulecma.ca
Diagnostic Services Manitoba (DSM)	www.gov.mb.ca
Ear, Nose and Throat UK (ENTUK)	www.entuk.org
European Association of Plastic Surgeons (EURAPS)	www.euraps.org
European Society of Endodontology (ESE)	www.e-s-e.eu

Fédération des médecins spécialistes du Québec (FMSQ)	www.fmsq.org
Haute Autorité de Santé (HAS)	www.has-sante.fr
Health Technology Assessment International (HTAi)	www.htai.org/
International Association of Oral and Maxillofacial Surgeons (IAOMS)	www.iaoms.org
International Confederation of Plastic Surgery Societies (ICOPLAST)	www.icoplast.org
International Federation of Facial Plastic Surgery Societies (IFFPSS)	www.iffpss.org
International Society of Aesthetic Plastic Surgery (ISAPS)	www.isaps.org
Irish Association of Oral and Maxillofacial Surgery (ISOMS)	www.isoms.ie
Medical Services Advisory Committee (MSAC)	www.msac.gov.au
National Institute for Health and Care Excellence (NICE)	www.nice.org.uk
Ontario Health Technology Advisory Committee (OHTAC)	www.hqontario.ca
Ontario Society of Oral and Maxillofacial Surgeons (OSOMS)	www.osoms.ca
Organisation mondiale de la Santé (OMS/WHO)	www.who.int
Royal College of Dental Surgeons of Ontario (RCDSO)	www.rcdso.org
Royal College of Dentists of Canada (RCDC)	www.rcdc.ca
Royal College of Pathologists (RCP)	www.rcpath.org
Royal College of Pathologists of Australia (RCPA)	www.rcpa.edu.au
Royal College of Physicians and Surgeons of Canada (RCPSC)	www.royalcollege.ca
Royal College of Physicians of Edinburgh (RCPE)	www.rcpe.ac.uk
Royal College of Physicians (RCP)	www.rcplondon.ac.uk
Royal College of Physicians and Surgeons of Glasgow (RCPSG)	www.rcpsg.ac.uk
Société française de stomatologie et chirurgie maxillo-faciale (SFSCMFCO)	www.sfscmfco.fr
Society of University Otolaryngologists (SUO)	www.suo-aado.org
Society of University Surgeons (SUS)	www.susweb.org

ANNEXE B

Sélection des études

Figure B-1 Diagramme de flux



ANNEXE C

Liste des documents exclus et raisons de l'exclusion

Littérature grise		
Organisation Année	Titre	Raison d'exclusion
American Academy of Otolaryngology–Head and Neck Surgery, 2019	Clinical Practice Guideline: Tonsillectomy in Children (Update) https://www.entnet.org/quality-practice/quality-products/clinical-practice-guidelines/tonsillectomy-in-children-update/	Aucune recommandation concernant l'analyse anatomopathologique des tissus
National Institute for Health and Care Excellence, 2019	Hyperparathyroidism (primary): diagnosis, assessment and initial management https://www.nice.org.uk/guidance/ng132	Aucune recommandation concernant l'analyse anatomopathologique des tissus
National Institute for Health and Care Excellence, 2021	Obstructive sleep apnoea/hypopnoea syndrome and obesity hypoventilation syndrome in over 16s https://www.nice.org.uk/guidance/ng202	Aucune recommandation concernant l'analyse anatomopathologique des tissus
National Institute for Health and Care Excellence, 2019	Thyroid disease: assessment and management https://www.nice.org.uk/guidance/ng145	Aucune recommandation concernant l'analyse anatomopathologique des tissus
Ear, Nose and Throat UK, 2021	Commissioning guide: Tonsillectomy https://www.entuk.org/resources/155/ent_uk_tonsillectomy_commissioning_guide	Aucune recommandation concernant l'analyse anatomopathologique des tissus
American Association of Oral and Maxillofacial Surgeons, 2017	Bone grafting after removal of impacted third molars https://www.aaoms.org/docs/practice_resources/clinical_resources/bone_grafting.pdf	Aucune recommandation concernant l'analyse anatomopathologique des tissus
American Association of Oral and Maxillofacial Surgeons, 2017	Distraction osteogenesis https://www.aaoms.org/docs/practice_resources/clinical_resources/distraction_osteogenesis.pdf	Aucune recommandation concernant l'analyse anatomopathologique des tissus
American Association of Oral and Maxillofacial Surgeons, 2017	Oral and craniomaxillofacial implant surgery https://www.aaoms.org/docs/practice_resources/clinical_resources/implant_surgery.pdf	Aucune recommandation concernant l'analyse anatomopathologique des tissus

Littérature grise		
Organisation Année	Titre	Raison d'exclusion
American Association of Oral and Maxillofacial Surgeons, 2017	Reconstructive oral and maxillofacial surgery https://www.aaoms.org/docs/practice_resources/clinical_resources/reconstructive_surgery.pdf	Aucune recommandation concernant l'analyse anatomopathologique des tissus
American Association of Oral and Maxillofacial Surgeons, 2017	Skeletal anchorage systems https://www.aaoms.org/docs/practice_resources/clinical_resources/skeletal_anchorage_systems.pdf	Aucune recommandation concernant l'analyse anatomopathologique des tissus
American Association of Oral and Maxillofacial Surgeons, 2017	Temporomandibular disorders https://www.aaoms.org/docs/practice_resources/clinical_resources/tmd_disorders.pdf	Aucune recommandation concernant l'analyse anatomopathologique des tissus
American Academy of Pediatric Dentistry, 2010	Guideline on adolescent oral health care https://www.aapd.org/research/oral-health-policies--recommendations/adolescent-oral-health-care/	Aucune recommandation concernant l'analyse anatomopathologique des tissus
American Journal of Public Health, 2014	Cunha-Cruz J, Rothen M, Spiekerman C, Drangsholt M, McClellan L, Huang GJ; Northwest Practice-Based Research Collaborative in Evidence-Based Dentistry. Recommendations for third molar removal: a practice-based cohort study. <i>Am J Public Health</i> . 2014 Apr;104(4):735-43.	Aucune recommandation concernant l'analyse anatomopathologique des tissus
Kaplan, 2013	Kaplan A. Lignes directrices canadiennes sur la rhinosinusite chronique: Résumé clinique. <i>Can Fam Physician</i> . 2013; 59(12):e528-e534.	Aucune recommandation concernant l'analyse anatomopathologique des tissus
The French Society of Stomatology, Maxillo-Facial Surgery and Oral Surgery (SFSCMFCO), 2020	French good practice guidelines regarding third molar removal: Indications, techniques, methods. <i>J Stomatol Oral Maxillofac Surg</i> . 2020 Sep;121(4):418-429.	Aucune recommandation concernant l'analyse anatomopathologique des tissus
Canadian Dental Association, 2004	Development of clinical practice guidelines: Evaluation of 2 methods http://www.cda-adc.ca/jcda/vol-70/issue-5/301.html	

Littérature grise		
Organisation Année	Titre	Raison d'exclusion
Royal College of Surgeons of England, 2020	Parameters of care for patients undergoing mandibular third molar surgery 2020 https://www.rcseng.ac.uk/dental-faculties/fds/publications-guidelines/clinical-guidelines/	Aucune recommandation concernant l'analyse anatomopathologique des tissus
Kandasamy et al., 2009	Kandasamy S, Rinchuse DJ, Rinchuse DJ. The wisdom behind third molar extractions. Aust Dent J. 2009 Dec;54(4):284-92.	Document inapproprié
Belgian Health Care Knowledge Centre, 2012	Prophylactic removal of pathology-free wisdom teeth : Rapid assessment https://kce.fgov.be/en/publication/report/prophylactic-removal-of-pathology-free-wisdom-teeth-rapid-assessment	Aucune recommandation concernant l'analyse anatomopathologique des tissus
Agence canadienne des médicaments et des technologies de la santé, 2010	Prophylactic removal of wisdom teeth: A review of the clinical benefit and guidelines https://www.cadth.ca/media/pdf/I0202_removal_wisdom_teeth_htis_2.pdf	Aucune recommandation concernant l'analyse anatomopathologique des tissus
Regional Health Technology Assessment Centre (HTA-centrum) of the Region Västra Götaland, Sweden, 2010	Removal of impacted wisdom teeth https://mellanarkiv-offentlig.vgregion.se/alfresco/s/archive/stream/public/v1/source/available/sofia/su4372-1728378332-258/native/2010_30%20HTA-rapport%20Removal%20of%20impacted%20wisdom%20teeth.pdf	Aucune recommandation concernant l'analyse anatomopathologique des tissus
Arizona Health Services, 2019	Third Molar Extraction Prior Authorization Guideline https://dcs.az.gov/sites/default/files/CMDPThirdMolarExtractionPriorAuthorizationGuideline2019_.pdf	Basé sur le document : The Management of Impacted Third Molar Teeth [American Association of Oral and Maxillofacial Surgeons, 2010]

Études primaires		
Types de spécimen	Référence	Raison d'exclusion
Amygdales et adénoïdes	Randall DA, Martin PJ, Thompson LD. Routine histologic examination is unnecessary for tonsillectomy or adenoidectomy. Laryngoscope. 2007 Sep;117(9):1600-4.	Type de devis
Amygdales et adénoïdes	Papouliakos S, Karkos PD, Korres G, Karatzias G, Sastry A, Riga M. Comparison of clinical and histopathological evaluation of tonsils in pediatric and adult patients. Eur Arch Otorhinolaryngol. 2009 Aug;266(8):1309-13.	Comparateur inapproprié
Amygdales et adénoïdes	Sturm-O'Brien AK, Hicks JM, Giannoni CM, Sulek M, Friedman EM. Optimal utilization of histopathologic analysis of tonsil and adenoid specimens in the pediatric population. Int J Pediatr Otorhinolaryngol. 2010 Feb;74(2):161-3.	Comparateur inapproprié
Amygdales et adénoïdes	Lifshitz G, Gruber M, Ronen O. Occult malignancy in pediatric tonsil and adenoid surgeries - A national survey. Int J Pediatr Otorhinolaryngol. 2019 Feb;117:171-174.	Aucun comparateur
Amygdales et adénoïdes	Ridgway D, Wolff LJ, Neerhout RC, Tilford DL. Unsuspected non-Hodgkin's lymphoma of the tonsils and adenoids in children. Pediatrics. 1987 Mar;79(3):399-402.	Type de devis
Amygdales	Erkiliç S, Aydin A, Koçer NE. Histological features in routine tonsillectomy specimens: the presence and the proportion of mesenchymal tissues and seromucinous glands. J Laryngol Otol. 2002 Nov;116(11):911-3.	Aucun comparateur
Amygdales et adénoïdes	Dost P. Histologische Untersuchung nach Adenotomie und Tonsillektomie bei Kindern. Nur selten findet sich ein überraschender Befund [Histological examination following adenoidectomy and tonsillectomy in children. Surprising results are very rare]. HNO. 2006 Jan;54(1):16-9. German.	Article en Allemand
Amygdales	Rokkjaer MS, Klug TE. Malignancy in routine tonsillectomy specimens: a systematic literature review. Eur Arch Otorhinolaryngol. 2014 Nov;271(11):2851-61	Type de devis
Amygdales	Kalaiarasi R, Subramanian KS, Vijayakumar C, Venkataramanan R. Microbiological Profile of Chronic Tonsillitis in the Pediatric Age Group. Cureus. 2018 Sep 22;10(9):e3343.	Comparateur inapproprié
Amygdales	Thorne MC. Is routine analysis of pediatric tonsillectomy specimens worth the money? Ear Nose Throat J. 2012 May;91(5):186	Type de devis
Amygdales	Hobbs EA, Hanson JA, Nicholas RG, Johnson BR, Hawley KA. Gross Pathology of Routine Pediatric Tonsillectomy Specimens: Optimizing the Value of Patient Care. Otolaryngol Head Neck Surg. 2019 Feb;160(2):339-342.	Comparateur inapproprié

Études primaires		
Types de spécimen	Référence	Raison d'exclusion
Adénoïdes	Saibene AM, Rosso C, Pipolo C, Lozza P, Scotti A, Ghelma F, Allevi F, Maccari A, Felisati G. Endoscopic adenoidectomy: a systematic analysis of outcomes and complications in 1006 patients. Acta Otorhinolaryngol Ital. 2020 Feb;40(1):79-86.	Aucun comparateur
Polypes nasales	Mirza S, Bradley PJ, Acharya A, Stacey M, Jones NS. Sinonasal inverted papillomas: recurrence, and synchronous and metachronous malignancy. J Laryngol Otol. 2007 Sep;121(9):857-64.	Comparateur inapproprié
Polypes nasales	Jawad A, Nisar YB. Frequency of fungal infection in the nasal polyposis patients undergoing polypectomy in a tertiary care unit. Rawal Medical Journal. 2015 40 (4) :428-432.	Aucun comparateur
Polypes nasales	Wong JS, Hoffbauer S, Yeh DH, Rotenberg B, Gupta M, Sommer DD. The usefulness of routine histopathology of bilateral nasal polyps - a systematic review, meta-analysis, and cost evaluation. J Otolaryngol Head Neck Surg. 2015 Nov 4;44:46	Les études incluses dans la méta-analyse ont été analysées individuellement
Masses nasales	Hasan A, Nady M, Ibrahim AA, Fayad S, Mohammed Y, Kandil A, Omar N. The Utility of Clinicopathological Correlation of Sinonasal Masses in a Tertiary Hospital. J Evolution Med Dent Sci 2021;10(10):679-83.	Aucun comparateur
Spécimens nasaux	Lin YH, Chen WC. Clinical outcome of endonasal endoscopic prelacrima approach in managing different maxillary pathologies. PeerJ. 2020 Jan 3;8:e8331.	Aucun comparateur
Étrier	Karosi T, Csomor P, Sziklai I. The value of HRCT in stapes fixations corresponding to hearing thresholds and histologic findings. Otol Neurotol. 2012 Oct;33(8):1300-7.	Aucun comparateur
Cholestéatome	Kim GW, Jung HK, Sung JM, Kim JS, Kim CW. A tiny retraction of the pars flaccida may conceal an attic cholesteatoma. Eur Arch Otorhinolaryngol. 2020 Mar;277(3):735-741.	Comparateur inapproprié
Dents incluses	Stanley HR, Alattar M, Collett WK, Stringfellow HR Jr, Spiegel EH. Pathological sequelae of "neglected" impacted third molars. J Oral Pathol. 1988 Mar;17(3):113-7.	Population cible inappropriée
Dents incluses	Ahlqvist M, Gröndahl HG. Prevalence of impacted teeth and associated pathology in middle-aged and older Swedish women. Community Dent Oral Epidemiol. 1991 Apr;19(2):116-9.	Population cible inappropriée
Dents incluses	Berge TI. Incidence of large third-molar-associated cystic lesions requiring hospitalization. Acta Odontol Scand. 1996 Oct;54(5):327-31.	Population cible inappropriée

Études primaires		
Types de spécimen	Référence	Raison d'exclusion
Dents incluses	Knight EM, Brokaw WC, Kessler HI: The incidence of dentigerous cysts associated with a random sampling of unerupted third molars. <i>Gen Dent</i> 39:96, 1991	Résumé de conférence
Dents incluses	Satheesan E, Tamgadge S, Tamgadge A, Bhalerao S, Periera T. Histopathological and Radiographic Analysis of Dental Follicle of Impacted Teeth Using Modified Gallego's Stain. <i>J Clin Diagn Res.</i> 2016 May;10(5):ZC106-11.	Aucun comparateur
Dents incluses	Dodson, T. B., & Susarla, S. M. (2014). Impacted wisdom teeth. <i>BMJ clinical evidence</i> , 2014.	Aucun comparateur
Dents incluses	Stordeur, S., & Eyssen, M. (2012). Prophylactic removal of pathology-free wisdom teeth: rapid assessment. <i>Federaal Kenniscentrum voor de Gezondheidszorg. KCE Report A, 182.</i>	Aucun comparateur
Dents incluses	Suska, F., Kjeller, G., Molander, A., Samuelsson, O., Svanberg, T., & Liljegren, A. (2010). Removal of impacted wisdom teeth. <i>Gothenburg: The Regional Health Technology Assessment Centre (HTA-centrum). HTA-rapport, 30.</i>	Aucun comparateur
Lésions péri-apicales inflammatoires chroniques	Myciński P, Dobroś K, Kaczmarzyk T, Zarzecka J. Assessment of conformity between clinical (radiological) and histopathological diagnoses of chronic inflammatory periapical lesions treated with apicoectomy. Clinical and histopathological diagnoses of periapical lesions. Research article. <i>Folia Med Cracov.</i> 2020;60(4):103-111.	Population cible inappropriée
Lésions péri-apicales inflammatoires	Diegues LL, Colombo Robazza CR, Costa Hanemann JA, Costa Pereira AA, Silva CO. Correlation between clinical and histopathological diagnoses in periapical inflammatory lesions. <i>J Investig Clin Dent.</i> 2011 Aug;2(3):184-6.	Population cible inappropriée
Parodonte	Croitoru IC, CrăiȚoiu Ș, Petcu CM, Mihăilescu OA, Pascu RM, Bobic AG, Agop Forna D, CrăiȚoiu MM. Clinical, imagistic and histopathological study of chronic apical periodontitis. <i>Rom J Morphol Embryol.</i> 2016;57(2 Suppl):719-728.	Aucun comparateur
Os alvéolaire	Kassolis JD, Scheper M, Jham B, Reynolds MA. Histopathologic findings in bone from edentulous alveolar ridges: a role in osteonecrosis of the jaws? <i>Bone.</i> 2010 Jul;47(1):127-30.	Comparateur inapproprié

ANNEXE D

Tableaux exhaustifs des résultats

ÉTUDE / PAYS / DEVIS	NOMBRE DE PATIENTS / OBJECTIF	POPULATION / MÉTHODES	RÉSULTATS / CONCLUSIONS / LIMITES
OTO-RHINO-LARYNGOLOGIE			
Amygdales et adénoïdes			
Syme et al., 2021 États-Unis Étude transversale rétrospective	Période de recherche : between 1/1/2000 and 12/31/2016 Nombre de patients : 3 159 cases Objectif : In this study, we combine updated data from published retrospective series on tonsillectomy pathology with our own retrospective series to determine the rate of occult malignancy in adult tonsillectomy performed for benign indications.	Population cible : Adult patients (18 years and older) undergoing tonsillectomy for benign indications Critères d'exclusion : No pathology results available, preoperative concern for malignancy, patients less than 18 years of age, partial tonsillectomy, tonsillotomy, radical tonsillectomy, tonsil biopsy, unilateral tonsillectomy, and insufficient preoperative data to determine presence or absence of the Beaty-Schrock criteria. Méthodes : A "true occult malignancy" was defined as an occult malignancy, with no preoperative suspicion, which also was negative for all Beaty-Schrock criteria on retrospective review. Beaty Schrock criteria positivity was	Résultats : <u>Résultats de l'analyse histologique</u> - There were no occult malignancies in this series. Conclusions : - By applying simple, cost-effective clinical criteria to each patient preoperatively, an estimated 21% of patients could be identified at increased risk for occult malignancy in whom routine pathologic analysis should be performed. The remaining patients (79%) would have an estimated incidence of occult malignancy of 0.01% or 1/10,000, a rate less than that reported for pediatric tonsillectomy, a population in which pathology examination is now generally triaged. This would potentially permit safe elimination of pathologic analysis of adult tonsil specimens. - Collaboration between leaders in Otolaryngology-Head and Neck Surgery and Pathology could determine whether universal pathology should be eliminated, and whether formal practice guidelines would be of value, as well as what guidelines should be instituted. Limites : - Étude rétrospective effectuée dans 2 centres.

ÉTUDE / PAYS / DEVIS	NOMBRE DE PATIENTS / OBJECTIF	POPULATION / MÉTHODES	RÉSULTATS / CONCLUSIONS / LIMITES
		defined as presence of any one or more of the following clinical characteristics: prior history of any type of malignancy (including skin cancer), tonsillar asymmetry, palpable firmness or visible lesion in the tonsil, neck mass, unexplained weight loss, unexplained constitutional symptoms (e. g., fevers, chills, night sweats), history of peritonsillar abscess at any age, or any unilateral or asymmetric symptoms (e. g., pain or foreign body sensation).	
Tholen <i>et al.</i> , 2021 États-Unis Étude transversale rétrospective	Période de recherche : between January 1, 2012, and January 1, 2020 Nombre de patients : 14 141 patients 2 464 sent for pathology analysis Objectif : The purpose of this study is o assess the value of sending routine, nonsuspicious tonsillectomy specimens for	Population cible : Pediatric patients undergoing tonsillectomy with or without adenoidectomy. Critères d'exclusion : Patients were excluded if they had a history of malignancy or immunosuppression prior to tonsillectomy, or if they had suspicious clinical findings such as tonsillar lesions, tonsillar asymmetry, lymphadenopathy, or a family history of hematologic or lymphatic malignancy.	Résultats : <u>Résultats de l'examen anatomopathologique</u> - tonsil specimens sent to pathology: 2 464 (17%) - Zero specimens harbored malignancy - Of the 14 141 patients who underwent tonsillectomy with or without adenoidectomy, 7 (0,050%) subsequently developed malignancy. - Four of these patients had unremarkable tonsils on pathologic analysis, and the remaining three patients did not have their tonsils analyzed. Conclusions : - This study suggests that sending routine, nonsuspicious pediatric tonsil specimens for formal pathologic analysis does not improve diagnosis of occult hematologic malignancy and is inefficient and

ÉTUDE / PAYS / DEVIS	NOMBRE DE PATIENTS / OBJECTIF	POPULATION / MÉTHODES	RÉSULTATS / CONCLUSIONS / LIMITES
	pathologic analysis by determining the incidence of pediatric hematologic and lymphoid malignancy at the time of surgery or those diagnosed following tonsillectomy with or without adenoidectomy.	Méthodes : A retrospective chart review of electronic medical records was performed for pediatric patients undergoing tonsillectomy with or without adenoidectomy with and without pathological analysis of extracted tonsils.	unnecessary expenditure of resources. While it is still recommended that tonsils from patients with suspicious clinical findings be sent to pathology, physicians may wish to reconsider the practice of sending all tonsils for gross or microscopic analysis. Limites : - Étude rétrospective effectuée dans un seul centre. - Tous les spécimens n'étaient pas analysés en histologie de routine (17%). - Peu de détails sur la méthodologie utilisée.
Hackenberg et al., 2020 Allemagne Étude transversale rétrospective	Période de recherche : Procedures performed during January 2011 and November 2016. Nombre de patients : 2,157 patients 2,565 surgeries Objectif : To define the value of a routine histopathologic analysis after tonsillectomy, adenoidectomy and tonsillotomy.	Population cible : A retrospective review of histopathologic reports in the ENT department. Critères d'inclusion : The inclusion criterion was one of the following diagnoses: adenoid hypertrophy, tonsillar hypertrophy, acute or chronic tonsillitis, mononucleosis, and elective surgery after peritonsillar abscess. Critères d'exclusion : Patients with clinical suspicion of malignancy who were consequently undergoing surgery as a diagnostic procedure (that is, diagnostic TE in patients with cancer of unknown primary origin [CUP] syndrome) were excluded	Résultats : <u>Données cliniques</u> 20 (1%) had malignancies in their past clinical history (lymphoma, leukemia, neuroblastoma, retinoblastoma, testicular cancer, breast cancer, and thyroid cancer). <u>Procédures effectuées</u> - adenoidectomy (1,207) - tonsillectomy (1,062) - tonsillotomy (296). - Of these, 408 surgeries were combined procedures (adenoidectomy and tonsillectomy, or adenoidectomy and tonsillotomy) <u>Résultats de l'analyse histologique</u> - Most tissue specimens (2,538; 99%) were processed histopathologically. - No incidental findings of malignancy were observed in any of the cases. - In five specimens, benign clinical findings (cyst or papilloma) were reported.

ÉTUDE / PAYS / DEVIS	NOMBRE DE PATIENTS / OBJECTIF	POPULATION / MÉTHODES	RÉSULTATS / CONCLUSIONS / LIMITES
		from the study. Furthermore, patients with acute abscesses and adult patients undergoing AT were excluded. Méthodes : A retrospective review of histopathologic reports in the ENT department. Occult malignancies are defined as malignant findings in the histopathologic analysis without a clinical suspicion prior to surgery.	Conclusions : - We call for a discussion on clinical practice guidelines. The question of whether to conduct a routine histopathologic analysis needs to be discussed further and eventually included in the clinical practice guidelines. Limites : - Étude rétrospective effectuée dans un seul centre.
Kayabasi et al., 2020 Turquie Étude de cohorte rétrospective	Période de recherche : between April 2012 and January 2019 Nombre de patients : 484 patients 968 specimens Objectif : In this study, we evaluated the histopathologic examination results of the patients who underwent tonsillectomy and determined the rates of the indications for tonsillectomy. The aim of the study was to determine the	Population cible : Patients who underwent tonsillectomy (adult and pediatric). Méthodes : Medical records of 484 patients who underwent tonsillectomy were reviewed retrospectively. Descriptive data of adult and pediatric patients were presented as percentage. We constituted two groups by reference to the presence of asymmetric hypertrophy (ATH) group and symmetric tonsillar hypertrophy (STH) group. We compared the presence of malignancy, actinomycosis, reactive lymphoid hyperplasia, and	Résultats : <u>Description des patients inclus dans l'étude</u> - mean age of 484 patients was 13 years (range: 3-69 years) 411 (84.91%) were under the age of 18 years (pediatric group), and 73 (15.08%) were over the age of 18 years (adult group). - The mean ages of children and adults were 7.1 years (range: 3-17 years) and 29.3 years (range: 18-69 years), respectively. <u>Indications pour la chirurgie</u> - Patients pédiatriques, n (%) - infections: 312 (75.91%) - obstruction: 95 (23.12%) - suspicion of malignancy: 0 (0%) - other reasons: 4 (0.97%) - Patients adultes, n (%) - infections: 60 (82.2%) - obstruction: 5 (6.85%)

ÉTUDE / PAYS / DEVIS	NOMBRE DE PATIENTS / OBJECTIF	POPULATION / MÉTHODES	RÉSULTATS / CONCLUSIONS / LIMITES
	prevalence of various significant pathologies in patients with clinically asymmetric tonsils and to discuss the necessity of diagnostic tonsillectomy in patients with asymmetric tonsils.	chronic inflammation between the groups. Those with a difference of grade over 1+ between the right and left sides were considered as asymmetric tonsillar hypertrophy (ATH) (Friedman grading system).	○ suspicion of malignancy: 1 (1.37%) ○ other reasons: 7 (9.58%) <u>Patients operated for tonsillar hypertrophy</u> • ATH was detected in 25 (5.16%) patients • STH was detected in 75 (15.49%) patients • Adult tonsillar squamous cell carcinoma was detected in one (0.21%) patient operated for a suspicion of malignancy. • two patients (0.41%) had tonsil bleeding • three (0.61%) had tonsillolithiasis with halitosis • three (0.61%) had tonsillar papilloma • three (0.61%) had tonsil cyst • 22 patients had actinomycosis (14 pediatric patients and 8 adult patients) • 3 had squamous papilloma (2 pediatric patients and 1 adult patient) • 3 had epidermal inclusion cyst (2 pediatric patients and 1 adult patient) • One adult patient with ATH had tonsillar tuberculosis <u>Résultats de l'analyse histologique</u> Of 484 (968 specimens) patients who underwent tonsillectomy • 219 (45.24%) had reactive lymphoid hyperplasia • 137 (28.30%) had reactive lymphoid hyperplasia with chronic inflammation • 97 (20.04%) had chronic inflammation • Malignancy was detected only in the specimens of three (0.62%) patients. • All these patients were in the adult patient group. • Malignancy was not evident in the pediatric patient group.

ÉTUDE / PAYS / DEVIS	NOMBRE DE PATIENTS / OBJECTIF	POPULATION / MÉTHODES	RÉSULTATS / CONCLUSIONS / LIMITES
			- Two patients with malignancy were diagnosed as having diffuse large B-cell non-Hodgkin lymphoma. While unilateral tonsillar hypertrophy (asymmetric hypertrophy) was detected in these patients with lymphoma, normal tonsillar mucosa without any ulceration was seen in physical examination. Both patients underwent tonsillectomy for recurrent tonsillitis, not for any suspicion of malignancy. Thus, two (0.41%) patients in our study group had an occult malignancy (without a preoperative suspicion). The incidence of occult malignancy was 2.7% in adult patients. - Out of 484 patients, only one (0.21%) patient underwent tonsillectomy for a suspicion of malignancy. In the physical examination of this patient, ulceration and ATH were seen. Histopathologic examination result of this 69-year-old male patient was reported as squamous cell carcinoma. <u>Population pédiatrique, n (%)</u> - Chronic inflammation: 70 (17.03%) - Reactive lymphoid hyperplasia: 205 (49.87%) - Chronic inflammation + reactive lymphoid hyperplasia: 118 (28.71%) - Malignancies: 0 (0%) - Actinomycosis: 14 (3.40%) - Tuberculosis: 0 (0%) - Squamous papilloma: 2 (0.48%) - Epidermal inclusion cyst: 2 (0.48%) <u>Population adulte, n (%)</u>

ÉTUDE / PAYS / DEVIS	NOMBRE DE PATIENTS / OBJECTIF	POPULATION / MÉTHODES	RÉSULTATS / CONCLUSIONS / LIMITES
			- Chronic inflammation: 27 (36.98%) - Reactive lymphoid hyperplasia: 14 (19.17%) - Chronic inflammation + reactive lymphoid hyperplasia: 19 (26.02%) - Malignancies: 3 (2.19%) - Actinomycosis: 8 (10.95%) - Tuberculosis: 1 (1.36%) - Squamous papilloma: 1 (1.36%) - Epidermal inclusion cyst: 1 (1.36%) <u>Population total, n (%)</u> - Chronic inflammation: 97 (20.04%) - Reactive lymphoid hyperplasia: 219 (45.24%) - Chronic inflammation + reactive lymphoid hyperplasia: 137 (28.30%) - Malignancies: 3 (0.61%) (occult malignancy was seen in two [0.41%] patients) - Actinomycosis: 22 (4.54%) - Tuberculosis: 1 (0.20%) - Squamous papilloma: 3 (0.61%) - Epidermal inclusion cyst: 3 (0.61%) <u>Comparaison des groupes avec amygdales asymétriques et symétriques</u> While no (0%) malignancy was reported in histopathologic examination results of the patients from the STH group (n=75), three (12%) malignancies were reported in the ATH group (n=25) ($\chi^2=9.27$; $p=0.02$). Conclusions : - The routine histopathologic examination of the tonsillectomy specimens might not be necessary for all

ÉTUDE / PAYS / DEVIS	NOMBRE DE PATIENTS / OBJECTIF	POPULATION / MÉTHODES	RÉSULTATS / CONCLUSIONS / LIMITES
			patients, but it is recommended for patients with a real asymmetry. - Cooperation of otolaryngology and pathology physicians for routine histopathologic examination after tonsillectomy would contribute to an early diagnosis of rare tonsillar malignancies in patients with a real asymmetry. Limites : - Étude rétrospective effectuée dans un seul centre. - Grande différence entre le nombre de patients de chaque groupe (ratio 3 : 1)
Adegbiyi et al., 2019 Nigéria Étude transversale rétrospective	Période de recherche : between August 2008 and July 2018 Nombre de patients : 71 patients Objectif : This study aimed at determining the sociodemographic features, clinical presentation, indications for adenoid and tonsil surgeries, postoperative management, and histological diagnosis of the adenoid and tonsils tissues in Golden Cross Infirmary Hospital,	Population cible : Patients who had adenotonsillectomy (18 ans et moins). Méthodes : All the hospital patients' record, case note, and patients' register including theater operation register were used. Data obtained included patients' biodata: age, sex, and other sociodemographic features, indications for adenotonsillectomy, and histologic diagnosis of the tissue specimen.	Résultats : <u>Présentation clinique des patients pédiatriques</u> 51 (71.8%) difficulty breathing 48 (64.8%) snoring 45 (63.4%) sleep apnea 43 (60.6%) catarrh 39 (54.9%) noisy breathing 26 (36.6%) mouth breathing 16 (22.5%) recurrent sore throat 19 (26.8%) odynophagia 9 (12,7%) fever <u>Indication pour la chirurgie</u> 46 (64.8%) obstructive sleep apnea 14 (19.7%) recurrent tonsillitis 2 (2.8%) underweight 6 (8.5%) otitis media 1 (1.4%) quinsy 2 (2.8%) persistent fever

ÉTUDE / PAYS / DEVIS	NOMBRE DE PATIENTS / OBJECTIF	POPULATION / MÉTHODES	RÉSULTATS / CONCLUSIONS / LIMITES
	Festac Town, Lagos, Nigeria.		<u>Chirurgies effectuées</u> • 30 (42.3%) adenoïdectomy • 24 (33.8%) tonsillectomy • 17 (23.9%) adenotonsillectomy <u>Résultats de l'analyse histologique</u> All the adenoid and tonsils tissue specimens revealed histological benign diseases (histological reports of reactive lymphoid hyperplasia in all the patients). Conclusions : • The entire adenoid and tonsils tissue specimen revealed histologic benign diseases. It is a necessity that all adenoid and tonsils tissue specimens in children should only be subjected to routine histologic analysis in the presence of suspected malignancy. Limites : • Étude rétrospective effectuée dans un seul centre. • Biais possible lié à l'accessibilité géographique et économique : Majority of the patients were city dwellers. This may be because the facility is located in the city. • Faible nombre de cas inclus dans l'étude.
Chinawa <i>et al.</i>, 2019 Nigeria Étude transversale rétrospective	Période de recherche : from September 2011 to May 2018 Nombre de patients : 72 patients Objectif : The objective of this study was to determine	Population cible : Patients who had undergone tonsillectomy and/or adenoïdectomy. Critères d'inclusion : The subjects whose ages were between 6 months and 18 years were included in this study.	Résultats : <u>Interventions</u> • 3 tonsillectomies • 1 adenectomy • 68 adeno-tonsillectomies <u>Indications pour la chirurgie</u> • upper airway obstruction for 69 cases • recurrent tonsillectomy for 3 cases

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	the necessity of sending tissues of adenoid and tonsils for histology by means of ascertaining the prevalence of malignancy among children with adenotonsillectomy.	Critères d'exclusion : Those subjects whose surgical intervention included adenoids and other tumours as leukaemia were excluded from the study. Méthodes : It is a retrospective study based on data obtained from medical records of 72 patients who had undergone tonsillectomy and/or adenoidectomy from September 2011 to May 2018 in all the private hospitals studied. All the surgical cases done had their samples sent immediately for histology.	<u>Résultats de l'analyse histologique des spécimens</u> - all showed lymphoid hyperplasia with none showing any form of malignancy Conclusions : - Routine histopathologic examination in adenotonsillectomy specimens among children is dispensable, with a negative cost-benefit ratio. Limites : - Étude rétrospective effectuée dans trois centres de soins pédiatriques privés. - Faible nombre de cas évalué et aucun constat anormal constaté.
Aksakal et Muslehiddinoglu, 2018 Turquie Étude transversale rétrospective	Période de recherche : Between May 2010 and April 2017 Nombre de patients : 1 849 tonsil and adenoid specimens 1574 were <18 years, and 275 were ≥18 years. Objectif : The aim of this study is to compare the histopathologic	Population cible : Patients who underwent tonsillectomy, adenoidectomy, and/or adenotonsillectomy and who underwent histopathological evaluation. Méthodes : Data of 1849 patients were obtained from their medical records. Of the patients, 1574 were <18 years, and 275 were ≥18 years. In routine practice, samples obtained after operation were	Résultats : <u>Intervention subie, n (%)</u> 493 (26.6%) underwent adenoidectomy 161 (8.7%) underwent tonsillectomy 1 195 (64.6%) underwent adenotonsillectomy. <u>Résultat de l'analyse histopathologique</u> - adenoidectomy - All patients who underwent adenoidectomy were reported as reactive lymphoid hyperplasia - tonsillectomy and/or adenotonsillectomy 552 (41%) were reported as reactive lymphoid hyperplasia and chronic tonsillitis

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	examination results of routine tonsillectomy and/or adenoidectomy surgical specimens of children and adults.	macroscopically and histopathologically evaluated by the pathologists of our hospital. After the histopathological examination results of the patients were evaluated, differences in histopathological examinations of children and adults were determined.	○ 751 (55.3%) were reported as reactive lymphoid hyperplasia • significant pathological findings for tonsils: 50 (3.69%) of 1353 specimens ○ 1 (0,08%) lymphangiomatous polyp ○ 4 (0,3%) squamous papilloma ○ 1 (0,08%) hemangioma ○ 6 (0,45%) epidermal inclusion cyst Three pediatric patients had an epidermal cyst, and one pediatric patient had a lymphangiomatous polyp. In these patients, there were well-defined, benign lesions on preoperative evaluation, and the pathological results were consistent with the clinical findings. ○ 36 (2,6%) actinomyces ○ malignancy was detected in only 2 (0.1%) of these cases. These patients were in the adult patient group. ▪ B-cell non-Hodgkin's lymphoma (Mantle) (She was suspected of having malignancy. The histopathological result was correlated with the clinical findings.) ▪ diffuse large B-cell lymphoma (Malignancy was an expected condition in this patient.) ○ no malignancy was detected in the pediatric patient group Conclusions : • Histopathological evaluation after tonsillectomy and/or adenoidectomy is not necessary if there is no risk factor on preoperative evaluation of the pediatric patients. Preoperative risk factors should be evaluated

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			well in the adult age group. Histopathological evaluation should be done accordingly. Limites : Étude rétrospective effectuée dans un seul centre.
Mohamad et al., 2018 Malaisie Étude transversale prospective	Période de recherche : from August 2005 to January 2007. Nombre de patients : 197 patients 394 tonsils Objectif : The objective of this audit is to evaluate the outcome of sending routine tonsil specimens for histopathological examination (HPE).	Population cible : Subjects who underwent tonsillectomies (2 to 50 years old). Critère d'exclusion : All patients with clinical suspicion of malignancy were excluded. Méthodes : This is an observational (prospective) study. Subjects are selected from those who underwent tonsillectomies in Hospital Universiti Sains Malaysia. All the specimens post operation are sent routinely for HPE regardless of the age and indication.	Résultats : <u>Indications cliniques pour la chirurgie, n (%)</u> - infective: 52 (26,4%) - obstructive: 37 (18,8%) - both: 108 (54,8%) - Thirteen patients (6.6%) had asymmetrical tonsillar size without any other clinical suspicion of malignancy. <u>Résultats de l'analyse histologique, n (%)</u> - reactive lymphoid hyperplasia: 182 (92.4%) - lymphoid follicular hyperplasia: 15 (7.6%) - malignant: 0 (0.0%) - All of the specimens showed benign histological findings. Conclusions : - The results of routine HPE can be expected even before surgery, especially in cases of recurrent infection and adenotonsillar hypertrophy causing obstructive symptoms. - In this study, the specificity and sensitivity of clinical evaluation as the diagnostic tool were 100%. - Routine HPE is not clinically justified unless it is done for academic or medicolegal purposes.

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			Limites : - Étude effectuée dans un seul centre. - Très peu de détails concernant la méthodologie utilisée. - Quelques sujets de l'étude rétrospective de 2007, se terminant en octobre 2005, sont possiblement inclus dans cette étude.
Bizzell et al., 2017 États-Unis Étude transversale rétrospective	Période de recherche : from 2005 to 2014 Nombre d'échantillons : 8807 paired tonsillectomy specimens Objectif : To review histopathologic diagnoses from tonsillectomy specimens and determine whether routine pathologic exam is necessary.	Population cible : All tonsil specimens from tonsillectomies with or without adenoidectomy at Arkansas Children's Hospital from 2005 to 2014. Méthodes : A retrospective review was conducted on all tonsil specimens from tonsillectomies with or without adenoidectomy at Arkansas Children's Hospital from 2005 to 2014. The specimens were then categorized into those that were sent for gross examination only versus those that were sent for gross and histopathologic examination. Special requests from the surgeon to the pathology department were also identified. Of the specimen sent for further investigation, the final histopathologic diagnosis was reviewed with specific	Résultats : <u>Analyse anatomopathologique</u> - Gross examination was performed on all of the specimen 612 (6.95%) underwent further histopathologic examination based on surgeon request or pathologist's determination - Of the 612 tonsil specimens sent to pathology, the surgeon requested to rule out a specific diagnosis in 6 cases - In 4 (0.05%) of the cases, the surgeon asked to exclude lymphoma - The surgeon requested to rule out graft versus host disease in one case - and rule-out lymphoproliferative disorder in the remaining one - The final diagnosis on all tonsil specimens was reactive lymphoid hyperplasia - One of 612 (0.16%) specimens additionally demonstrated follicular hyperplasia with focal necrotizing granulomatous lymphadenitis - No diagnosis of malignancy was made on microscopic pathologic examination. In addition, no future diagnosis of malignancy was made in any of the patients associated with the specimen in this study.

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		attention to malignancy. Additional pathology records associated with the source of the tonsil were also reviewed to ensure there was not a future tissue diagnosis of malignancy in any of the patients.	Conclusions : • Our study suggests that neither routine gross or microscopic analysis of tonsil specimens is necessary. Specimens can continue to be sent to pathology at the discretion of the surgeon if the patient has any history or physical examination findings concerning for malignancy. • In a 10-year period at a tertiary pediatric hospital, 8807 paired tonsillectomy specimens were sent to pathology and no diagnosis of malignancy was made on those examined on microscopic basis and no future tissue diagnosis of malignancy was made in the remaining patients. • Overall, avoiding routine pathologic examination of tonsillectomy specimens could help reduce the cost associated with the second most common pediatric ambulatory surgical procedure. Limites : • A full chart review was not completed and thus patient follow-up cannot be guaranteed. • Étude rétrospective effectuée dans un seul centre.
Kepekci et Balikci, 2017 Turquie Étude transversale prospective	Période de recherche : between October 2008 and July 2015 Nombre de patients : 385 patients Objectif : The purpose of the present study is to	Population cible : Patients who were carefully selected and underwent tonsillectomy and/or adenoidectomy. Critères d'exclusion : The patients older than 16 years were excluded from the study.	Résultats : <u>Procédures effectuées</u> • 170 (44%) patients underwent adenoidectomies • 32 (9%) underwent tonsillectomies • 183 (47%) patients underwent both tonsillectomies and adenoidectomies

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	investigate the necessity of routine histopathologic examinations following tonsillectomy and/or adenoidectomy surgeries.	Méthodes : Patient data such as age, sex, indication for surgery, and histopathologic findings were recorded prospectively. Histopathologic findings were analyzed for hyperplastic lymphoid parenchyma and malignancy.	<u>Indications de chirurgie</u> - tonsillectomy - chronic recurrent tonsil infection in 297 (77.3%) patients - tonsil stone in 1 (0.2%) patient - adenoidectomy and/or adenotonsillectomy - upper airway obstruction in 87 (22.3%) patients <u>Résultats de l'analyse anatomopathologique</u> - tonsillar asymmetry was seen in 9 cases (2.3%), none of which had suspicion of malignancy during clinical examination. - none of the 385 cases had malignancies upon histopathologic examination 197 (51.2%) patients had lymphoid hyperplasia only 143 (37.1%) patients had chronic tonsillitis with chronic inflammatory infiltration on the surface epithelium 45 (11.7%) patients had active chronic tonsillitis with mixed inflammatory infiltration on the surface epithelium Conclusions : - Histopathologic investigation is not indicated when clinicians do not suspect malignancy. Limites : - Étude prospective effectuée dans un seul centre. - Peu de détails sur les constats anormaux.
Shoba <i>et al.</i> , 2016 Inde	Période de recherche : Non précisée	Population cible : 100 tonsillectomy patients. Méthodes :	Résultats : <u>Indication clinique pour la chirurgie</u> Population pédiatrique, n (%)

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Étude transversale rétrospective	Nombre de patients : 100 tonsillectomy patients. Twenty-three patients were adults with ages varying from 18 to 60 years. The pediatric group had 77 patients with ages ranging from 4 to 17 years. Objectifs : We aim to study histopathological features of 100 consecutive tonsillectomy specimens that reached the pathology department. To study the presence of various pathologies in pediatric and adult study group.	100 consecutive tonsillectomy specimens that reached the pathology department. The clinical information of these patients was collected. Chronic tonsillitis, keratosis tonsil, and tonsillar cyst were the indications for surgery. Their histopathology reports were analyzed.	○ chronic tonsillitis: 77 (100%) • Population adulte, n (%) ○ chronic tonsillitis: 20 (87%) ○ tonsillar cyst: 2 (8,7%) ○ keratosis tonsil: 1 (4,3%) <u>Résultats de l'analyse histologique</u> • Population pédiatrique, n (%) ○ reactive lymphoid hyperplasia in all the patients: 77 (100%) ○ one patient had a small cartilaginous choristoma of tonsil: 1 (1,3%) • Population adulte, n (%) ○ lymphoma : 2 (8,7%) (Both the patients presented with chronic tonsillitis and had no risk factors.) ○ extensive cartilaginous choristoma: 1 (4,3%) ○ epidermoid cyst of tonsil: 1 (4,3%) Conclusions : • In our study, we have not identified any occult malignancy in pediatric age group at least. • Histology of adult tonsil in our study has revealed many interesting findings. Hence, we suggest continuing the practice of histopathological examination of all adult tonsillectomy specimens. Limites : • Étude rétrospective effectuée dans un seul centre. • Période de recherche non spécifiée • Faible nombre de patients

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Bast et al., 2015 Allemagne Étude transversale rétrospective	Période de recherche : between 01/2012 and 02/2013 Nombre de patients : 208 patients aged 12 months to 20 years (mean age: 10.16 years, male n = 95, female n = 113) Objectif : The medical history of the child, pre- and intra operative examination results as well as the histopathological results of the adenoid tissue specimen were compared and correlated with each other to highlight the potential need and importance of routine histopathological analysis.	Population cible : Children and adolescents that underwent an adenoidectomy at the HELIOS Clinics Bad Saarow, Germany. Méthodes : We evaluated the clinical history, pre- and intra operative examination findings, the macroscopic examination of the removed adenoid tissue and the results of histological analysis of the specimens. A macroscopic examination of the removed adenoid tissue was performed at the end of surgery by the operating surgeon.	Résultats : <u>Données cliniques</u> - The medical history obtained for all the patients did not raise suspicion for any malignant processes. <u>Observations peropératoires</u> - In all patients an intraoperative examination of the postnasal space using a McIvor mouth gag and velotraction with flexible silicon tube was performed which elicited normal and typical hyperplastic adenoid tissue in the nasopharynx for all patients. <u>Résultats de l'analyse histologique</u> - In all patients, the clinical findings of a normal hypertrophic adenoid tissue were confirmed through the histological analysis. - There was evidence of lymphocyte, mucosal hypertrophy of the pharyngeal tonsil or a hyperplastic pharyngeal tonsil with chronic recurrent inflammation in all patients. - No malignant tissue was found. Conclusions : - We believe that routine microscopic examination of adenoidectomy specimens, especially in young patients with a normal patient history and normal clinical finding results is unnecessary. - Microscopic examination should be undertaken only in selected cases, such as in patients with suspicious clinical findings or in patients with a history of previous malignancy. Limites :

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			- Étude rétrospective effectuée dans un seul centre - Endoscopie préopératoire chez seulement 140 patients (67,3%).
Chow et Rotenberg, 2015 Canada Étude transversale prospective	Période de recherche : March 2007 to March 2014 Nombre de patients : 181 consecutive charts Objectif : To evaluate the rate of occult malignancy from tonsillectomies performed for benign indications both from our center and from pooled data with other reports.	Population cible : Adult patients (>18 years old) undergoing tonsillectomy for benign indications Critères d'exclusion : Patients with any preoperative suspicions for malignancy (specifically unilateral or atypical tonsil enlargement, unexplained constitutional symptoms, progressive dysphagia/odynophagia, firmness on palpation, or prior history of oropharyngeal cancer) were excluded from the study. Méthodes : A review of prospectively gathered data was performed for 181 consecutive charts from March 2007 to March 2014 for a single surgeon. Patient demographics, pre- and intraoperative clinical findings, and final pathological analysis were recorded. Data was extracted from consultation notes, operative reports, and final histopathology reports.	Résultats : <u>Indications pour la chirurgie</u> - Sleep apnea: 84 (46%) - Recurrent tonsillitis: 69 (39%) - Snoring: 21 (12%) - Other: 5 (3%) - Recurrent peritonsillar abscess: 2 (1%) - IgA nephropathy: 2 (1%) - HSP nephritis: 1 (0,5%) - Tonsil bleed: 1 (0,5%) - Asymmetric tonsils: 1 (0,5%) <u>Découverte fortuite de tumeur maligne</u> - Reviewing the final pathological analysis in our patients revealed only one case (0,5%) of unexpected malignancy in our series. This was reported as squamous cell carcinoma. The patient was a 45-year-old male undergoing an uvulopalatopharyngoplasty for sleep apnea. The patient was a nonsmoker and did not have any preoperative concerning clinical findings. Conclusions : - Routine histopathological analysis of adult tonsillectomy specimens removed for benign surgery is no longer justified. The probability of identifying an unexpected occult malignancy is exceedingly low. This remote possibility of detecting a malignancy, along with the associated resource utilization to do so, argues against routine histopathological analysis for

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			adult tonsillectomies when surgery is performed for a benign indication. Limites : • Étude effectuée dans un seul centre • Peu de constats anormaux • Un seul chirurgien
Hajioannou et al., 2014 Grèce Étude transversale rétrospective	Période de recherche : from January 2007 to December 2012 Nombre de patients : 823 Mean age : 14.1 years (range 2–66 years) 575 cases (69.8%) ≤ 18 years with mean age of 7.7 years. Objectif : The clinical and histopathologic diagnosis was evaluated in an effort to add data to the literature regarding the necessity or not of histopathologic examination of every tonsillectomy specimen.	Population cible : All tonsillectomies with benign indications. Méthodes : This was a retrospective clinical study.	Résultats : <u>Indications cliniques pour la chirurgie, n (%)</u> • Population pédiatrique (n = 575) ○ recurrent tonsillitis: 169 (29.4%) ○ peritonsilar abscess: 2 (0.3%) ○ obstructive sleep apnoea syndrome: 404 (70.3%) • Population adulte (n = 248) ○ recurrent tonsillitis: 214 (86.3%) ○ peritonsilar abscess: 28 (11.3%) ○ obstructive sleep apnoea syndrome: 6 (2.4%) <u>Résultats de l'analyse histologique</u> • In the evaluation of all 823 cases (adults and paediatric) with benign indications for surgery, no malignancies were detected. Conclusions : • Our data suggest, that avoiding histological evaluation of tonsils removed because of benign indications, poses minimal risk of missing clinically significant pathologic conditions. • Histopathologic evaluation of tonsillectomies still remains mandatory as long as certain clinical findings and risk factors exist.

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			Limites : - Étude rétrospective effectuée dans un seul centre. - Très peu de détails concernant la méthodologie utilisée.
Jagadeeswaran et al., 2014 Inde Étude transversale prospective	Période de recherche : from January 2012 to June 2013 Nombre de patients : 108 patients (selected randomly) Age: above 5 years and below 25 years; 05-15 years (70.37%) Objectif : The present study was conducted to find the common bacteria in the surface and core of specimens obtained by tonsillectomy and their antibiotic sensitivity patterns, along with histopathological examination of tonsil to rule out any associated pathological disease.	Population cible : Patients with chronic tonsillitis seeking treatment Critères d'inclusion: - Recurrent tonsillitis: 7 episodes or more in 1 year or 5 episodes per year for 2 years or 3 episodes per year for 3 years. - Chronic tonsillitis (follicular/parenchymal) - Quinsy (2nd attack) - Age above 5 years and below 25 years Critères d'exclusion: - Patients with any other oral pathology. - Revision cases - History of any ear, nose and throat surgery in the past - Immunocompromised patients. - Tonsil enlargement with stridor / dysphagia - Impacted foreign body - Systemic indications like rheumatic fever with arthritis, sub-acute bacterial endocarditis, glomerulonephritis, diphtheria	Résultats : <u>Indication clinique pour la chirurgie, n (%)</u> - recurrent tonsillitis: 73 (68%) - obstruction caused by enlarged tonsils and adenoids: 23 (21%) - recurrent tonsillitis along with obstruction: 12 (11%) <u>Résultats de l'analyse histologique, n (%)</u> - no cases were reported of any pathological disease. - chronic non specific tonsillitis: 18 (16,6%) - chronic suppurative tonsillitis: 19 (17,6%), - follicular tonsillitis: 44 (40,7%) - lymphoid hyperplasia: 27 (25%) Conclusions : - No pathological disease was reported in histopathological examination so doing it as routine for all cases is not feasible unless any suspected evidence (clinical evidence of asymmetrical enlargement of tonsil or any suspected disease) to do so. Limites : - Étude effectuée dans un seul centre. - Faible nombre de patients - Peu de détails sur les constats anormaux.

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		carrier, chronic bronchitis / bronchial asthma, phlyctenular conjunctivitis, urticaria / erythema and failure to thrive. 8. As part of other surgery : stylalgia (Eagle syndrome), glossopharyngeal neuralgia, uvulopalatopharyngoplasty in sleep apnea, branchial fistula. 9. Chronic medical conditions like diabetes mellitus/hypertension/ischemic heart diseases. Méthodes : Cases selected for the study will be subjected to detailed history taking and clinical examination. Ear, Nose and Throat Examination. Diagnostic nasal endoscopy to note any nasopharynx pathology or anatomical deformity or any sinus pathology. Endolaryngoscopy to know about laryngeal pathology. Blood investigations, culture. Histopathological examination of tonsil to rule out any associated infection or tumor.	
Booth et Wang, 2013 États-Unis	Période de recherche : 2007-2013	Population cible :	Résultats : <u>Incidence de tumeur malignes</u>

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Étude transversale rétrospective	Nombre de patients : 740 570 children and 170 adults Mean age at the time of procedure was 5.9 years for children and 35.3 years for adults. Objectif : Our experience with a recent occult in situ Burkitt lymphoma diagnosed in a grossly benign-appearing tonsil from an otherwise healthy 5-year-old girl prompted a review of our cases to evaluate the incidence of unsuspected malignancy in routine tonsillectomy.	Patients who have undergone purportedly routine tonsillectomy. Méthodes : Findings on all purportedly routine tonsillectomies performed at our institution since 2007 were retrospectively reviewed. Information regarding the histologic findings, patient age, and indication for surgery was compiled. All cases had been subject to both gross and microscopic pathologic examination. Critères d'exclusion : Patients with known lymphoma or malignancies of the head and neck region were excluded.	- Four malignancies were diagnosed, in addition to the index case, for an overall incidence of 0.67% (1.2% in adult patients and 0.52% in pediatric patients). - Two of the five cases had no clinically suspicious features, for an overall incidence of occult hematologic malignancy of 0.27% (0% in adult patients and 0.35% in pediatric patients). <u>Diagnostic histologique</u> - Burkitt lymphoma (unilateral), 5 years old, no suspicious features - follicular lymphoma, grade 3 (bilateral), 14 years old, no suspicious features - diffuse large B-cell lymphoma (unilateral), 15 years old, asymmetry, distinct lesion, ulceration - mantle cell lymphoma (bilateral), 68 years old, asymmetry, airway obstruction, age - mantle cell lymphoma (bilateral), 79 years old, marked enlargement, airway obstruction, age Conclusions : - In conclusion, the literature and our experience suggest that most tonsillar malignancies present with suspicious clinical or gross findings; however, occult malignancies do occur and many of these are in the pediatric population. Although the incidence is very low, recognition of occult malignancy in tonsillectomy specimens may facilitate early diagnosis and treatment, as seen in 2 of our cases. Limites : - Étude rétrospective effectuée dans un seul centre

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			Selon les auteurs de l'étude, la population évaluée inclue un nombre relativement élevé de patients immunocompromis ce qui pourrait introduire un biais.
Rebechi et al., 2013 Brésil Étude transversale rétrospective	Période de recherche : from January 2008 to September 2009 Nombre de patients : 281 patients (between 2 and 22 years). Objectifs : Define the real need for routine histopathologic examination of adenotonsillectomy specimens and perform a cost-benefit analysis of its use in patients without risk factors for malignancy.	Population cible : All patients who had adenotonsillectomy, tonsillectomy, or adenoidectomy Critères d'exclusion : We excluded patients with malignancy symptoms and signs. Méthodes : A retrospective observational study evaluated the charts of patients undergoing adenotonsillectomy, tonsillectomy, or adenoidectomy at the Institute of Otorhinolaryngology CEMA SP. Costs of this test for the public health system were analyzed and the literature reviewed. We studied the results of the histopathologic examinations, regardless of age, sex, and indication for surgery.	Résultats : <u>Procédures effectuées</u> 201 adenotonsillectomies (71.5%) 41 tonsillectomies (14.5%) 39 adenoidectomies (14%) <u>Indications pour la chirurgie</u> - recurrent tonsillitis (63.3%) - obstructive sleep apnea syndrome (38.7%) None of the patients in our study had clinical suspicion of malignancy. <u>Résultats de l'analyse histopathologique</u> - Amygdales, n (%) - chronic tonsillitis with lymphatic hyperplasia: 282 (58,3) - chronic tonsillitis with lymphatic hyperplasia and suppurative foci: 96 (19,9) - chronic tonsillitis with lymphatic hyperplasia with areas of surface erosion: 44 (9) - chronic tonsillitis with lymphatic hyperplasia with colonies of actinomyces: 46 (9,6) - chronic tonsillitis with lymphatic hyperplasia and submucous fibrosis: 2 (0,4) - chronic tonsillitis with lymphatic hyperplasia with recent hemorrhage: 4 (0,8) - nonspecific chronic tonsillitis: 6 (1,2) - papilloma squamous cells: 4 (0,8)

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			- Amygdales pharyngées, n (%) - Luschka pharyngeal adenoid hypertrophy: 237 (98,75) - Lymphoid tissue of reactive pattern: 2 (0,84) - Malpighian mucosa with vascular ectasia: 1 (0,41) Conclusions : - Routine histopathologic examination in pediatric adenotonsillectomy specimens is dispensable, with a negative cost–benefit ratio. - We emphasize the importance of a thorough history and clinical examination in all patients undergoing adenotonsillectomy. In children, the chance of occult malignancy is very low. In patients with risk factor present in clinical ear, nose, and throat examination, this exam is indispensable. Limites : - Étude rétrospective effectuée dans un seul centre. - Peu de détails sur les constats anormaux.
Koç et al., 2012 Turquie Étude transversale rétrospective	Période de recherche : Non spécifiée Nombre de patients : 1 021 adult and pediatric patients Pediatric age group (<16 years) : 809 Adult patient : 212 Objectif :	Population cible : Adult and pediatric patients who underwent tonsillectomy, adenoidectomy, or adenotonsillectomy. Méthodes : This study was designed as a retrospective and multicenter study. In all clinics, all the specimens of tonsillectomy and/or adenoidectomy are	Résultats : <u>Procédures effectuées, n (%)</u> - Adenoidectomy: 359 (35.2) - Tonsillectomy: 266 (26) - Adenotonsillectomy: 396 (38.8) <u>Résultats de l'analyse histologique :</u> - None of the 809 pediatric patients received a malignant pathologic diagnosis. - adult patients (212) 201 (94.8%) were pathologically diagnosed as benign

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	The aim of this study was to investigate whether it is necessary to send all the specimens of tonsillectomy and/or adenoidectomy for histopathologic analysis.	routinely sent for histopathologic examination. The records were reviewed for each patient's age, sex, and histopathologic diagnosis. In addition, we investigated and recorded whether patients with malignant histopathologic diagnoses had risk factors, such as a family history of cancer, presence of a neck mass, systemic symptoms, weight loss, constitutional symptoms, tonsillar lesions, firmness, asymmetry, current systemic disease, and/or immunosuppressive medication use.	○ 11 (5.2%) as malignant. ▪ 10 out of 11 were diagnosed with lymphoma ▪ 1 was diagnosed with squamous cell carcinoma. The overall incidence of malignant pathologic diagnoses was 11 out of 1021 (1%). All the patients had undergone tonsillectomy because of a suspected malignancy. All patients diagnosed with a malignancy had two or more preoperative risk factors. Palatine tonsil asymmetry and neck lymphadenomegaly were observed in all patients with a malignant diagnosis. Three of the patients had a family history of cancer. No unexpected malignant diagnoses were reached for any of the patients without preoperative risk factors. Conclusions : • We conclude that histopathologic diagnosis may not be required for patients, especially pediatric patients, without preoperative risk factors. Limites : • Devis d'étude de nature rétrospective. • Période de recherche non spécifiée
Adoga et al., 2011 Nigeria Étude transversale rétrospective	Période de recherche : from July 2005 to June 2007 Nombre de patients : 61 patients 35 children	Population cible : Patients managed for tonsillar diseases. Méthodes : A 2 year retrospective review of the histopathological results of two (paediatric and adult) groups. Data extracted	Résultats : <u>Procédures effectuées</u> • Four patients had adenotonsillectomy <u>Données cliniques</u> • Only one adult person had the risk factor of being HIV positive. • recurrent sore throat: 25 (30.0%)

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	26 adults Objectif : This study aims to find out the necessity of routine histopathology of tonsil specimens.	included biodata, clinical features and histopathological diagnosis.	• mouth breathing: 25 (30.0%) • oral fetor: 2 (2.0%) • snoring/obstructive sleep apnoea: 16 (26.7%) • dysphagia: 4 (6.7%) • odynophagia: 4 (6.7%) • tonsillar hypertrophy: 35 (56.7%) • trismus: 2 (3.3%) • neck swelling: 5 (8.3%) Five (8.3%) of our patients had neck swelling but only one had lymphoma. <u>Résultats de l'analyse histologique</u> • chronic nonspecific tonsillitis: 10 (16.6%) • follicular tonsillitis: 23 (38.3%) • chronic suppurative tonsillitis: 10 (16.6%) • lymphoid hyperplasia: 18 (30.0%) • lymphoma: 1 (1.0%) The only case of lymphoma was found in adult male with retroviral disease. Conclusions : • Request for tonsillectomy specimens should be based on certain risk factors with consideration of the cost to patients and to spare the histopathologist's man hours. Limites : • Some patients do not have the finances to foot the bill for histology, therefore accounting for less number of analyzed histology reports. • Étude rétrospective effectuée dans un seul centre. • Faible nombre de cas inclus dans l'étude.
Courville et al., 2011 États-Unis Étude transversale rétrospective	Période de recherche : from June 24, 2004, to March 21, 2008	Population cible : Adult and pediatric patients who underwent tonsillectomy Critères d'exclusion :	Résultats : <u>Indications cliniques pour l'amygdalectomie</u> • population générale (adulte et pédiatrique) (n = 1 651) ○ tonsillitis: 994 (60%)

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	Nombre de patients : 1651 tonsil cases, 3080 specimens Average patient age was 25.4 years (range 1.2-88.8 years), and 66% of these cases were from patients ≥ 18 years. Objectif : We aim to add data to the growing body of literature regarding the rate of occult malignancy in tonsillectomy specimens and to provide a context for discussion of the rational triaging of adult tonsillectomy specimens.	outside consult cases Méthodes : Electronic medical record and pathology database were used to obtain pathological diagnoses and clinical information. The clinical indication for surgery, operative findings, final pathological diagnosis, frozen section pathological diagnosis, and flow cytometry results were categorized according to defined criteria.	○ sleep apnea: 245 (15%) ○ suspicion for malignancy: 146 (9%) ○ no clinical indication provided: 147 (9%) ○ tonsillar mass: 71 (4%) ○ tonsillar asymmetry: 48 (3%) • population adulte (n = 1 095) ○ tonsillitis: 643 (59%) ○ sleep apnea: 116 (11%) ○ suspicion for malignancy: 139 (13%) ○ no clinical indication provided: 103 (9%) ○ tonsillar mass: 69 (6%) ○ tonsillar asymmetry: 25 (2%) • population pédiatrique (n = 556) ○ tonsillitis: 351 (63%) ○ sleep apnea: 129 (23%) ○ suspicion for malignancy: 7 (1%) ○ no clinical indication provided: 44 (8%) ○ tonsillar mass: 2 (0,4%) ○ tonsillar asymmetry: 23 (4%) • After excluding 643 cases for which no operative report was available, operative findings included no clinically significant finding (41%), tonsillar hypertrophy (40%), tonsillar asymmetry (9%), tonsillar mass (8%), and tonsillar ulceration (2%). • Adult patients were more likely than pediatric patients to have an operative finding of mass (12% vs 1%) or ulceration (3% vs 0.3%). • There were fewer cases with a suspicious clinical indication (malignancy, mass, or asymmetry) among pediatric patients than among adult patients (5.4% vs 21%)

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			<u>Résultats de l'analyse histologique des spécimens (population adulte), n (%)</u> • Benign (benign diagnoses included follicular lymphoid hyperplasia, tonsillitis, reactive lymphoid hyperplasia, and squamous papilloma.): 1758 (88) • Gross diagnosis only: 8 (0.4) • No evidence of malignancy/Benign tonsillar tissue: 145 (7) • Squamous cell carcinoma: 75 (3,7) • Lymphoproliferative disorder: 11 (0.5) • Squamous mucosa with dysplasia/atypia: 7 (0.4) • Malignancy (mucoepidermoid carcinoma): 1 (0.05) • For all specimens with a diagnosis of squamous cell carcinoma, the clinical indication for surgery was mass or suspicion for malignancy. For all specimens with a diagnosis of a lymphoproliferative disorder, the clinical indication for surgery was mass, asymmetric hypertrophy, or suspicion for malignancy. The mucoepidermoid carcinoma was suspected based on a prior biopsy. • In the evaluation of cases from all patients (adult and pediatric), of the 821 cases with a benign indication (tonsillitis or sleep apnea) and histological examination, no case with a benign indication had a malignant final pathological diagnosis (0%, 95% CI = 0%-0.4%). • Of the 261 cases with a suspicious indication (mass, asymmetry, or suspicion for malignancy) and histological examination, 70.5% (95% CI = 62%-79%) had a benign final pathological diagnosis. The remainder had a malignant final pathological diagnosis, including squamous cell carcinoma (25%; 95% CI = 22%-28%), lymphoma (4%; 95% CI = 3.8%-

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			4.7%), and mucoepidermoid carcinoma (0.4%; 95% CI = 0.32%-0.44%). Conclusions : - Data from our institution support the findings in the literature of a low malignancy rate in tonsil specimens from both the pediatric and adult populations and an occult malignancy rate of zero in bilateral tonsillectomy specimens from the adult population. - Our data indicate that gross examination of adult tonsillectomy specimens excised for chronic tonsillitis or sleep apnea is sound practice, and taken together with other published data, this provides a basis for consensus-derived practice guidelines. Limites : - Étude rétrospective effectuée dans un seul centre.
Ashraf et al., 2010 Iran Étude transversale prospective	Période de recherche : between March 2007 and 2008 Nombre de patients : 112 consecutive patients (112 specimens); mean age 31 ± 15,5 years Objectif : To evaluate the efficacy and accuracy of Fine needle aspiration cytology (FNAC) in the diagnostic evaluation of	Population cible : Patients who underwent bilateral elective tonsillectomy. Méthodes : FNA was performed before tonsillectomy under general or local anaesthesia, or from fresh specimens that were transported to the laboratory in saline-soaked gauze (75 patients; 67%). The surgical specimen was preserved in 10% formaldehyde for 48 h. Histological sections and cytology slides were	Résultats : <u>Indications pour l'amygdalectomie</u> - repeated tonsillitis: 101 (90.2%) - tonsillar asymmetry and/or enlargement: 11 (9.8%) <u>Résultats de l'analyse histologique</u> Eleven patients were clinically suspected of having neoplasia (9,8%). - Four of these 11 cases (4 out of 112 cases, 3,6%) were cytologically diagnosed as lymphoma/leukaemia. In these four cases, histopathological and immunohistochemical studies revealed a diagnosis of diffuse large B-cell lymphoma.

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	tonsillectomy specimens.	interpreted in a blinded manner by two observers, and the results of cytological and histological examinations were compared in each case.	- One (0,9%) of the 11 clinically suspicious cases received a cytological diagnosis of Hodgkin's lymphoma. Histopathological examination confirmed Hodgkin's lymphoma. - One (0,9%) of the 11 clinically suspicious cases received a cytological diagnosis of poorly differentiated squamous cell carcinoma. Immunohistochemical and histopathological results led to the diagnosis of monophasic synovial sarcoma. - Cytological evaluation in five (4,5%) of the 11 clinically suspicious cases were compatible with chronic tonsillitis/follicular hyperplasia. Histopathological examination confirmed this diagnosis. Conclusions : - In summary, the results of this study indicate that FNAC of the tonsil is a safe and valid procedure for evaluating and triaging tonsillar specimens, and it might be applied as an alternative method in the evaluation of routine tonsillectomy specimens. However, it should be said that ancillary tests (immunohistochemistry, flow cytometry) on cytological material are often needed when neoplasia is suspected and would distinguish carcinomas from lymphomas and prevent one from missing low-grade non-Hodgkin's lymphomas. Limites : - Étude effectuée dans un seul centre. - Faible nombre de patients

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Kalcioglu et al., 2010 Turquie Étude transversale rétrospective	Période de recherche : between November 1992 and July 2006 Nombre de patients : 1 707 patients (adult and pediatric) Objectif : In this study, our goal was to determine the incidence of unexpected pathological findings in routine tonsillectomy and adenoidectomy specimens.	Population cible : Patients undergoing tonsillectomy and/or adenoidectomy. Méthodes : A retrospective review was conducted of all patients undergoing tonsillectomy and/or adenoidectomy. All these surgeries were for non-neoplastic reasons. At least four representative sections were taken from each tonsil or adenoid and evaluated with light microscopy	Résultats : <u>Population</u> - All patients undergoing adenoidectomy with or without tonsillectomy were 18 years of age or younger. 112 of the 228 patients undergoing tonsillectomy only were older than eighteen (range from 19 to 44; mean 28.6). <u>Procédures effectuées</u> - bilateral tonsillectomy: 435 - adenoidectomy (pediatric): 502 - bilateral tonsillectomy plus adenoidectomy: 770 <u>Analyse histologique</u> - Sent to pathology department 559 of 1272 adenoidectomy specimens 1 132 of 2 410 tonsillectomy specimens - Adenoidectomy only was the surgery for 221 of these patients while 228 patients underwent bilateral tonsillectomy 338 patients underwent bilateral tonsillectomy plus adenoidectomy - The histopathological results for all the adenoidectomy specimens reported chronic inflammatory processes. - Only one of the 1 132 tonsillectomy specimens was reported as granulomatous inflammation. - unsuspected diagnosis: 1 of 228 tonsillectomy patients without risk factors (1 of 787 patients for adenoidectomy, tonsillectomy, and adenoidectomy and tonsillectomy) Conclusions :

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			- The incidence of tonsillar malignancy is extremely rare, especially in the absence of any clinical indication. - On the basis of our results and our review of the literature, the microscopic analysis of routine tonsillectomy and/or adenoidectomy specimens may not be necessary, especially in young patients in whom there are no clinically suspicious factors suggesting malignancy. - However, we agree with most authors that all patients must be carefully examined for evidence of malignancy before surgery. Limites : - Seulement 44% des spécimens d'adénoïdes ont été envoyés au laboratoire d'anatomopathologie et 47% des amygdales. - Étude rétrospective effectuée dans un seul centre. - Peu de détails sur les constats anormaux.
Faramarzi <i>et al.</i>, 2009 Iran Étude transversale prospective	Période de recherche : between February 2004 and February 2008 Nombre de patients : 5 058 patients (from 10 months to 92 years, with a mean of 14.0 years) Objectifs : Shed light on the real prevalence of	Population cible : All patients who underwent tonsillectomy and/or adenoidectomy. Méthodes : The specimens were examined grossly for size, shape, consistency, and any surface abnormality. Then serial sections were cut. The cut surfaces were examined grossly for evidence of cyst,	Résultats : <u>Indications cliniques pour la chirurgie</u> - Recurrent or chronic infections and obstructive sleep apnea were the most frequent indications for tonsillectomy and/or adenoidectomy. <u>Résultats de l'analyse histologique :</u> 4 073 cases of chronic tonsillitis and follicular hyperplasia (80.6%) 892 cases of follicular hyperplasia (17.6%) 16 cases of chronic tonsillitis (0.3%) 23 cases were reported as normal (0.5%)

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	malignancy in routine T&A specimens in this geographical area. A secondary aim of our study was to determine whether it is necessary to send all the specimens of tonsillectomy and/or adenoidectomy procedures for pathological analysis.	abscess, crypt pattern, and tumoral infiltration. The pathology findings reported as chronic tonsillitis, follicular hyperplasia, chronic tonsillitis and follicular hyperplasia or normal were recorded as nonsignificant pathologic findings. Other pathologic diagnoses consisting of inflammatory processes, benign neoplasms and malignant neoplasms were regarded as significant pathologic findings. The charts of all patients with significant pathologic findings were reviewed to collect information about chief complaints of patients, findings on physical examination, indication for T&A, current systemic disease, medications, and past medical history	<u>Résultats de l'analyse histologique</u> - The group with significant pathologic finding consisted of 54 patients (1.0%). - In 54 patients in the group with significant pathologic findings, 26 (48.1%) cases of malignant neoplasms were found. - We detected one case of unexpected malignancy, which was malignant lymphoma. - Malignant neoplasms: 26 (0,64%) - non-Hodgkin's lymphoma: 15 (0,37%) (1/4 073 unexpected: 0,02%) - Hodgkin's lymphoma: 1 (0,02%) - Burkitt's lymphoma: 1 (0,02%) - squamous cell carcinoma: 6 (0,15%) - synovial sarcoma: 2 (0,05%) - nasopharyngeal carcinoma: 1 (0,02%) - Benign neoplasms and non-neoplastic masses: 9 (0,22%) - squamous papilloma: 1 (0,02%) - lymphoid polyp: 2 (0,05%) (1 / 4073 unexpected: 0,02%) - fibroepithelial polyp: 4 (0,1%) - lymphoepithelial cyst: 1 (0,02%) (1 / 4073 unexpected: 0,02%) - transformed germinal center: 1 (0,02%) - Infectious processes: 3 (0,07%) - tuberculosis: 1 (0,02%) - branchial fistula: 1 (0,02%) - abscess: 1 (0,02%) - Other pathologic findings: 16 (0,39%)

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			(All unexpected abnormalities): (0.39%) ○ calcification and stone: 2 (0,05%) ○ epithelial inclusion cyst: 5 (0,12%) ○ cartilaginous metaplasia: 2 (0,05%) ○ foreign bodies: 3 (0,07%) ○ actinomycosis: 4 (0,1%) Conclusions : • We recommend that all specimens from nonroutine tonsillectomy and/or adenoidectomy in children and adults should be sent for microscopic pathologic examination. • The authors also recommend that because of economic conditions all specimens from routine tonsillectomy and/or adenoidectomy should be sent for gross pathologic examination, if were abnormal then should be processed for microscopic study. Limites : • Étude effectuée dans un seul centre.
Van Lierop et Prescott, 2009 Afrique du Sud Étude transversale prospective	Période de recherche : 8-month period Nombre de patients : 344 tonsils were analysed, from 172 children Mean age was 5.6 years (range 1 – 12 years). Objectifs :	Population cible : All children (≤ 12 years) undergoing routine consecutive tonsillectomy or adenotonsillectomy. Méthodes : We conducted a prospective study on all children (≤ 12 years) undergoing routine consecutive tonsillectomy or adenotonsillectomy (T&A) at RCH.	Résultats : <u>Procédures effectuées, n (%)</u> • adenotonsillectomies: 154 (89.5%) • tonsillectomy alone: 18 (10.5%) <u>Données cliniques</u> • tuberculosis contacts: 10 (5,8%) • treated for prior pulmonary tuberculosis: 4 (2.2%) • clinically asymmetrical tonsil enlargement: 13 (7.6%) • indications for surgery ○ were recurrent tonsillitis: 70 (41%), ○ obstructive sleep apnoea: 54 (31%) ○ a combination of the above: 33 (19%)

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	We aimed to: (i) describe the incidence of abnormal pathological findings in the tonsils and/or adenoids of children undergoing tonsillectomy or adenotonsillectomy at Red Cross War Memorial Children's Hospital; (ii) determine the incidence of tuberculosis of the tonsils and adenoids in children of the local population; (iii) suggest criteria to identify children at risk for adenotonsillar tuberculosis; (iv) determine the association between HIV and adenotonsillar abnormalities, including HIV-related lymphomas involving Waldeyer's ring; and (v) determine the cost-effectiveness of routine pathological examination of adenotonsillectomy specimens in our setting, and to suggest criteria to decide which specimens to send for	Patients were clinically assessed pre-operatively and the following data collected: indication for surgery, known tuberculosis contacts, constitutional symptoms (weight loss, poor weight gain, fevers), presenting symptoms (nasal obstruction, nasal discharge, sore throat), history of immunocompromise, presence and size of cervical lymphadenopathy, tonsil size, presence of tonsillar asymmetry and visible tonsillar lesions. Intra-operative assessments of tonsillar and adenoidal appearance, size and symmetry and visible lesions were recorded.	○ obstructive sleep apnoea and otitis media with effusion: 10 (6%) ○ asymmetrical tonsils for biopsy: 2 (1%) ○ cervical lymphadenopathy: 1 (0,6%) ○ drooling: 1 (0,6%) ○ recurrent tonsillitis and glomerulonephritis: 1 (0,6%) <u>Résultats de l'analyse histologique, n (%)</u> • reactive lymphoid hyperplasia: 139 (81%) • reactive lymphoid hyperplasia and Actinomycosis: 20 (12%) • reactive lymphoid hyperplasia and follicle lysis: 8 (5%) ○ HIV-positive: 4 (50%) ○ HIV-negative: 4 (50%) • acute tonsillitis: 3 (2%) • tuberculosis of the adenoids: 1 (0.6%) • high-grade T-cell lymphoma of tonsils and adenoids: 1 (0.6%) • Two (1.2%) patients had significant pathological diagnoses – one with nasopharyngeal tuberculosis (tuberculosis of the adenoids), and one with T-lymphoblastic lymphoma of both tonsils and adenoids. ○ The patient with nasopharyngeal tuberculosis had had a positive tuberculosis contact, but no weight loss or fevers. He had cervical lymphadenopathy with bilateral multiple small nodes. He received a full course of antituberculosis treatment. ○ The patient with tonsillar lymphoma had weight loss, fever, rapid onset of upper airway obstruction, significant cervical lymphadenopathy (nodes >5 cm). The

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	histological examination.		indication for surgery was obstructive sleep apnoea and suspicion of lymphoma. ○ We found 20 patients (11.6%) with actinomycosis in the tonsils and adenoids. The pathologist's review of the specimens revealed that in only 1 patient did the presence of actinomycosis evoke a minor cryptitis, and in 3 patients there was an associated acute tonsillitis. There was no specific evidence of tissue reaction to <i>Actinomyces</i> in any of the other specimens (16 patients) reviewed, and their presence was found to be due to colonisation of the tonsils only. Conclusions : • The following criteria could improve cost-effectiveness of pathological examination of adenotonsillectomy specimens: positive tuberculosis contact at home, systemic symptoms of fever and weight loss, cervical lymphadenopathy > 3 cm, suspicious nasopharyngeal appearance, HIV-positive patient, rapid tonsillar enlargement or significant tonsillar asymmetry. • On our evidence, routine pathological investigation for South African children does not seem to be justified. Limites : • The small sample size and the limited time period may not be sufficient to make definitive conclusions. • Étude effectuée dans un seul centre en Afrique du Sud où l'incidence de tuberculose et du virus de l'immunodéficience humaine sont plus élevées qu'au Québec.

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Verma et al., 2009 États-Unis Étude transversale rétrospective	Période de recherche : between 2002 and 2006 Nombre de patients : 2 062 patients 4 749 specimens Average age: 6,1 years old; range 8 months to 18 years Objectif : To evaluate the incidence of unexpected histologic findings in routine tonsillectomy and adenoidectomy specimens.	Population cible : Children who underwent routine tonsillectomy, adenoidectomy, or adenotonsillectomy. Critères d'exclusion : Patients with non-routine indications for surgery were not included in our analysis. Patients who underwent suction bovie cauterization of the adenoid bed were also excluded as no specimen was collected. Méthodes : Retrospective chart review The medical chart, pathology requisition form, and histologic slides were reviewed for patients with an unexpected histologic diagnosis. To ensure that no cases were missed we examined our pathology database for adenotonsillar malignancies. Gross visual inspection is performed by a certified pathology assistant.	Résultats : <u>Procédures effectuées</u> - tonsillectomy: 1 017 patients - adenotonsillectomy: 835 patients - adenoidectomy alone: 210 patients <u>Résultats de l'analyse anatomopathologique</u> - benign follicular hypertrophy in 74.6% of specimens (3 541/4 749) - benign follicular hypertrophy with evidence of infection with actinomycetes in 25.3% of specimens (1 204/4 749) - Only four specimens had diagnoses different than follicular hyperplasia with or without infection. - necrotizing granulomas with giant cells (unexpected diagnosis): 1 (0,05%) - benign lymphoid hyperplasia with necrotizing inflammation and budding candidiasis (intraoperative findings revealed necrotic tissues of both the tonsils and adenoids): 1 (0,05%) - squamous epithelial lined cyst of the tonsil (no abnormalities noted at time of surgery): 2 (0,10%) - no clinically significant diagnoses were made from histological analysis of tonsil and adenoid specimens Conclusions : - Based on our data nothing of significance was revealed by obtaining histologic review of our routine specimens and we do not feel the cost and effort of histologic analysis is justified.

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			- A thorough history and physical is the most important predictor of an underlying disease process. If this does not generate suspicion of a malignancy or other significant diagnosis then neither gross nor histologic analysis should be necessary after a routine adenotonsillectomy. Limites : - Étude rétrospective effectuée dans un seul centre.
Mohamad et al., 2007 Malaisie Étude transversale rétrospective	Période de recherche : between January 2004 and October 2005 Nombre de patients : 480 specimens from 241 patient (population adulte et pédiatrique) Objectif : To assess the outcome of histopathological examination in routine tonsillectomy surgeries.	Population cible : All patients who had undergone tonsillectomy. Critères d'exclusion : Any patients with clinical suspicion of malignancy will be excluded. Méthodes : The histopathological evaluation reports were reviewed from the patients' case notes. All 480 tonsillar specimens were submitted for gross and microscopic histologic evaluation, as routinely performed in our hospital.	Résultats : <u>Description de la population à l'étude</u> - Majority of patients (68.1%) were in the pre-school and school-going age. <u>Indications pour la chirurgie</u> - recurrent infection: 64.3% - obstructive symptoms (snoring and sleep apnea): 34,9% - One case of tonsillar cyst None of the patients in our study population had clinical suspicion of malignancy. <u>Résultats de l'analyse histologique, n (%)</u> - reactive lymphoid hyperplasia: 462 (96.25%) - follicular hyperplasia: 18 (3.75%) - malignant: 0 (0,00%) Conclusions : - The result of this study, combined with evidence from our review of the literature, lead us to conclude that in the absence of clinical suspicion of malignancy, routine histologic examination of tonsillectomy specimens is not necessary, especially in paediatric age group patients.

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			Limites : Étude rétrospective effectuée dans un seul centre.																																																																																																																																																	
Dewil <i>et al.</i>, 2006 Belgique Étude transversale rétrospective	Période de recherche : between January 1999 and February 2006 Nombre de patients : 2 989 patients were included in the study: 2 058 (69%) children (defined as 16 years or younger) and 931 (31%) adults. Objectif : The purpose of this study was to investigate the incidence of unexpected malignancy in all tonsillectomy specimens of children and adults over the course of seven years and to evaluate the necessity for histopathological evaluation as a routine practice in every case of tonsillectomy. We also discussed the clinical preoperative signs of suspicion for malignancy.	Population cible : All patients, children and adults, who had undergone tonsillectomy surgery. Critères d'inclusion: In addition, patients operated with a high suspicion of malignancy were included in the study. Méthodes : We performed a retrospective study of the histopathology results for all patients, children and adults, who had undergone tonsillectomy surgery. All records were analysed for data on patient age and sex and the result of the histopathological examination of the tonsils. A code derived from the "Leidse Code®" was used for histological classification (CODAP 1999 code, Leuven KUL). The charts of patients with postoperative histopathological malignancy were further analysed and reviewed for	Résultats : <u>Résultats de l'analyse histologique</u> <table><tr><th>Pathological diagnosis</th><th>Code</th><th>Child</th><th>Adult</th><th>Total (number)</th></tr><tr><td>Normal/oedema</td><td></td><td>27</td><td>18</td><td>45</td></tr><tr><td>*normal</td><td>02/03</td><td>27</td><td>16</td><td>43</td></tr><tr><td>*oedema</td><td>15</td><td>—</td><td>2</td><td>2</td></tr><tr><td>Infection/inflammation</td><td></td><td>2 002</td><td>901</td><td>2 903</td></tr><tr><td>*non specific</td><td>20</td><td>161</td><td>52</td><td>213</td></tr><tr><td>*acute</td><td>21</td><td>742</td><td>396</td><td>1 138</td></tr><tr><td>*chronic</td><td>22</td><td>1 082</td><td>406</td><td>1 488</td></tr><tr><td>*scar</td><td>24</td><td>1</td><td>—</td><td>1</td></tr><tr><td>*granulation</td><td>25</td><td>—</td><td>4</td><td>4</td></tr><tr><td>*erosion</td><td>26</td><td>—</td><td>5</td><td>5</td></tr><tr><td>*ulcerous</td><td>27</td><td>—</td><td>2</td><td>2</td></tr><tr><td>*abscess</td><td>28</td><td>2</td><td>6</td><td>8</td></tr><tr><td>*foreign body</td><td>29</td><td>1</td><td>—</td><td>1</td></tr><tr><td>*presence of bacteria</td><td>34</td><td>—</td><td>2</td><td>2</td></tr><tr><td>*Actinomyces</td><td>35AC</td><td>12</td><td>27</td><td>39</td></tr><tr><td>*presence of virus</td><td>36VV</td><td>1</td><td>—</td><td>1</td></tr><tr><td>*food rests</td><td>38</td><td>—</td><td>1</td><td>1</td></tr><tr><td>Degeneration/abnormal growth</td><td></td><td>7</td><td>8</td><td>15</td></tr><tr><td>*atrophy</td><td>41</td><td>—</td><td>2</td><td>2</td></tr><tr><td>*fibrosis</td><td>43</td><td>1</td><td>1</td><td>2</td></tr><tr><td>*atypia</td><td>53, 60</td><td>1</td><td>1</td><td>2</td></tr><tr><td>*cyst</td><td>54</td><td>2</td><td>2</td><td>4</td></tr><tr><td>*hyperplasia</td><td>56</td><td>2</td><td>1</td><td>3</td></tr><tr><td>*polyp</td><td>57</td><td>1</td><td>1</td><td>2</td></tr><tr><td>Benign tumours</td><td></td><td>0</td><td>6</td><td>6</td></tr><tr><td>*fibroma</td><td>61</td><td>—</td><td>1</td><td>1</td></tr><tr><td>*papilloma</td><td>73</td><td>—</td><td>4</td><td>4</td></tr><tr><td>*mixed tumour</td><td>74</td><td>—</td><td>1</td><td>1</td></tr></table>	Pathological diagnosis	Code	Child	Adult	Total (number)	Normal/oedema		27	18	45	*normal	02/03	27	16	43	*oedema	15	—	2	2	Infection/inflammation		2 002	901	2 903	*non specific	20	161	52	213	*acute	21	742	396	1 138	*chronic	22	1 082	406	1 488	*scar	24	1	—	1	*granulation	25	—	4	4	*erosion	26	—	5	5	*ulcerous	27	—	2	2	*abscess	28	2	6	8	*foreign body	29	1	—	1	*presence of bacteria	34	—	2	2	*Actinomyces	35AC	12	27	39	*presence of virus	36VV	1	—	1	*food rests	38	—	1	1	Degeneration/abnormal growth		7	8	15	*atrophy	41	—	2	2	*fibrosis	43	1	1	2	*atypia	53, 60	1	1	2	*cyst	54	2	2	4	*hyperplasia	56	2	1	3	*polyp	57	1	1	2	Benign tumours		0	6	6	*fibroma	61	—	1	1	*papilloma	73	—	4	4	*mixed tumour	74	—	1	1
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ÉTUDE / PAYS / DEVIS	NOMBRE DE PATIENTS / OBJECTIF	POPULATION / MÉTHODES	RÉSULTATS / CONCLUSIONS / LIMITES																																																	
		preoperative indication of the tonsillectomy and for preoperative suspicion of malignancy.	<table><tr><td>Malignant tumours</td><td></td><td>0</td><td>20</td><td>20</td></tr><tr><td>*non-Hodgkin lymphoma</td><td>83</td><td>—</td><td>6</td><td>6</td></tr><tr><td>*squamous cell carcinoma</td><td></td><td>—</td><td>12</td><td>12</td></tr><tr><td>• <i>low differentiate</i></td><td>91WG</td><td>—</td><td>5</td><td>5</td></tr><tr><td>• <i>intermediate differentiated</i></td><td>91MG</td><td>—</td><td>4</td><td>4</td></tr><tr><td>• <i>well differentiated</i></td><td>91GG</td><td>—</td><td>1</td><td>1</td></tr><tr><td>• <i>unknown differentiation</i></td><td>91</td><td>—</td><td>2</td><td>2</td></tr><tr><td>*mucoepidermoid carcinoma</td><td>93ME</td><td>—</td><td>1</td><td>1</td></tr><tr><td>*undifferentiated large-cell carcinoma</td><td>96</td><td>—</td><td>1</td><td>1</td></tr></table>	Malignant tumours		0	20	20	*non-Hodgkin lymphoma	83	—	6	6	*squamous cell carcinoma		—	12	12	• <i>low differentiate</i>	91WG	—	5	5	• <i>intermediate differentiated</i>	91MG	—	4	4	• <i>well differentiated</i>	91GG	—	1	1	• <i>unknown differentiation</i>	91	—	2	2	*mucoepidermoid carcinoma	93ME	—	1	1	*undifferentiated large-cell carcinoma	96	—	1	1	• In 20 cases, malignancy was diagnosed. All cases were in adults and in each case there was a preoperative suspicion of malignancy. • Non-Hodgkin lymphoma was diagnosed in six patients. Preoperative suspicion in these cases was based on tonsil asymmetry, a suspicious adenopathy, history of previous lymphoma, or history of non-Hodgkin lymphoma in the parotid gland. • In 12 patients there was a squamous cell carcinoma of the tonsil. Sore throat, earache, and erosion of the pallatum molle, tongue base, or tonsil were preoperatively seen in these patients. • In two cases, there was a suspicious neck adenopathy that was on biopsy a metastasis of a squamous cell carcinoma. In one of them, a positron emission tomography scan showed a hot spot in the tonsillar region. Preoperative CT was performed in one patient, and in three cases a biopsy of the suspicious tonsil was taken. • We had one patient with a mucoepidermoid carcinoma who preoperatively had a sore throat with a normal clinical ENT examination, but on CT had a tonsillar			
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			tumour. An undifferentiated carcinoma was found in one patient but also with preoperative suspicion of malignancy. - No malignancy was found among the children. Conclusions : - Based on the present observations, microscopic examination of all routine tonsil specimens is not necessary. For each case, a gross examination and preoperative complete history with clinical examination should be performed to assess the presence of risk factors for malignancy. Limites : - Étude rétrospective effectuée dans un seul centre.
Felippe et al., 2006 Brésil Étude transversale rétrospective	Période de recherche : between 1978 and 2004 Nombre de patients : 2 088 (population adulte et pédiatrique) Objectif : Analyze the utility and cost of routine histopathologic diagnosis for tonsillectomy.	Population cible : Adult and pediatric patients who underwent palatine tonsillectomy. Critères d'exclusion : We excluded the biopsy cases in which the entire tonsil was not removed. Méthodes : We reviewed the files from the Department of Pathology of the University Hospital Clementino Fraga Filho, and collected the histopathology analysis report from palatine tonsils of adult and pediatric patients operated in the last 25 years, from 1978 to 2004,	Résultats : <u>Résultats de l'analyse histologique</u> - Only 4 (adult 28 to 80 years) cases presented some type of malignancy, and all of them were non-Hodgkin lymphomas, corresponding to 0.19% of the total. All of these non-Hodgkin lymphoma were already suspected before the surgery (palatine tonsil asymmetry 4 cases and all presented two or more risk factors for malignancy: neck lymphadenomegaly, mucosal irregularities/alterations felt in the palpation or body symptoms or unexplainable weight losing). Conclusions : - Aware of the low malignancy incidence in palatine tonsils (about 0.19% in our sample), and the possibility of having a preoperative triage through the collection of a thorough history and proper physical exam, it is not worth spending thousands of dollars per year by

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		regardless of patient age and surgical indication. Within the group of non malignant pathologies we included the following cases: follicular hyperplasia, lymphoid hyperplasia, acute and chronic inflammation.	institution in order to obtain routine histopathological exams for tonsillectomies. • Beatty risk factors should guide the request for histopathology, so that we may reduce the cost incurred by unnecessary exams. Limites : • Étude rétrospective effectuée dans un seul centre. • Peu de détails sur les constats anormaux.
Yasan et al., 2006 Turquie Étude transversale rétrospective	Période de recherche : from February 1995 to December 2004 Nombre de patients : Children (n = 1 184) who underwent a total of 1 217 adenoidectomies. Objectif : The purpose of this study was to evaluate the necessity for histopathologic investigation as a routine practice in every case of adenoid hyperplasia, and to find the incidence of unexpected pathologies of adenoid tissue.	Population cible : All patients younger than 16 years who underwent routine adenoidectomy (with or without tonsillectomy). Critères d'exclusion : Patients operated on primarily for suspicion of malignancy, unknown primary pathology and who underwent tonsillectomy without adenoidectomy were excluded from the study. Méthodes : We have reviewed the medical records of all children The histopathologic diagnosis along with clinical findings all was retrieved.	Résultats : <u>Procédures effectuées</u> • adenoidectomies: 352 (319 patients) • The other surgical interventions concomitant to adenoidectomy were: ○ tonsillectomy: 546 (546 patients) ○ ventilation tube insertion 473 (277 patients) ○ myringotomy without ventilation tube placement or dry tap: 196 (181 patients) ○ septoplasty: 9 (9 patients) ○ endoscopic sinus surgery: 6 (5 patients) ○ partial turbinectomy: 5 (5 patients) <u>Résultats de l'analyse histologique</u> • There has been no unexpected histopathologic result among patients underwent to primary adenoidectomy. • One patient who underwent revision adenoidectomy (3%) received a diagnosis other than adenoid hyperplasia. • Histopathologic investigation of the specimen was solitary plasmacytoma. Conclusions :

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			- We consider that, searching for malignancy in the case of primary adenoidectomy and classical clinical findings of adenoid hyperplasia is unnecessary. - Revision adenoidectomy and some peculiar clinical findings related with adenoid hyperplasia warrant the careful histopathologic investigation. Limites : - Étude rétrospective effectuée dans un seul centre. - Peu de détails sur les constats anormaux.
Dell'Aringa et al., 2005 Brésil Étude transversale rétrospective	Période de recherche : between January 2001 and May 2003 Nombre de patients : 250 patients 236 patients (94.4%) younger than 18 years 14 subjects (5.6%) were between 18 and 34 years of age. Objectifs : To analyze histological findings, as well as the usefulness and cost-benefit of this evaluation as a routine procedure.	Population cible : Patients who underwent tonsillectomy and adenoidectomy among adults and children. Méthodes : Histological review of specimens of 250 patients who underwent tonsillectomy and adenoidectomy among adults and children. For pharyngeal tonsils evaluation, patient underwent paranasal sinuses radiography and/or nasofibroscopy; surgery indication was made only in case of hypertrophy.	Résultats : <u>Résultats des procédures</u> 205 tonsil-adenoidectomies 45 tonsillectomies <u>Indications de chirurgies</u> - hypertrophy of palatine and pharyngeal tonsils plus recurrent infections (174 cases – 69.6%); - recurrent infections (12 cases – 4.8%) - hypertrophy only (64 cases – 25%) <u>Résultats de l'analyse histologique</u> 143 patients (57.2%) presented lymphoid hyperplasia 62 (24.8%) follicular lymphoid hyperplasia 45 (18%) suppurative focal acute inflammation 2 (0,8%) patients had squamous cell cysts 2 (0,8%) had small granules with <i>Actinomyces sp</i> colonies within the palatine tonsils' crypts 1 (0,4%) had necrotic suppurative and granulomatous inflammation with small abscess full of neutrophils covered by a granulomatous inflammatory reaction, resembling a venereal lymphogranuloma

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			- No cases of malignancy were verified among these patients. Conclusions : - According to other authors, we agree that routine clinical pathology exams of tonsillectomy specimens in children present low cost-benefit ratio. However, due to legal and ethical reasons, physician may request this analysis. Limites : - Étude rétrospective effectuée dans un seul centre. - Peu de constats anormaux.
Erdag et al., 2005 Turquie Étude transversale rétrospective	Période de recherche : between January 1990 and January 2005 Nombre de patients : 2 743 patients Objectif : In this study, the necessity of histopathologic examination for tonsillectomy and/or adenoidectomy was assessed in terms of unexpected malignancy by evaluating a large group of pediatric patients retrospectively	Population cible : Patients under the age of 19 who underwent tonsillectomy and/or adenoidectomy. Critères d'inclusion : Patients operated for chronic or recurrent infections and obstructive hypertrophy. Critères d'exclusion : Patients with suspected to have malignancy or unilateral tonsillar enlargement, craniofacial anomalies and systemic diseases were not included in the study. Méthodes : A retrospective chart review of all patients under the age of 19 who underwent	Résultats : <u>Procédures effectuées</u> - tonsillectomy and adenoidectomy: 1 930 patients (70%) - tonsillectomy: 287 (10%) - adenoidectomy: 526 (20%) <u>Résultats de l'analyse histologique</u> - Evaluation of the pathology reports revealed no malignancies. Conclusions : - The results of our study with review of the literature revealing similar results may justify the approaches that reserve the histopathologic examination for non-routine tonsillectomy and/or adenoidectomy specimens. We think that, after being evaluated by an experienced otolaryngologist, routine evaluation of all specimens may not be necessary if a child undergoing

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	with review of the literature.	tonsillectomy and/or adenoidectomy. The records were analyzed concerning each patient's age, sex, indication for surgery, type of surgical procedure and the result of histopathologic examination of the specimen.	tonsillectomy and/or adenoidectomy is not found to have certain preoperative risk factors. Limites : - Étude rétrospective effectuée dans un seul centre. - Aucun constat anormal décrit.
Garavello et al., 2004 Italie Étude transversale rétrospective	Période de recherche : between January 1994 and June 2002 Nombre de patients : 1,123 patients (aged less than 16 years) Objectif : The purpose of this study was to assess the incidence of clinically relevant unexpected diagnosis among children who underwent tonsillectomy with or without adenoidectomy in our units and to review current available series on this topic.	Population cible : All patients aged less than 16 years who underwent routine tonsillectomy (with or without adenoidectomy). Critères d'inclusion : Patients were eligible for this study if the primary indication for surgery was recurrent tonsillitis or obstructive hypertrophy. Critères d'exclusion : Specimens taken from patients with high suspicion of a tonsil malignancy and those in which the indication for surgery was omitted were excluded from this study. Méthodes : Retrospective study and review. Patient sex and age, along with the indication for surgery, were obtained from the pathology report or the patient chart.	Résultats : <u>Procédures effectuées</u> - tonsillectomy alone: 318 (28.3%) - tonsillectomy and adenoidectomy: 805 (71.7%) <u>Résultats de l'analyse histologique, n (%)</u> - Reactive lymphoid hyperplasia: 824 (73.3%) - Follicular hyperplasia: 175 (15.6%) - Acute and chronic tonsillitis: 122 (10.9%) - Malignant lymphoma: 2 (0.2%) - Two unsuspected clinically relevant diagnoses were detected in our series, corresponding to an incidence rate of 0.18% (95% CI 0.07–0.56). - Both cases had a stage I Burkitt non-Hodgkin's lymphoma of the tonsil. - More specifically, the first case was a 6-year-old male with a slight asymmetry of the tonsils who underwent surgery for recurrent acute tonsillitis. The remainder of the local and general examination was completely unremarkable and the malignancy was not suspected before surgery. - The second case was an 8-year-old male who underwent surgery for recurrent acute

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			tonsillitis. Tonsils were described as symmetrically enlarged, and the remainder of the local and general examination was found to be unremarkable. - Both patients received standard chemotherapy for four cycles and are currently considered disease-free after 3 and 5 years, respectively. Conclusions : - The results of our study confirm that the elimination of routine histologic examination of tonsils removed from children poses a minimal risk of missing clinically significant pathologies. - However, this study also emphasizes the need for an in-depth cost-effectiveness analysis before drawing definitive conclusions on this topic. Limites : - Étude rétrospective effectuée dans un seul centre. - Peu de détails sur les constats anormaux.
Aydin et al., 2003 Turquie Étude transversale rétrospective	Période de recherche : between the years 1987 and 2002 Nombre de patients : 1,820 patients 1,252 pediatric patients (aged less than 16 years) 568 adult patients. Objectif :	Population cible : Patients who had undergone tonsillectomy. Méthodes : The archival hematoxylin- and eosin-stained sections of tonsillectomy samples of patients, who had undergone tonsillectomy in our clinic, were re-evaluated in the Department of Pathology of our Faculty of Medicine. On histopathologic examination,	Résultats : <u>Résultats de l'analyse histologique, n (%)</u> <i>Actinomyces</i>: 122 (6.7%) - cryptic abscess: 144 (7.9%) - cyst formation: 146 (8.0%) - granuloma: 11 (0.6%) - There was malignant tonsillar disease only in 9 adult cases (0,5%) (30 to 85 years). - diffuse large B-cell lymphomas: 3 (0,16%) - diffuse mixed small- and large-cell lymphoma: 1 (0,05%) - lymphoblastic lymphoma: 1 (0,05%)

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	To find out the significance of the histopathologic assessment of tonsillectomy materials in an attempt to understand the cost-effectiveness of this procedure.	the presence of actinomycosis, cryptitis, cyst formation (cysts formed by dilated crypts that contained keratin debris within a squamous epithelium), granuloma as well as malignancy was assessed.	○ malignant T-cell lymphoma: 1 (0,05%) ○ epidermoid carcinoma: 1 (0,05%) ○ adenoid-cystic carcinoma: 1 (0,05%) ○ undifferentiated carcinoma: 1 (0,05%) • The evaluation of the medical records revealed that these tonsillectomies had been performed with a presumptive diagnosis of malignancy on clinical examination; therefore, these were not incidental histopathologic diagnoses of malignancy. Conclusions : • Histopathologic examination of tonsillectomy material is recommended only in the presence of suspected malignancy after clinical evaluation. Residency training and medical-legal limitations may be considered as two other exceptions. Limites : • Étude rétrospective effectuée dans un seul centre.
Gillespie <i>et al.</i>, 2003 États-Unis Étude transversale rétrospective	Période de recherche : Between 1991 and 2001 Nombre de spécimens : 804 routine adenoidectomy specimens (mean age 6,4 years old, 1 à 61 years)	Population cible : Patients who underwent routine adenoidectomy Méthodes : A retrospective review of all adenoidectomy specimens examined by the Medical University of South Carolina Department of Pathology was performed to assess the prevalence of unsuspected disease found in routine adenoidectomy specimens.	Résultats : <u>Résultats de l'analyse histologique</u> • benign lymphoid hyperplasia: 748 (93%) • benign lymphoid hyperplasia with actinomycosis: 57 (7%) • noncaseating granulomas consistent with sarcoidosis: 1 (0,12%). In the 44-year-old patient, the adenoids were removed to rule out malignancy and to treat the underlying effusion. The sarcoid found on pathological review was an unsuspected finding, but had limited impact on the patient's immediate postoperative management, because the patient was otherwise asymptomatic.

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	20 (2,5%) specimens were from subjects older than 18 years. Objectif : The first research question was whether the prevalence of unsuspected disease found on review of routine adenoidectomy specimens was high enough to warrant tissue submission for microscopic examination.	Searching for the term "adenoid" on the surgical pathology database identified specimens for review. The information obtained included patient age, sex, type of surgery, and histopathologic diagnosis. The electronic patient record was used to obtain additional information on the single patient who had a diagnosis other than benign lymphoid hyperplasia.	Conclusions : - A retrospective analysis of the prevalence of occult adenoid disease suggests that the risk of a missed diagnosis is low but nevertheless present. Limites : - Étude rétrospective effectuée dans un seul centre. - Peu de détails sur les constats anormaux.
Williams et Brown, 2003 États-Unis Étude transversale rétrospective	Période de recherche : between 1970 and July 2001 Nombre de patients : 4 070 Objectif : Non précisé	Population cible : Patients 21 years old or younger who underwent tonsillectomy and/or adenoidectomy. Méthodes : Using the SNOMED database, we conducted a retrospective study of all patients 21 years old or younger who underwent tonsillectomy and/or adenoidectomy. Routine histological examination of at least 1 random section per tonsil and adenoids was performed on all specimens. Pathology reports and clinical histories	Résultats : <u>Spécimens analysés</u> - tonsils only: 610 (15%) - tonsils and adenoids: 1 628 (40%) - adenoids only: 1 832 (45%) <u>Résultats de l'analyse anatomopathologique</u> 2 of the 4070 specimens were noted to have granulomas (representing 0.05% of all cases). - Three of the 4070 (0,07%) patients had clinically significant pathological diagnoses - which included 2 cases of non- Hodgkin's lymphoma (NHL), 1 (0,02%) case of Burkitt's lymphoma (tonsillar biopsy was performed at an outside

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		were reviewed for all cases that showed clinically significant pathological diagnoses. Clinically significant diagnoses were considered those diagnoses that would have significant impact on care of the patient, including malignancies and some infectious agents. Nonclinically significant diagnoses were considered those with histology interpreted as normal, acute, or chronic tonsillitis or tonsillar hyperplasia.	facility for partial airway obstruction. The biopsy specimen was consistent with lymphoma.) ▪ 1 (0,02%) case of small noncleaved cell, non-Burkitt's type (4-cm cervical lymph node and enlarged tonsils) ○ 1 (0,02%) case of a possible viral disorder in which a lymphoproliferative process could not be excluded. (Slides were received in consultation on an 11 year old male with bilateral tonsillar enlargement peripheral lymphocytosis, and cervical adenopathy.) The 3 patients with clinically significant diagnoses had undergone tonsillectomy only. In the 3 cases in our study in which a clinically significant diagnosis was found on histological examination, the patients had obvious clinical signs and symptoms of their disease outside of the tonsils/adenoids. Conclusions : • Based on our findings, our recommendation is that microscopic examination of routine tonsils and adenoids from individuals 21 years or younger is not indicated. • Gross examination of all specimens is still recommended. Limites : • Étude rétrospective effectuée dans un seul centre.
Strong et al., 2001 États-Unis Étude transversale rétrospective	Période de recherche : between January 1984 and March 1999	Population cible : Pediatric patients who underwent tonsillectomy and adenoidectomy.	Résultats : <u>Résultats de l'analyse histologique</u> • There were no instances of occult malignancy found for patients undergoing tonsillectomy alone,

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	Nombre de patients : 1 583 pediatric patients Objectif : Perform a retrospective analysis of pediatric occult malignancy in routine T&A specimens.	Méthodes : The second arm of the study involved a retrospective analysis of routine T&A specimens obtained from 1 583 pediatric patients at UCD between January 1984 and March 1999. The pediatric cutoff age was chosen to be less than 18 years of age in order to simplify the computer search. In an attempt to insure no malignancies were missed, the routine T&A specimen data were cross referenced with the UCD Cancer Registry for the diagnosis of tonsil and/or adenoid malignancy (including lymphoma).	tonsillectomy and adenoidectomy, or adenoidectomy alone. Conclusions : - Multiple studies have shown that while the incidence of occult malignancy in routine tonsillectomy/adenoidectomy specimens is extremely low, it is not zero. Therefore, there will always be an argument in favor of histopathologic examination of routine tonsillectomy and adenoidectomy specimens. In an effort to manage this dilemma, objective criteria should be established for full pathologic analysis of routine specimens. We have adopted criteria for full microscopic analysis that include pediatric patients with tonsillar asymmetry, mucosal irregularities, immunocompromise, clinical signs of malignant disease (pain/hoarseness/cervical adenopathy, weight loss, night sweats, etc), or other risk factors for underlying malignancy (ie, tobacco, alcohol, previous malignancy, etc). All adult specimens are sent for full histologic analysis despite the lack of risk factors suggestive of malignancy. Limites : - Étude rétrospective effectuée dans un seul centre. - Peu de détails sur la méthodologie utilisée.
Younis <i>et al.</i>, 2001 États-Unis Étude transversale rétrospective	Période de recherche : between January 1994 and December 1999 Nombre de patients : 2 438	Population cible : Adult and pediatric patients who underwent tonsillectomies and adenotonsillectomies. Méthodes :	Résultats : <u>Résultats de l'analyse anatomopathologique</u> - None of the pediatric patients had an unusual or malignant pathologic diagnosis other than lymphoid or follicular hyperplasia: 2 099 (100%). - In the adult age group - lymphoid hyperplasia: 299 (88.2%)

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	2 099 (86%) charts were in the pediatric group (18 years of age or younger) and 339 (14%) were adults Objectif : To evaluate the use and necessity of obtaining histopathology on patients undergoing tonsillectomy, and to provide indications and guidelines for requesting histopathology on tonsillectomy patients.	A retrospective chart review of all adult and pediatric patients who underwent tonsillectomies and adenotonsillectomies Except in the patients found to have a positive pathologic diagnosis, only the histopathologic data were reviewed. Patient charts with malignant diagnoses were reviewed for preoperative indications for the surgical procedure and whether clinical suspicion for malignancy prompted the procedure.	○ squamous cell carcinoma: 34 (10%) ○ lymphoma: 6 (1.8%) ○ The overall incidence of a pathologic diagnosis was 40 of 2 438 (1.6%) and all patients had been scheduled for tonsillectomy as part of a work-up for suspected malignancy Conclusions : • Based on our review of 2 438 patients who underwent tonsillectomies for a variety of known indicators, we think histopathologic diagnosis may not be required on every patient, especially in the pediatric age group. We think gross review of the tonsil specimens may be enough. Microscopic histopathologic diagnoses may also be required in patients who are suspected clinically to have unusual preoperative findings or risk factors. Limites : • Étude rétrospective effectuée dans un seul centre. • Peu de détails sur les observations cliniques.
Ikram et al., 2000 Pakistan Étude transversale rétrospective	Période de recherche : between January 1994 and December 1997 Nombre de patients : 400 tonsil specimens removed from 200 patients aged 4 to 49 years (mean: 15.8). Objectif : To assess the role of histopathologic	Population cible : Patients who had undergone tonsillectomy surgery for various indications. Méthodes : We performed a retrospective chart review of 220 patients who had undergone tonsillectomy surgery for various indications. The defined risk factors for malignancy are tonsil asymmetry, a visible tonsillar	Résultats : <u>Indications pour la chirurgie</u> • The most common indications for tonsillectomy were quinsy, sleep disorders, and snoring. • Only one patient underwent tonsillectomy to rule out malignancy. <u>Procédures effectuées</u> • A tonsillectomy alone was performed on 195 (97.5%) patients; the remaining five patients (2.5%) underwent both tonsillectomy and adenoidectomy. • Electrocautery was performed on 119 patients (59.5%), while 79 (39.5%) had tonsillectomy by the

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	examination in routine tonsillectomy surgeries.	lesion, a neck mass, a history of cancer, constitutional symptoms (unexplained weight loss, fatigue, fever, night sweats, loss of appetite), and a history of tobacco, paan leaf, or betel nut use.	dissection method and two patients (1%) received a combination of both. <u>Résultats de l'analyse histologique, n (%)</u> - reactive lymphoid hyperplasia: 273 (68.3%) - follicular hyperplasia: 54 (13.5%) - acute or chronic tonsillitis: 40 (10.0%) - no pathology: 30 (7.5%) - reactive lymphoid hypertrophy and <i>Actinomyces</i> spp.: 2 (0.5%) - non-Hodgkin's lymphoma: 1 (0.3%) - Only one malignancy was found: a non-Hodgkin's lymphoma in one tonsillar specimen of a patient who had a marked asymmetry of his tonsils and a history of smoking. Conclusions : - The results of this study, combined with evidence gathered from our review of the literature, lead us to conclude that in the absence of certain preoperative risk factors (tonsillar asymmetry, a neck mass, a visible tonsillar lesion, a history of cancer, constitutional symptoms, or a history of tobacco, paan leaf, or betel nut use), routine histologic examination of tonsillectomy specimens is not necessary and serves only to increase costs and divert man-hours. Limites : - Étude rétrospective effectuée dans un seul centre. - Peu de détails sur les constats anormaux.
Reiter <i>et al.</i> , 1999 États-Unis	Période de recherche :	Population cible : Tonsillectomies performed on patients 18 years and older.	Résultats : <u>Indications pour l'amygdalectomie</u> routine-tonsillectomy group (n = 1280)

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Étude transversale rétrospective	between January 1989 and July 1996 Nombre de spécimens : Routine-tonsillectomy for benign disease group : 1 280 Asymetric tonsils group : 31 Objectif : We sought to determine whether our own practice at the Massachusetts Eye and Ear Infirmary of routine microscopic examination of all adult tonsillar specimens is indeed justified.	Critères d'exclusion: The 295 specimens excluded from all three groups consisted of specimens (1) subjected to gross examination alone, (2) sent from outside institutions for pathologic consultation, (3) taken from patients with a history of tonsillar malignancy or preoperatively identified tonsillar abnormalities such as a mass or ulceration, and (4) obtained from incisional biopsy of one or both tonsils. Méthodes : We retrospectively searched our pathology database for tonsillar specimens obtained from patients aged 18 years or older. Three subsets were created on the basis of indications for tonsillectomy: The first subset, the routine tonsillectomy group, consisted of all bilateral tonsillar specimens removed for benign indications, including chronic or recurrent tonsillitis, peritonsillar abscess, obstructive sleep apnea, and Eagle's syndrome.	○ recurrent or chronic tonsillitis: 1 007 (78.7%) ○ obstructive sleep apnea: 216 (16.9%) ○ peritonsillar abscess: 52 (4.1%) ○ Eagle's syndrome: 4 (0.3%) • tonsillar asymmetry or lymphoma workup (group 2, n = 31) ○ tonsillar asymmetry ○ lymphoma workup <u>Résultats de l'analyse histologique</u> • Routine-tonsillectomy group ○ squamous papilloma: 8 ○ elastic cartilage elements: 8 ○ granulomata: 3 ○ squamous metaplasia of minor salivary gland ducts: 3 ○ polyclonal plasma cell infiltrates: 3 ○ sulfur granules: 2 ○ cryptic cyst: 1 ○ vegetable material in cyst: 1 ○ pyogenic granuloma: 1 ○ granulation tissue: 1 ○ TOTAL: 31 (2.5%) ○ None of these benign incidental findings prompted further diagnostic workup or treatment. ○ No cases of malignant pathology were detected in the routine-tonsillectomy group. • tonsillar asymmetry or lymphoma workup (group 2) ○ Five specimens (16%) demonstrated pathologic findings other than normal tonsillar tissue or hyperplasia.

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		The second subset, the asymmetric-tonsil group, comprised all bilateral tonsil specimens removed for indications of “asymmetric tonsils” or “rule out lymphoma.” Specifically excluded from this group were unilateral tonsil specimens taken during biopsies performed for lymphoma workup and bilateral tonsillectomies performed for lymphoma workup in which preoperative evaluation revealed focal tonsillar mass or ulceration. The third subset, the unknown primary group, consisted of nine patients. All had biopsy-proven squamous cell carcinoma (SCC) metastatic to the neck and were undergoing endoscopy and random biopsies of the upper aerodigestive tract, including excisional biopsy of the ipsilateral tonsil, in an effort to identify occult primary lesions. Excluded from this group were patients with previously diagnosed or treated malignancies, those in whom intraoperative findings revealed the site of the primary lesion, and those	○ Two malignancies (6.5%) were detected, both unilateral diffuse large-cell lymphomas. ○ Benign pathologic findings consisting of cryptic cysts (two cases, 6,4%) and actinomyces (one case, 3,2%) were identified in three patients (9.6%). Conclusions : • We conclude that the rarity of occult malignancy in clinically benign adult tonsils fails to provide adequate justification for routine histopathologic examination of all such specimens. • All patients must be carefully evaluated before surgery by means of thorough history and head and neck examination to detect any clinical evidence of malignancy. • Full histopathologic examination is indicated in high-risk groups. These we define as patients with (1) significant tonsillar asymmetry, (2) any tonsillar abnormality on physical examination, (3) squamous cell carcinoma metastatic to the neck with an unknown primary lesion, and (4) clinical signs or symptoms suggestive of malignant disease such as unilaterality of signs or symptoms, persistent cervical or distant lymphadenopathy, fevers, or night sweats. Limites : • Étude rétrospective effectuée dans un seul centre. • Peu de détails sur les constats anormaux.

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		patients undergoing random biopsies not including complete excision of the ipsilateral tonsil.	
Alvi et Vartanian, 1998 États-Unis Étude transversale rétrospective	Période de recherche : between January 1992 and July 1996 Nombre de patients : 288 patients Groupe 1 (gross examination only): 185 patients had a total of 370 tonsil specimens removed. The mean age was 6 years with a range of 1 to 14 years. Groupe 2 (gross and microscopic examination): 103 patients had a total of 206 tonsil specimens removed. The mean age was 21.6 years with a range of 3 years to 68 years. Objectif : In this study, we have reported our institutional incidence of processing tonsil tissue, correlated the preoperative clinical	Population cible : Patients who underwent tonsillectomy. Méthodes : A retrospective chart review was done of all cases of patients who underwent tonsillectomy between January 1992 and July 1996. The study specimens were divided into two groups. Group 1 consisted of tonsil specimens in which no microscopic histologic examination was done. Group 2 consisted of tonsil specimens with documented microscopic histologic examination performed.	Résultats : <u>Groupe 1 (n = 185)</u> - Données cliniques 11 (6%) had only a tonsillectomy 174 patients (94%) had a tonsillectomy with an adenoidectomy - The preoperative diagnosis was chronic tonsillitis in 69 patients (37%), tonsil hypertrophy with obstruction in 45 patients (24%), and chronic tonsillitis with tonsil hypertrophy and obstruction in 71 patients (39%). - No patients had a diagnosis of tonsil asymmetry or suspicion of a neoplasm. - Analyse histopathologique - Gross examination of the tissue was done in 173 patients (94%) - No pathologic examination was done of the tonsil tissue from 12 patients (6%) - No abnormal gross pathologic findings were noted <u>Groupe 2 (n = 103)</u> - Données cliniques 78 (76%) had a tonsillectomy only 25 (24%) had a tonsillectomy with adenoidectomy - chronic tonsillitis in 71 patients (69%) (Three cases of peritonsillar abscess were included in this group.)

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	diagnosis with the postoperative histologic diagnosis, and ascertained whether the results of microscopic histologic examination altered the treatment of these patients.		○ Tonsil hypertrophy with obstruction was seen in 5 patients (5%) ○ Chronic tonsillitis and hypertrophy with obstruction in 24 patients (23%) ○ Tonsil asymmetry or suspicion of neoplasm in 3 patients (3%) • Analyse histopathologique ○ All tonsil specimens were subjected to gross and microscopic histologic examination ○ Forty-six patients with a preoperative diagnosis of chronic tonsillitis only had evidence of inflammation ○ Cryptitis was seen in 35 patients and 31 of these patients had a preoperative diagnosis of chronic tonsillitis with or without hypertrophy ○ Sulfur granules were seen in tonsil specimens from five patients, all of whom had a history of chronic tonsillitis only ○ Actinomyces species were seen in one patient ○ There were only five patients with a preoperative diagnosis of tonsil hypertrophy only, and on histologic examination the tonsils in two of these cases showed inflammation, two cases showed follicular hyperplasia, and two cases showed both. ○ Among the three cases with a preoperative diagnosis of tonsil asymmetry, two specimens showed inflammation and one showed both inflammation and follicular hyperplasia histologically. ○ The only malignancy diagnosed was a lymphoma seen in a patient with a preoperative diagnosis of peritonsillar abscess. In only one patient was the treatment altered as a result of the microscopic findings.

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			This patient was a 65-year-old man with a history of peritonsillar abscess. Histologically the tonsil showed an occult lymphoma. Conclusions : - The routine histologic examination of tonsillectomy specimens results in unnecessary cost and consumption of resources and time. Histologic examination should be done in only selected cases such as in older patients and in patients with gross tonsil asymmetry and history of malignancy. Limites : - Étude rétrospective effectuée dans un seul centre - Un examen macroscopique seulement a été effectué pour 94% des patients du groupe 1 (biais de sélection possible) - Peu de détails sur les constats anormaux
Beaty et al., 1998 États-Unis Étude transversale rétrospective	Période de recherche : between January 1985 and September 1995 Nombre de patients : 453 patient records analyzed Objectif : This study was designed to examine the feasibility of establishing risk factors for tonsillar malignancy in adults undergoing tonsillectomy. Specific goals included the development of a	Population cible : All patients 18 years or older undergoing palatine tonsillectomy. Méthodes : A retrospective review of all patients 18 years or older undergoing palatine tonsillectomy.	Résultats : <u>Diagnostic préopératoire, n</u> - Recurrent/acute tonsillitis: 194 (42,8%) - Obstructive sleep apnea: 70 (15,4%) - Chronic tonsillitis: 62 (13,7%) - Peritonsillar abscess: 52 (11,5%) - Tonsil mass: 26 (5,7%) - Tonsillar asymmetry/hypertrophy: 13 (2,9%) - Heroic snoring: 13 (2,9%) - Carcinoma/lymphoma: 9 (2,0%) - Neck mass: 7 (1,5%) - Other: 7 (1,5%) <u>Résultats de l'analyse histologique</u> - Lymphoid hyperplasia: 226 (49,9%) - Follicular hyperplasia: 147 (32,5%)

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	predictive model for high-risk patients in whom tonsillectomy and pathologic examination of the surgical specimen should optimally be expedited.		- Acute/chronic tonsillitis: 21 (4,6%) - Normal tonsil: 17 (3,8%) - Hyperplasia: 15 (3,3%) - Squamous carcinoma: 12 (2,6%) - Lymphoma: 6 (1,3%) - Carcinoma <i>in situ</i>: 2 (0,4%) - Acute myelogenous leukemia: 1 (0,2%) - Hodgkin's disease: 1 (0,2%) - Mucoepidermoid carcinoma: 1 (0,2%) - Malignant melanoma : 1 (0,2%) - Undifferentiated spindle cell carcinoma: 1 (0,2%) - Other benign: 2 (0,4%) - Of the 453 patients analyzed, 25 (5,5%) had malignant pathology. - There was no patient in our study without any risk factors who harbored a malignant lesion. Conclusions : - Patients with risk factors, and particularly multiple risk factors, should optimally be considered for accelerated operative scheduling. Limites : - Étude rétrospective effectuée dans un seul centre.
Netser et al., 1997 États-Unis Étude transversale rétrospective	Période de recherche : from January 1, 1985, to September 1, 1995 Nombre de patients : 2 700 routine procedure Objectif : We used cost-benefit analysis to study the	Population cible : Patients who had undergone bilateral tonsillectomy, bilateral tonsillectomy and adenoidectomy, or adenoidectomy alone. Méthodes : The final diagnosis text for all specimens coded according to SNOMED (standardized	Résultats : <u>Procédures effectuées</u> - Routine 1 033 (38.3%) had tonsillectomy 898 (33.3%) had tonsillectomy and adenoidectomy 769 (28.5%) had adenoidectomy alone <u>Indication pour la chirurgie</u>

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	incidence of clinically significant disease and the utility of the histologic examination of routine and non-routine tonsils and adenoids specimens.	nomenclature of medicine) as "tonsil or adenoid" during a 10-year 8-month period at the University of Iowa Hospitals and Clinics were reviewed retrospectively. From the medical charts, the age, clinical impression, and follow-up data were recorded. From the pathology requisition form, the clinical history was recorded as significant or nonsignificant. A significant clinical history consisted of a reported clinical diagnosis other than normal, tonsillitis, or hyperplasia. A recorded clinical diagnosis of normal, tonsillitis, or hyperplasia or no recorded clinical diagnosis was considered nonsignificant. The diagnosis from the pathology report was compared with the diagnosis on retrospective histologic review, and the number of discrepant diagnoses was recorded. Nonconsequential diagnoses (eg, papilloma) did not affect patient care, whereas consequential diagnoses (eg, granulomatous disease) could affect patient care.	• nonsignificant clinical history (n = 12) ○ sleep apnea (4 patients) ○ recurrent tonsillitis (6 patients) ○ middle ear disease (2 patients) ○ Six patients had a consequential pathologic diagnosis (However, based on chart review, the pathologic diagnosis did not affect clinical management in any case.) ▪ Atypical lymphoid proliferation suggestive of posttransplant lymphoproliferative disorder (This case should have been considered nonroutine, or at least routine with a significant history, because the patient had undergone organ transplantation 2 years earlier and was at risk for such a process.) ▪ Noncaseating granulomas, infectious cause vs sarcoidosis considered ▪ Ulcerative tonsillitis with follicular and immunoblastic hyperplasia consistent with viral mononucleosis ▪ Lymphoid hyperplasia and reactive immunoblastic hyperplasia suggestive of a viral infection ▪ Follicular hyperplasia with granulomas and yeast consistent with <i>Histoplasma capsulatum</i> ▪ Reactive hyperplasia with some atypical features ○ Six patients had an inconsequential pathologic diagnosis ▪ Five patients had papillomas, and one had fungal aggregates identified in the tonsillar crypts.

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		During the same 10-year 8-month period, 71 patients had a unilateral tonsillectomy (18 patients) or a tonsillar biopsy (53 patients) that was not performed as part of a panendoscopy procedure. These patients were considered to have nonroutine specimens. The medical chart, pathology requisition form, pathology final report, and histologic slides were reviewed for each patient. For all nonroutine specimens, we assumed that patient care depended on the pathologic diagnosis; these specimens had been removed primarily to obtain diagnostic information.	▪ In no case was there an effect on patient care. • Significant clinical history: clinical diagnosis (histologic diagnosis) (n = 15) ○ Obstructive sleep apnea and Hurler's syndrome (Follicular hyperplasia and histiocytes consistent with storage disorder) ○ Obstructive sleep apnea and type 6 mucopolysaccharidosis (Histiocytes consistent with storage disorder) ○ Tonsillitis with left peritonsillar abscess (Follicular hyperplasia and peritonsillar abscess) ○ Acute tonsillitis and anterior tonsillar bulge consistent with abscess (Lymphoid hyperplasia and wall of abscess) ○ Peritonsillar abscess (Tonsillitis and peritonsillar abscess) ○ Acute tonsillitis and peritonsillar abscess (Lymphoid hyperplasia and peritonsillar abscess) ○ Papillomatous lesion (Squamous papilloma) ○ None (Squamous papilloma) ○ Huge tonsils in patient with mononucleosis and airway obstruction (Features consistent with mononucleosis) ○ Mononucleosis and streptococcal tonsillitis (Marked lymphoid proliferation consistent with mononucleosis) ○ Necrotic oozing tonsils, hemorrhagic tonsillitis, agranulocytosis, and hemocytopenia

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			secondary to Epstein-Barr virus (Left tonsil, exudate containing yeast consistent with <i>Candida</i> organisms; right tonsil, lymphoid depletion) ○ Obstructive tonsillitis and necrotic tonsils; rule out mononucleosis (Necrotizing tonsillitis with florid immunoblastic hyperplasia) ○ Hepatic transplantation; differential diagnosis, lymphoid hyperplasia vs posttransplantation lymphoproliferative disorder (Follicular and immunoblastic hyperplasia) ○ Tonsillectomy 4 to 5 weeks earlier with no adenoids seen; then obstructive adenoids; workup for lymphoproliferative disease (Follicular and interfollicular hyperplasia; consider mononucleosis) ○ Acute myelomonocytic leukemia (M5), with airway obstruction (Leukemic infiltrate) ○ In all cases, the clinical and pathologic diagnoses were congruent. ○ In 13 cases, the pathologic diagnosis was consequential, and in 2 cases, the pathologic diagnosis was inconsequential (squamous papilloma). For routine tonsil and adenoid specimens, the incidence of clinically significant disease was remarkably low. In only 27 (1%) of 2,700 cases from a period somewhat longer than 10 years was the pathologic diagnosis something other than benign, tonsillitis, or hyperplasia. Conclusions :

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			- When routine T&A specimens are removed because of repeated infection or enlargement, gross-only examination or no examination should be performed. Before eschewing histologic examination, however, an adequate history and physical examination should be recorded on the pathology requisition sheet. Any atypical clinical history, such as the possibility of a lymphoproliferative disease, should result in a histologic examination even of routine specimens. - A careful clinical examination of the patient is equally important, because its absence could result in missing potentially significant lesions. This point cannot be overemphasized, and there must be communication of this information to the pathologist. Thus, not examining tonsil and adenoid specimens should be considered only when the surgeon has good clinical experience in recognizing abnormally appearing tonsils and adenoids. - The data also indicate that there is no specific age cutoff beyond which histologic examination should always be performed. Limites : - Étude rétrospective effectuée dans un seul centre.
Dohar et Bonilla, 1996 États-Unis Étude transversale rétrospective	Période de recherche : From March 1989 to October 1994 (children undergoing bilateral tonsillectomy and adenoidectomy) Between January 1991 and October 1994 (children who	Population cible : Children who underwent T&A or who underwent only tonsillectomy. Méthodes : A retrospective case series review of our experience at the Children's Hospital of Pittsburgh. From our computerized data bank, we reviewed the pathologic	Résultats : <u>Résultats de l'analyse histologique</u> - children who underwent T&A - no significant pathologic diagnoses were made (excluding clinically insignificant epithelioid granulomas) - children who underwent only tonsillectomy - one lymphoma, suspected before surgery on the basis of dramatic asymmetry between the right and left tonsils, was diagnosed.

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	underwent only tonsillectomy) Nombre de patients : A total of 2012 children 1985 children undergoing bilateral tonsillectomy and adenoidectomy Twenty-seven additional children who underwent only tonsillectomy Objectif : In this study we addressed the question of how best to pathologically examine routine tonsillectomy or adenoidectomy (T&A) specimens in two ways; by national survey and by retrospective review of our experience.	diagnoses of 1985 consecutive children who underwent T&A from March 1989 to October 1994. An additional 27 children who underwent only tonsillectomy between January 1991 and October 1994 were also reviewed, for a total of 2012 children.	○ A second diagnosis of a glycogen storage disorder was also made. This diagnosis was not suspected before surgery, nor was there anything unusual about the gross appearance or comparative weight of the tonsils to suggest it. ○ significant findings: 2/2012 (0,1%) ○ significant incidental finding: 1/2012 (0,05%) Conclusions : • We conclude that although a national consensus does not exist regarding the optimal pathologic examination of routine T&A specimens in children, the rare incidence of unsuspected diagnoses may justify approaches that are more cost-effective than routine microscopic examination. Limites : • Étude rétrospective effectuée dans un seul centre. • Peu de détails sur les constats anormaux.
Laing et McKerrow, 1991 Royaume-Uni Étude transversale prospective	Période de recherche : Non précisée Nombre de patients : A control group of 100 patients who had been on the waiting list for tonsillectomy for more than 2 years were selected and age and	Population cible : Adult patients having tonsillectomy (aged 13 years or over) Critères d'inclusion et d'exclusion : Routine tonsillectomies only were studied and patients being operated on for reasons such as suspected	Résultats : <u>Observations de l'examen macroscopique</u> • normal: 9 • fibrotic/scarred: 19 • pus or debris in crypts: 72 <u>Analyse anatomopathologique</u> • non-specific chronic inflammation: 90 • normal:10 • unsuspected pathology: 0

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	sex-matched with the operated group. Objectif : This study was undertaken with the intention of looking at tonsillectomy in detail with evaluation of the indications for surgery, the definitive outcome of surgery, and the general economic implications.	malignancy, post-quinsey or obstructive sleep apnoea were excluded. Méthodes : One hundred consecutive patients for tonsillectomy, aged 13 years or over, were interviewed by the authors on the day prior to surgery. A control group of 100 patients who had been on the waiting list for tonsillectomy for more than 2 years were selected and age and sex-matched with the operated group.	Conclusions : - The study confirmed our clinical impression that virtually all tonsils removed from adults could be described macroscopically as chronically infected and pathological analysis correlated well with this. Limites : - Étude effectuée dans un seul centre. - Peu de détails sur les constats anormaux.
Daneshbod <i>et al.</i>, 1980 Iran Étude transversale rétrospective	Période de recherche : Between 1968 and 1978 Nombre de spécimens : 15 120 specimens Objectif : Present the important pathological findings uncovered in 15 120 routine procedures and analyze the value of these examinations.	Population cible : Patients who underwent routine tonsillectomy. Méthodes : All tonsillectomy specimens were submitted for histologic examination. Cases with any pathologic diagnosis were studied extensively. Clinical records and histologic slides were reviewed and follow-ups obtained.	Résultats : <u>Résultats des procédures</u> 15 120 tonsillectomy specimens <u>Résultats de l'analyse histologique</u> - epidermal cysts (as a result of occlusion crypts): 454 (3%) - gram-negative bacteria (was believed to be clinically insignificant): 302 (2%) - tonsillar lymphoma (7 to 50 years): 6 (0,04%) Five of these patients had prominent enlargement of cervical lymph nodes, while 3 patients had associated tonsillar ulceration. - tuberculosis: 2 children (0,01%) although, of patients had cervical adenopathy with associated tonsillar enlargement, clinical diagnosis was made only after tonsillectomy.

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			- carcinoma (42 to 50 years): 3 (0,02%) All 3 cases were diagnosed clinically as fungating or ulcerated tumors in the tonsil and tonsillar fossa. Conclusions : - Considering the number of technicians, pathologists, and other health-care personnel involved, the cost of identifying abnormal pathology does not seem to justify histologic examination on all routine tonsillar hypertrophies. Moreover, the abnormalities might also have been suspected if the referring clinicians had been aware of the presence of such diseases causing tonsillar hypertrophy. - We therefore recommend that tonsillectomy specimens be stored in formalin for one month and then discarded if abnormal clinical signs (such as lymphadenopathy) fail to develop during that period. Limites : - Étude de 1980 en Iran qui n'est possiblement pas transposable au contexte québécois actuel. - Étude rétrospective effectuée dans un seul centre.
Sodagar et Mohallateh, 1972 Iran Étude transversale	Période de recherche : Since January 1967 until the end of September 1968 Nombre de patients : 718 (population pédiatrique et adulte) Objectif : Evaluate the need for routine histopathological	Population cible : Cases of tonsillectomy Méthodes : Étude transversale	Résultats : <u>Résultats de l'analyse histologique</u> - Two cases of lymphosarcoma in 718 cases (0,28%) - Case 1: Seven-year-old with left tonsil slightly larger than the right. Past history indicated that the patient had fever of unknown etiology. There was auxiliary adenopathy. - Case 2: Forty-seven-year-old who came to the clinic because of frequent sore throats. Conclusions : - Two cases of lymphosarcoma indicating a real need for routine histopathological examination of the tissue.

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	examination of tonsil tissue.		Limites : - Étude effectuée dans un seul centre. - Aucun détail méthodologique de l'étude n'est décrit. - Étude qui date de 1972 avant que les facteurs de risque de cancer associé aux amygdales soient bien connus.
Weibel, 1965 Danemark Étude transversale rétrospective	Période de recherche : from November 1 st , 1952 and up to November 1 st , 1963 Nombre de patients : 4 680 patients 3-month-old to 70-year-old Objectif : The purpose of this review was also to find out how often malignant tumours in tonsils and rhinopharynx make their first appearance with symptoms which can and actually have been mistaken for adenoids and banal tonsillar diseases.	Population cible : Patients who underwent adenoidectomies and / or tonsillectomies Méthodes : All adenoidectomies and tonsillectomies were counted and all microscopy reports were perused with review to pathological changes of clinical importance (malignancy, specific inflammation and systemic diseases). Benign diseases as e.g. lymphadenoid hypertrophy, tonsillitis, peritonsillitis, simple papillomas and retention cysts were not especially recorded. Neither does the material comprise the cases in which malignancy was suspected on clinical grounds before or during surgery, i.e., cases in which unilateral tonsillectomy or diagnostic curettage of the rhinopharynx was performed,	Résultats : <u>Procédures effectuées</u> 1 449 tonsillectomies 1 053 adenoidectomies 2 178 adenotonsillectomies Résultats de l'analyse histologique 3 cases (0,06%) (4 to 26 years) of epithelioid cell granulomas, which were of no consequence from a therapeutical point of view. 57-year-old man (0,02%) : in the course of surgery it was observed that his tonsils were unusually soft, almost like jelly. The tonsils were sent to microscopic examination, most likely without any mention being made on the reference form to the pathologist as to the clinical suspicion of malignancy. Microscopic examination revealed lymphosarcoma, and on revision of the previously referred tonsillar specimens the histological diagnosis was altered to lymphoma-suggestive of lymphosarcoma. Conclusions : - Hence, it appears justifiable to conclude that systematic microscopic examination of tonsils and adenoids from patients over the age of 40 years is required. Conversely, the risk of overlooking a malignant disease in children and young persons with

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		arid biopsies from tonsils or epipharynx.	clinical evidence of adenoids or banal tonsillar disorders seems to be so slight that microscopic examination can be omitted. Limites : • Étude qui date de 1965 effectuée dans un seul centre. • Peu de détails méthodologiques.
Starry, 1939 États-Unis Étude transversale	Période de recherche : 1922 to December 1 1938 Nombre de spécimens : 12 370 pairs of tonsils Objectif : To put more emphasis on the importance of more careful study of diseased tonsils and at the same point out some of the more interesting pathology found in routine examination.	Population cible : Patients who underwent tonsillectomy Méthodes : Every tonsil received in the laboratory was fixed in formaldehyde, then sectioned longitudinally at right angles to the mucous surfaces, dehydrated in acetone and embedded in paraffin. Sections were stained with hematoxylin and eosin.	Résultats : <u>Résultats de l'analyse histologique</u> • tonsillar tuberculosis: 7 (0,06%) cases With one exception, in the case of tuberculosis no evidence of clinical active tuberculosis was found (0,01%). In the one case some clinical and X-ray evidence of active tuberculosis was found subsequent to tonsillectomy. • syphilis of the tonsil: 9 (0,07%) cases ○ 8 (0,06%) adults (late stage) ○ 1 (0,01%) congenital case in a child • Grossly, the tonsils showed nothing definitely pathognomonic of syphilis. • cases of tumour: 4 (0,03%) ○ 2 malignant (0,02%) ▪ lymphosarcoma (0,01%) in a boy 16 years of age ▪ squamous cell carcinoma (0,01%) in an adult ○ 2 (0,02%) benign (papillomas in adults) • trichinosis: 1 case (0,01%) • The remaining cases all showed evidence of acute or chronic inflammatory change. In the first group studied, 0,282% of cases showed active lesions of the tonsil. In the second group only 0,082% showed active lesions. It would seem that tonsillar tuberculosis is on the decrease.

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			Conclusions : - Pathological findings in the tonsils justify routine examination. Limites : - Étude effectuée en 1939 dans un seul centre.
Prélèvements nasaux			
Jawad et al., 2021 Pakistan Étude transversale rétrospective	Période de recherche : from January 2012 and August 2017 Nombre de patients : 166 patients Mean age was 38.74 ± 9.43 years Objectif : The purpose of this study was to assess the necessity of histopathological examination in all patients undergoing functional endoscopic sinus surgery (FESS).	Population cible : Patients who underwent functional endoscopic sinus surgery and had age above 10 years at the time of presentation with chronic rhinosinusitis (CRS) Critères d'exclusion : The patients with malignancy and bleeding disorders, pregnant and lactating women and patient who underwent conventional procedures for CRS were excluded from the study. Méthodes : Retrospective study. Records of all the patients who underwent FESS were obtained from the Shifa Foundation Clinic The information including the demographic and clinical features were noted.	Résultats : All patients had nasal obstruction. <u>Résultats de l'analyse histologique, n (%)</u> - unilateral nasal polyp: 31 (18,7%) - bilateral nasal polyp: 56 (33,7%) - mucosal thickening: 55 (33,1%) - thick sludge: 5 (3%) - mucopus: 17 (10,2%) - black necrotic debris: 12 (7,2%) - others: 22 (13,3%) - biopsy taken in the center from the unilateral nasal mass ended up being a nasal polyp, two post-operative assessment of the specimen were positive for malignancy. If routine evaluation was not done, the true diagnosis of the mass would have been missed. Conclusions : - The results of this study suggest that all nasal polyp specimens removed intraoperatively must be submitted for histopathological examination. Limites : - Étude rétrospective effectuée dans un seul centre. - Peu de détails sur les constats anormaux.

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Ruffner et Scordino, 2022 États-Unis Étude transversale rétrospective	Période de recherche : between April 2016 and April 2018 Nombre de patients : 236 consecutive cases (74 cas avec une analyse histologique) Objectif : We explored pathology results following septoplasty from April 2016 to April 2018, examining clinical value and relevance, implications, and cost analysis.	Population cible : Adult patients undergoing septoplasty (from 18 to 76 years). Critères d'inclusion : Septoplasty was included when performed for nasal obstruction, deviated nasal septum, chronic rhinosinusitis, nasal deformity, and septal perforation. Septoplasty performed for surgical access was also included (ie, transsphenoidal pituitary surgery with deviated septum). Critères d'exclusion : Procedures with a preoperative diagnosis of sinonasal malignancy, neoplasia, autoimmune disease, or directed septal biopsies were excluded from review. Méthodes : Our institutional billing database was queried for adult patients undergoing septoplasty by Current Procedural Terminology (CPT) code 30520 (reshaping of nasal cartilage).	Résultats : <u>Chirurgies effectuées, n (%)</u> • septoplasty alone: 4 (1.7%) • turbinoplasty: 69 (29.4%) • turbinoplasty + additional procedures: 194 (82.6%) • FESS: including balloon sinus ostial dilation: 74 (31.5%) • rhinoplasty: 45 (19.1%) • pituitary resection: 24 (10.2%) • tonsillectomy: 11 (4.7%) • adenoidectomy: 8 (3.4%) <u>Résultats de l'analyse histologique</u> • Nasal septum pathology specimens were sent for 74 (31.4%) cases. The decision to send septal pathology was largely a provider preference. Half of our surgeon cohort did not send any specimens for pathology review. Two providers sent a majority of their specimens for pathology: 46 of 53 cases (86.8%) and 27 of 35 cases (77.1%). Unfortunately, the operative reports do not suggest a reason why pathology specimen was or was not sent. • 61 (82.4%) had septal contents as the only specimen, and 13 (17.6%) had multiple specimens from additional procedures such as endoscopic sinus surgery or tonsillectomy. In our largest cohort (82.6%), where septoplasty and inferior turbinoplasty were done with an additional procedure, there was not a single turbinate specimen sent in this group. • Expected (eg, benign reactive tissue, inflammation) : 74 (100%)

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			• Unexpected pathology : 0 (0%) • Pathologic analysis did not affect or modify patient care, and there was no additional diagnosis or change in patient care in routine postsurgical follow-up of up to 6 months. Conclusions : • Routine pathologic examination of septoplasty specimens removed in the context of nasal obstruction or septal deviation does not appear to have any clinically utility or value. Additionally, it does not improve or change patient care and management and is associated with direct and indirect costs. • Clinical suspicion for underlying pathology should guide decision making regarding sending nasal septal specimens for pathologic evaluation. Limites : • This study shows a high degree of variability regarding whether to send a specimen for pathologic evaluation after septoplasty. In our analysis, this appeared to be dominated by surgeon preference rather than surgical findings or support of literature. • Étude rétrospective effectuée dans un seul centre. • Peu de détails sur les constats anormaux.
Safadi <i>et al.</i>, 2021 Israël Étude transversale rétrospective	Période de recherche : between 2006 and 2015 Nombre de patients : 235	Population cible : Patients who underwent functional endoscopic sinus surgery (FESS) for chronic rhinosinusitis and bilateral polyposis, in which nasal polypectomy was performed.	Résultats : <u>Indication clinique pour la chirurgie</u> • chronic rhinosinusitis with bilateral nasal polyps <u>Suspicion clinique (polyp with erosion or vascular appearance), n (%)</u> 15 (6,4%)

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	Objectif : We performed a retrospective chart study in order to review all the histopathologic results of nasal polyps taken from patients with bilateral nasal polyposis in order to extrapolate the rate of unexpected neoplastic results in our institution.	Critères d'inclusion : Inclusion criteria were all adult patients with bilateral nasal polyps who underwent bilateral tissue sampling of the polyps during FESS. Critères d'exclusion : Patients with a preoperative diagnosis of neoplastic disease were excluded. Patients with unilateral polyposis were excluded from our study. Méthodes : The histopathologic results of all patients who underwent functional endoscopic sinus surgery (FESS) for chronic rhinosinusitis and bilateral polyposis, in which nasal polypectomy was performed from 2006 to 2015, were retrospectively reviewed. Pathological sample was obtained from bilateral polyps and was performed on samples from both sides. Patients were reclassified as suspicious or nonsuspicious according to intraoperative findings, clinical presentation of epistaxis or imaging studies demonstrating bone erosion.	<u>Résultats de l'analyse histologique selon la catégorisation clinique de la lésion (suspicion pré et peropératoire)</u> - Final pathology of neoplasm inverted papilloma - suspected: 5/15 (33%) - unsuspected: 5/220 (2.3%) - Final pathology of inflammation - suspected: 10/15 (67%) - unsuspected: 215/220 (97.7%) - Suspicious for neoplasm, n (%) - Final Pathology negative: 10/225 (4.4%) - Final Pathology positive: 5/10 (50%) - P Value: <.001 - No malignant lesions were detected in final pathology. The patients with positive pathological findings were significantly older than those with negative findings (63.0 ± 13.11 years vs 50.12 ± 16.3 years, respectively; $P = .015$). Conclusions : - We believe the rate of unexpected neoplastic disease warrants a routine histopathologic examination for chronic rhinosinusitis with bilateral nasal polyps, especially in the elderly population. Limites : - Not all polyps resected were sent to final pathologic examination. - Étude rétrospective effectuée dans un seul centre.

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Asimakopoulos et al., 2015 Écosse Étude transversale rétrospective	Période de recherche : from January 2010 to December 2010 Nombre de patients : 98 adult patients 102 consecutive nasal specimens (4 were taken from the same patients during revision surgery) Objectif : This study aimed to assess the necessity for histopathological investigation as routine practice in every case of bilateral or unilateral nasal lesions by estimating the incidence of unexpected pathologies.	Population cible : Adult patients underwent primary or revision elective endonasal polypectomy and sinus surgical procedures as in-patients. Critères d'inclusion : Patients for whom there was a high suspicion of neoplasia but who had undergone no previous biopsies were included in the study. Critères d'exclusion : Exclusion criteria included age younger than 16 years, and a known previous benign or malignant neoplastic sinonasal lesion. Méthodes : This study was based on a retrospective analysis. Patients were reviewed in the out-patient department using rigid nasendoscopy. Those clinically diagnosed with bilateral polypoid disease were listed for routine polypectomy. Clinical diagnoses made using rigid nasendoscopy	Résultats : <u>Résultats de l'analyse histologique</u> • 5 patients (5.1 per cent) had a histological diagnosis of inverted papilloma and 93 had simple inflammatory polyps. • Of 23 with unilateral polyp or lesion, 5 (22%) were inverted papillomas. • All five inverted papilloma patients were clinically diagnosed as having a unilateral lesion in the out-patient department. • None of the 75 patients clinically diagnosed with bilateral lesions or polyps were found to have inverted papillomas or other neoplasms on histopathological examination. Conclusions : • The results suggest that histopathological diagnosis is only necessary in unilateral lesion patients as no unexpected histopathological diagnoses were made in bilateral lesion patients. Limites : • Étude rétrospective effectuée dans un seul centre. • Peu de détails sur les constats anormaux. • Le diagnostic clinique est mentionné mais les observations des chirurgiens ne sont pas rapportées. • Les cas de lésions suspectes n'ont pas été exclus de l'étude.

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		were compared with histopathological diagnoses confirmed from biopsy samples obtained during surgical excision.	
Rajasekaran et al., 2014 États-Unis Étude transversale rétrospective	Période de recherche : between January 2008 and August 2011 Nombre de patients : 1 300 591 cases (tissue-producing procedures) Objectif : As septoplasty and turbinate procedures are largely performed concomitantly, the goal of this study was to investigate the clinical utility and cost implications of routine pathological examination of turbinate specimens obtained during surgery performed for nasal obstruction.	Population cible : Patients who underwent an inferior turbinate procedure for nasal obstruction. Méthodes : Charts of patients who underwent an inferior turbinate procedure for nasal obstruction.	Résultats : <u>Description des spécimens</u> • 591 cases or (45.5%) did result in tissue being removed from the patient. • Of these tissue-producing procedures, 454 specimens (77%) were discarded at the discretion of the surgeon and only 137 (23%) specimens were submitted to pathology. <u>Résultats de l'examen anatomopathologique</u> • All of these submitted specimens were examined grossly. • The large majority (123 cases or 90%) underwent histological examination as well. • No significant pathologic abnormalities were reported in any of the turbinate specimens examined. The only reported findings were "chronic inflammatory tissue" and "normal turbinate tissue," neither of which had any bearing whatsoever on patient care. Conclusions : • Routinely submitting inferior turbinate tissue that is removed during surgery performed for nasal obstruction for pathologic examination incurs costs and does not appear to improve quality of patient care. Such testing represents an added burden to an

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			already strained health care system and should perhaps be reconsidered. Limites : • La majorité des spécimens n'a pas été analysée en histologie ce qui a pu introduire un biais de sélection important. • Étude rétrospective effectuée dans un seul centre.
Yeh et al., 2014 Canada Étude transversale prospective	Période de recherche : Between January 29, 2007, and August 20, 2012 (at Western University) between February 2007 and April 2013 (at McMaster University) Nombre de patients : 866 cases (age not specified) Objectif : Our study aims to elucidate the role of routine histopathology in a novel fashion by calculating the number needed to screen (NNS) to pick up 1 unexpected diagnosis during endoscopic sinus surgery (ESS) for routine chronic rhinosinusitis (CRS),	Population cible : Patients who underwent ESS for CRS with nasal polyposis. Critères d'inclusion : (1) bilateral CRS where cases met American Academy of Otolaryngology diagnostic criteria for CRS; and (2) presence of bilateral nasal polyps. Critères d'exclusion : (1) unilateral disease, even if meeting criteria; (2) previous histopathologic diagnosis of nasal malignancy or premalignancy; or (3) lesions clinically suspicious for a diagnosis other than polyposis (based on the clinicians' judgment from endoscopic exam, CT imaging, or intraoperatively). Méthodes :	Résultats : <u>Résultats de l'analyse histologique, n (%)</u> • Only 4 cases yielded an unexpected pathologic finding (0.46% clinically significant unexpected diagnose) ○ 3 inverted papillomas ○ 1 squamous papilloma • The remaining 862 histopathologies (99.54%) were interpreted as acute inflammation, chronic inflammation, nasal polyps, normal sinonasal mucosa, allergic mucin, or allergic fungal sinusitis. • Therefore, the number need to screen (NNS) is 216.5 cases of CRS with nasal polyps in order to identify a single unexpected clinically significant pathological finding. Conclusions : • These data suggest that routine histopathologic examination in cases of bilateral nasal polyposis without any other suspicious findings is unwarranted. • In cases of unilateral disease, or in cases where there is any unusual feature seen endoscopically, histopathology is certainly warranted. • However, the evidence from our study and from the scientific literature no longer supports routine polyp pathological analysis in cases of CRS. The evidence

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	and to determine the cost of routine histopathology.	Data was extracted from the consultation notes, CT reports, operative notes, postoperative progress notes, and final histopathology reports. The number need to screen (NNS) was calculated by taking the number of functional ESS (FESS) cases in which histopathologic specimens were analyzed and dividing by the number of clinically significant unexpected histopathologic diagnoses.	strongly suggests that in the setting of bilateral polyposis, surgeons should exercise clinical judgment in requesting histopathologic analysis of polyps instead of arranging for it routinely. Limites : • Our study has inherent limitations. One of the major limitations is the possibility of sampling error. When ESS is performed for nasal polyps, a representative sample is taken for histopathologic analysis. There is the possibility that occult pathology could be left behind or removed without being analyzed during the course of surgery, resulting in a false negative. • Another potential limitation to our study is its external validity. All patients in this study were seen in tertiary care academic hospitals where the diagnosis was often premade and patients may have already had previous sinus surgery, as opposed to a community hospital where patients would be less differentiated and present without previous pathology reports.
Daniero et al., 2013 États-Unis Étude transversale rétrospective	Période de recherche : from 2005 to 2010 Nombre de patients : 1 172 individual patients (patients' ages ranged from 13 to 85 years) Objectif : The aim of this study is to review the results of	Population cible : Patients undergoing nasal surgery. Critères d'exclusion : All cases with a preoperative diagnosis of sinonasal neoplasia, autoimmune disease, or directed septal biopsies were excluded. Patients were not included in this study if the tissue specimens were discarded in	Résultats : <u>Description des spécimens</u> • 1 194 septal cartilage specimens • 714 turbinate specimens <u>Indications pour la chirurgie</u> • nasal obstruction • chronic rhinosinusitis • cosmetic nasal deformity • septal perforation <u>Types de chirurgies effectuées</u> • septoplasty with or without turbinectomy

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	histopathologic analysis of routine septal cartilage and turbinectomy specimens and to present a more cost-effective and value-based approach to handling these specimens.	the operating room and not processed through the pathology department. Méthodes : A retrospective chart review was performed of all patients with routine septal cartilage specimens. The operative and pathology reports were reviewed to identify the patient demographics, procedure, indication, and pathologic diagnosis. Gross and histopathologic examination of almost all specimens was performed as per routine in our practice.	• internal nasal valve repair • rhinoplasty • endoscopic sinus surgery with septoplasty and turbinectomy • septal perforation repair <u>Résultats de l'analyse histologique</u> • Four of the specimens were processed for gross examination only (all were limited to septal specimens). • No occult malignancies were identified in any of the 1 908 routine specimens. • 62 (3.2%) specimens had an unanticipated incidental pathologic diagnosis that did not affect patient care. ○ Nasal septum (n = 1 194), n (%) ▪ squamous metaplasia: 3 (0,25%) ▪ polypoid tissue: 3 (0,25%) ▪ necrotic tissue: 3 (0,25%) ▪ foreign body reaction: 1 (0,08%) ▪ necrotizing venulitis: 1 (0,08%) ▪ fibropurulent exudate: 1 (0,08%) ▪ ulceration: 3 (0,25%) ▪ papilloma: 1 (0,08%) ▪ hyperkeratosis/parakeratosis: 3 (0,25%) ▪ fungal hyphae : 1 (0,08%) ○ Inferior turbinate (n = 714), n (%) ▪ squamous metaplasia: 33 (4,62%) ▪ polypoid tissue: 6 (0,84%) ▪ necrotic tissue: 1 (0,14%) ▪ foreign body reaction: 0 (0,00%)

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			- necrotizing venulitis: 0 (0,00%) - fibropurulent exudate: 0 (0,00%) - ulceration: 1 (0,14%) - papilloma: 0 (0,00%) - hyperkeratosis/parakeratosis: 1 (0,14%) - fungal hyphae: 0 (0,00%) Conclusions : - The relative infrequency of unsuspected clinically relevant pathology found in this case series supports a decision to waive pathologic analysis of routine nasal septum and inferior turbinate specimens. - Surgeons should continue to maintain vigilance and identify signs and symptoms suggestive of an underlying pathology and request appropriate histopathologic evaluation when indicated. Limites : - Étude rétrospective effectuée dans un seul centre. - Étude menée dans un centre tertiaire - Nombre de spécimens non transmis au laboratoire de pathologie non spécifié (biais de sélection)
Haffey et al., 2012 États-Unis Étude transversale rétrospective	Période de recherche : between January 2010 and December 2011 Nombre de patients : 516 septoplasty operations	Population cible : Patients who underwent septoplasty for nasal obstruction Méthodes : Retrospective chart review	Résultats : <u>Procédures effectuées</u> 92% (477 patients) had another procedure performed concurrently - turbinate: 279 (54%) - turbinate + other: 366 (71%)

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	Objectif : The goal of this study was to investigate how often surgeons sent specimens following septoplasty to pathology across our health care system and to learn how these specimens were then processed and evaluated by the pathology service. We also examined the clinical value and underlying legal precedents, institutional policy, and cost implications of current practices.	Database was searched for septoplasty (CPT code 30520) procedures performed specifically for the indication of nasal obstruction. Fifteen different staff surgeons performed the procedures at four different locations.	○ turbinate + endoscopic sinus surgery: 87 (17%) ○ endoscopic sinus surgery: 30 (6%) ○ rhinoplasty: 95 (18%) ○ uvulopalatopharyngoplasty: 23 (5%) ○ tonsillectomy: 10 (2%) ○ adenoidectomy: 8 (2%) ○ nasal fracture: 6 (1%) ○ other: 20 (4%) • The most common adjunctive procedure performed with septoplasty was turbinate surgery, which occurred in 71% (366 patients), sometimes in conjunction with other procedures. <u>Analyse histologique</u> • Specimen sent: 303 (59%) • Septum sent as a separate specimen: 84 (16%) • Gross: 303 (59%) • Histologic: 99 (19%) • Thus, of the specimens sent for pathologic analysis, 33% (99 of 303) of the time the specimen was decalcified, processed, and histologic analysis was performed. • No abnormalities were reported in any of the septoplasty specimens examined. • There was no specimen, or it was discarded and not sent to pathology, in 213 cases (41% of total). Conclusions : • The routine pathologic examination of septoplasty specimens removed during surgery for nasal obstruction has no clinical utility, does not improve

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			patient care, and is associated with direct and indirect costs. Limites : • Seulement que 59% des spécimens ont été envoyés au laboratoire d'anatomopathologie et seulement 19% d'entre-eux ont été analysés en histologie.
Yaman et al., 2011 Turquie Étude transversale rétrospective	Période de recherche : from January 2005 to August 2010 Nombre de patients : 117 patients Eighty-five patients were identified with bilateral nasal polyposis. Thirty-two patients were identified with unilateral nasal polyposis. The mean age was 44.9 ± 17.7 years, ranging between 18 and 72 years Objectif : The aim of this study was to assess the necessity for histopathological	Population cible : Patients with nasal polyposis, who underwent functional endoscopic sinus surgery. Critères d'inclusion : All adult patients (18 years or older) undergoing first surgical removal of unilateral or bilateral nasal polyps were included. Critères d'exclusion : (1) suspicious looking lesions based on clinical or radiological findings or nasal endoscopic examination (2) prior endoscopic surgery for nasal polyposis. Méthodes : All surgically removed specimens were sent for histopathological examination.	Résultats : <u>Résultats de l'analyse histologique pour le groupe I (polypes bilatéraux), n (%)</u> • No specimens present any evidence of occult pathology on histopathological examination, 85 (100 %). • Final histopathology of every surgical specimen was consistent with inflammation and/or nasal polyposis. <u>Résultats de l'analyse histologique pour le groupe II (polypes unilatéraux)</u> In 32 cases of unilateral nasal polyposis, unusual diagnoses were reported in nine patients (28.1%). ▪ two cases of allergic fungal sinusitis (6,25%) ▪ two of inverted papilloma (6,25%) ▪ one of mucocoele (3,13%) ▪ one of plasmacytoma (3,13%) ▪ one of hemangioma (3,13%) ▪ one of esthesioneuroblastoma (3,13%) ▪ one of schwannoma (3,13%) ▪ Final histopathology of the remaining 23 patients was consistent with inflammation and/or nasal polyposis (71,88%). Conclusions : • Routine histological examination of bilateral nasal polyposis may possibly not be necessary in cases

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	investigation as a routine practice in every case with nasal polyps, and to find the incidence of unexpected pathologies of nasal polyps.		where the clinical assessment very clearly has not disclosed any unusual or suspicious signs. Limites : Étude rétrospective effectuée dans un seul centre.
Arslan et al., 2011 Turquie Étude transversale rétrospective	Période de recherche : between 2000 and 2009 Nombre de patients : 251 patients Mean age of patients was 39.3 (SD, 1.6) years (range, 5-72 years). Objectif : The aim of this study was to investigate the frequency of tumor on routine postoperative histopathologic examination in patients who were operated on with the preoperative diagnosis of bilateral and unilateral nasal polyposis and to find out whether histopathologic examination of all surgically removed	Population cible : Patients who underwent endoscopic sinus surgery with the preoperative diagnosis of nasal polyposis in our department were included in the study. Critères d'exclusion : Patients with the diagnosis other than nasal polyposis (eg, granulomatous nasal diseases or tumors) diagnosed by preoperative biopsy because of appearance suggestive for intranasal soft tissue were excluded from study. Méthodes : Preoperative diagnosis of nasal polyposis was based on findings of nasal endoscopy and paranasal CT. Patients were divided into 2 groups as cases with bilateral and unilateral nasal polyposis in regard to their preoperative diagnosis. All the patients	Résultats : <u>Résultats de l'analyse histologique, n (%)</u> - Preoperative diagnosis of bilateral nasal polyposis, 197 (78.4%) - Inflammatory polyp was detected on the postoperative histopathologic examination in all patients, 197 (10%) - Preoperative diagnosis of unilateral nasal polyposis, 54 (21.6%) - inflammatory polyp, 47 (87%) - tumors, 7 (12.96%) - inverted papilloma, 5 (9,3%) (No local recurrence of inverted papilloma was detected in 4 years' follow-up of these patients). - squamous cell carcinoma, 1 (1,9%) (no local recurrence was seen in the 5-year postoperative follow-up) - chondrosarcoma, 1 (1,9%) This patient was followed up for 9 years without postoperative local recurrence or distant metastasis. Conclusions : - Diagnosis of a neoplasia is an extremely unlikely situation, unless there are special findings of tumor in

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	nasal polyps is a necessity or not.	underwent endoscopic sinus surgery. Incidental tumors detected during postoperative histopathologic examination in the 2 different groups with preoperative diagnosis of unilateral and bilateral nasal polyposis were recorded.	patients with preoperative diagnosis of bilateral nasal polyposis. On the other hand, preoperative and postoperative histopathologic examinations should be carried out even if there is no clear preoperative tumor finding in cases operated with a preoperative diagnosis of unilateral nasal polyposis, as the tumor incidence is higher. However, preoperative intranasal biopsies sometimes may give false-negative results because of nasal polyps that develop anterior to the tumor. Limites : Étude rétrospective effectuée dans un seul centre
Van den Boer et al., 2010 Pays-Bas Étude transversale rétrospective	Période de recherche : Between 2000 and 2007 Nombre de patients : 1,695 patients 1,944 specimens The average age of patient population was 48 years. Objectif : To examine how often histological examination identified pathology not expected preoperatively on clinical grounds and how far such a finding would alter the	Population cible : Patients undergoing functional endoscopic sinus surgery. Méthodes : Retrospective analysis of collected data of patients undergoing functional endoscopic sinus surgery over a 7-year period. In case of pathology other than chronic rhinosinusitis with/without nasal polyposis, without preoperative clinical suspicion and with potential consequences for further treatment, the diagnosis was regarded as "clinical significant".	Résultats : <u>Résultats de l'analyse histologique, n (%)</u> - nasal polyposis with/ without inflammation: 1,101 (65%) - chronic inflammation: 557 (33%) - squamous cell papilloma: 7 (0,41%) - inverted papilloma: 18 (1,06%) - squamous cell carcinoma: 1 (0,06%) - leiomyosarcoma: 1 (0,06%) - malignant lymphoma CLL/SLL: 1 (0,06%) - extra nodal natural killer/T-cell: 1 (0,06%) - sarcoidosis: 3 (0,18%) - Wegener's disease: 2 (0,12%) - Churg Strauss syndrome: 1 (0,06%) - papilloma + metaplastic changes: 1 (0,06%) - schneiderian papilloma: 1 (0,06%)

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	subsequent treatment and follow-up. Is routine histological investigation of all functional endoscopic sinus surgery (FESS) material necessary or not?		<u>Suspicion clinique</u> 27 patients were seen with unilateral pathology and were therefore suspicious for pathology other than chronic rhinosinusitis with/without nasal polyposis, e.g., premalignancy, malignancy or other divergent diagnoses. - Only four patients were diagnosed with a malignancy. In all four this was suspected preoperatively and a functional endoscopic sinus surgery was performed to obtain material for histology. - In two cases (0,12%), clinically appearing as bilateral nasal polyposis, a clinical significant diagnosis was found. Both had indeed bilateral nasal polyposis, but with an unexpected unilateral inverted papilloma as well. Conclusions : - The close correlation between clinical or gross inspection and histopathology outcome indicates that in patients with suspected chronic rhinosinusitis with/without nasal polyposis histopathology has little to no clinical value. Limites : - Étude rétrospective effectuée dans un seul centre. - We were not able to distinguish between routine and diagnostic indications of histopathological examination. - Peu de détails sur les constats anormaux.
Irfan et Shamim, 2009 Malaisie	Période de recherche : between January 2000	Population cible : Patients who had surgically treated for their nasal polyp.	Résultats : <u>Résultats de l'analyse histologique, n (%)</u> Inflammatory nasal polyp: 89 (93,6%)

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Étude transversale rétrospective	and July 2006 Nombre de patients : 95 patients age ranging from 10 to 75 years Objectif : Retrospective evaluation of nasal polyp specimens from patients who underwent surgical removal of the polyp to assess the outcome of histopathological examination.	Critères d'inclusion : Patient with clinical diagnosis of nasal polyps either unilateral or bilateral were recruited. Critères d'exclusion : Patient with a mass suspicious of malignancy was excluded. Méthodes : The operative procedures were either polypectomy or functional endoscopic sinus surgery (FESS). The nasal polyp specimens were routinely sent for histopathological examination post operatively.	- Other benign mass: 5 (5,3%) - sinonasal papilloma: 2 (2,1%) - retention cyst: 1 (1,1%) - capillary lobular hemangioma: 1 (1,1%) - coagulated mucous: 1 (1,1%) - Malignant: 1 (1,1%) The malignant specimen was interpreted as transitional cell papilloma with foci of atypia (carcinoma in situ). This patient presented with a unilateral nasal mass and biopsy taken in the clinic was interpreted as nasal polyp. Conclusions : - The result of this study which is consistent with published data from established centres suggest that all nasal polyp specimens removed intraoperatively must be submitted for histopathological examination. Limites : - Étude rétrospective effectuée dans un seul centre - Les cas avec polype nasal unilatéral ont été inclus - Peu de cas inclus
Busaba et al., 2005 États-Unis Étude transversale rétrospective	Période de recherche : Non précisée Nombre de patients : 380 patients with an age range of 15–75 years (median, 41 years).	Population cible : patients who underwent endoscopic sinus surgery for the preoperative clinical diagnosis of CRS or bilateral CRSP. Critères d'inclusion : Because the aim of this study was to determine the accuracy	Résultats : The surgery was performed for recurrent nasal polyposis in 80 of the 200 patients with CRSP. The polyps were bilateral in all 200 patients with the diagnosis of CRSP. <u>Résultats de l'analyse histologique, n (%)</u> - In the 180 patients with the preoperative diagnosis of CRS : - bilateral multiple noncaseating granulomata, 2 (1.1%) one of these patients with nasal

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	chronic rhinosinusitis (CRS) (n = 180) and chronic rhinosinusitis with polyposis (CRSP) (n = 200). Objectif : The main objective of this study was to determine the accuracy of the preoperative clinical diagnosis in patients who underwent endonasal endoscopic surgery for presumed CRS or CRSP by comparing it with the postoperative diagnosis, as determined by the histopathology of the surgical specimen.	of the preoperative clinical CRS or CRSP diagnosis, only patients with such a diagnosis were selected for review. Critères d'exclusion : Patients with a preoperative histopathology on a sinonasal biopsy specimen were excluded. Similarly, patients with unilateral polyps were excluded because such cases have a higher index of suspicion for neoplasia than bilateral ones and most had preoperative biopsy of the nasal polyp(s). In addition, patients with a known diagnosis of sinonasal neoplasm or rhinological involvement by a systemic disease were not included to conform to the objective of the study. Cases in which microdebrider devices were used were excluded also to avoid two possible confounding variables. Méthodes : The medical records of 380 consecutive patients who met the inclusion criteria were reviewed and comprised our study population. The following data were collected: presenting symptoms, physical	granulomata was diagnosed with systemic sarcoidosis, and the other patient was diagnosed accordingly with sinonasal sarcoidosis. ○ The histopathological findings confirmed the preoperative clinical diagnosis of CRS in the remaining 178 (98.9%) patients. • Nine (4.5%) of the 200 patients with a preoperative clinical diagnosis of CRSP had incongruent postoperative diagnosis based on histopathology : ○ inverted papilloma, 5 (2.5%) ○ squamous-cell carcinoma, 1 (0.5%) ○ adenocarcinoma, 1 (0.5%) ○ noncaseating granulomata was seen in one (0.5%) patient. The diagnosis ultimately was determined to be sarcoidosis in that patient based on the histopathology ○ chronic invasive fungal sinusitis, 1 (0.5%) ○ The histopathology was consistent with CRSP in the remaining 191 (95.5%) patients. Conclusions : • Submitting the entire amount of resected tissue as a surgical specimen is important in all patients undergoing surgery for CRS or CRSP, but especially the latter. Limites : • Étude rétrospective effectuée dans un seul centre • Période de recherche non spécifiée

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		examination including nasal endoscopy, and computed tomography (CT) findings. The resected tissues from the left and right sinonasal cavities were submitted as separate surgical specimens. The surgical histopathology reports were reviewed. The postoperative pathological diagnosis was considered to be the final diagnosis. Then, this was correlated with the preoperative clinical diagnosis.	
Garavello et Gaini, 2005 Italie Étude transversale rétrospective	Période de recherche : between January 1991 and December 2004 Nombre de patients : 2147 patients The median (range) age was 42 (18–83) years. Objectif : To investigate the incidence of unexpected clinically relevant diseases in a large series of consecutive polypectomy specimens.	Population cible : Patients undergoing nasal polypectomy. Critères d'inclusion : 1) first surgical removal of nasal polyps, 2) age 18 years or older, and 3) bilateral nasal polyps. Critères d'exclusion : 1) monolaterality, 2) suspicious looking lesions (based on clinical findings or computed tomography or endoscopic examination), 3) prior endoscopic surgery for nasal polyposis, and 4) diagnosis of nasal inverted papilloma or neoplasia. Méthodes :	Résultats : <u>Résultats de l'analyse histologique, n (%)</u> Overall, eight cases of clinically relevant unexpected diagnoses were identified. The incidence of this event was 0.37% (95% CI 0.16–0.73%). • Inverted papilloma was the most frequent finding because it occurred in seven of these eight cases. • Only one case of adenocarcinoma was documented. The rate of malignant neoplasia in the entire cohort was thus 0.05% (95% CI 0.01–0.26%). The finding of relevant unexpected diseases was more frequent in older age (unpaired Student's t test, $P = .002$) Conclusions : Overall, the present study supports the following conclusions: 1) although rare, unexpected clinically relevant findings may be identified during routine histologic examination of nasal polyps specimens 2) the incidence of this event is included between 0.16% and 0.73%

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		Data from patients undergoing nasal polypectomy over a 14-year period were reviewed. All surgically removed specimens were sent for histopathologic examination.	3) inverted papilloma is by far the most frequent finding 4) age influences the frequency of this event. Limites : Étude rétrospective effectuée dans un seul centre
Romashko et Stankiewicz, 2005 États-Unis Étude transversale rétrospective	Période de recherche : from 1986 through 2003 Nombre de patients : 790 patients (age range 1–86 years). 868 endoscopic sinus surgeries A total of 1615 specimens Objectif : To determine how often occult neoplasia is found in routine sinus surgery specimens, and to suggest guidelines for the submission of tissue for histopathologic evaluation.	Population cible : Patients who underwent endoscopic sinus surgery. Critères d'inclusion : Preoperative diagnosis of: - Chronic sinusitis - Recurrent acute sinusitis - Nasal polyposis - Combinations of the above All specimens from surgery submitted for histopathologic exam Critères d'exclusion : - Preoperative suspicion of neoplasm (eg, inverted papilloma, squamous cell carcinoma) - Prior history of sinonasal malignancy or pre malignancy	Résultats : <u>Incidence de néoplasmes dans les cas de routine</u> - occult neoplasms: 2/868 (0.23%) - small focus of inverted papilloma (sinus surgery for bilateral chronic sinusitis) - sinonasal lymphoma (sinus surgery for bilateral chronic sinusitis) 99.9% of specimens consistent with chronic inflammation, acute inflammation, nasal polyps, normal respiratory mucosa or a combination of these. <u>Incidence de néoplasmes dans les sinusites uni- ou bilatérales</u> 719 (82.8%) had bilateral sinusitis, 2 of which (0.3%) had an occult neoplasm. <u>Incidence de néoplasmes dans les polypes nasaux</u> - From the 868 total cases studied, 277 carried a diagnosis involving bilateral nasal polyposis. - Of these, none (0/277) were positive for occult neoplasm on final histopathology. - Unilateral polyposis was the surgical indication in 13 cases in this study. None of these lesions showed occult neoplasm on final histopathologic analysis. <u>Incidence de néoplasmes avec suspicion peropératoire</u> - Intraoperative suspicion of neoplasm occurred in 12 of the 868 cases studied. Of these, none was positive for neoplasm on final histopathologic diagnosis.

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		- Complicated infections (orbital or intracranial infections, infections secondary to immunocompromised state, facial cellulitis) - CNS pathologies (encephalocele, CSF leak) Méthodes : This study is a retrospective review of the medical records of patients who underwent endoscopic sinus surgery at a tertiary care medical center.	Conclusions : When a case is determined to be routine, we have made the following recommendations for when to send specimens for histopathologic examination: 1) Submission of specimens is indicated when neoplasm or an occult disease process is suspected intraoperatively. 2) Submission of specimens is indicated when unilateral nasal polyposis is present. 3) Submission of specimens is indicated when unilateral sinus opacification is present. 4) Submission of specimens is indicated when additional diagnostic information is needed (eg, presence of heavy eosinophilia, fungal forms, etc.) Limites : - Étude rétrospective effectuée dans un seul centre. - Peu de détails sur les constats anormaux
Kale et al., 2001 Royaume-Uni Étude transversale prospective	Période de recherche : from September 1997 to September 1999 Nombre de patients : 344 patients Objectif : The present prospective study aims to correlate the clinical diagnosis made by the surgeon (simple polyps or not) with the final histopathological	Population cible : Patients who underwent nasal polypectomy. Méthodes : The clinical diagnosis was based on the symptoms and clinical examination and, in some patients, also on radiological investigations. The material was sent to the pathologist with the clinical diagnosis documented on the standard histopathology request form, in particular whether the polyps were	Résultats : <u>Classification des pathologies, n</u> - inflammatory pathology: 323 (93,9%) - benign tumours: 9 (2,6%) - malignant tumours: 7 (2%) - others: 5 (1,5%) - total: 344 <u>Diagnostic histologique</u> - simple inflammatory polyps: 323 - retention cyst : 2 - Wegener's granulomatosis: 2 - fungal mass: 1 - inverted papilloma: 6

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	diagnosis made by the pathologist.	considered simple or not. The clinical and histopathological diagnoses were then checked to see if they matched. If there was disagreement between the histopathology forms and the subsequent histological diagnosis, the case notes were obtained and reviewed.	• haemangioma: 2 • angiofibroma: 1 • squamous cell carcinoma: 4 • transitional cell carcinoma: 1 • undifferentiated neuroendocrine carcinoma : 1 • poorly differentiated adenosquamous carcinoma: 1 • There was a difference between the histopathology request form and the histological diagnosis in four cases. • Three of these were diagnosed as inverted papilloma and one was an angiofibroma. When the clinical notes were consulted on these four patients, it was clear that two of the patients with inverted papilloma and one patient with angiofibroma were listed because the polyps were unusual in appearance. One patient with bilateral nasal polyps who had repeated polypectomies was found to have a transitional cell papilloma and this was not suspected clinically. The polyps had never been sent for histology after the previous operations. • This study indicates there is a 99.7% correlation between clinical and histopathological diagnosis. Conclusions : • We have modified our policy so that we send all first-time bilateral polyps for histology as well as unilateral polyps. This is the only measure needed to detect unsuspected transitional polyps as all malignant polyps were detected prior to surgical treatment. Limites : • Étude effectuée dans un seul centre. • Even though this was a prospective study, not all the histopathology request forms were filled in correctly.

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			Peu de détails sur les constats anormaux.
Diamantopoulos et al., 2000 Royaume-Uni Étude transversale rétrospective	Période de recherche : between 1991 and 1999 Nombre de patients : 2 021 patients Objectif : The aim of this study was to determine the incidence of discrepancies between clinical and histological diagnosis.	Population cible : Patients who were treated surgically for nasal polyposis. Méthodes : (2021) patients who were treated surgically for nasal polyposis were recorded on the theatre and pathology databases. All polyps removed in this unit are routinely sent for histology, and registered on a pathology database. The clinical information on the theatre request card and histology report were retrospectively examined along with the patient's hospital notes. The clinician's comments were then compared with the pathological report.	Résultats : <u>Résultats de l'examen histologique</u> - In 10 (0.5 per cent) patients data was absent. - In eight (0.4 per cent) the histology report stated that the specimen was inadequate for reliable interpretation. - Clinical assessment, based on evidence in hospital notes and a correct diagnosis suggested in the pathology request forms, had a positive predictive factor for suspecting a 'sinister' pathology of 63.8 per cent and a negative predictive factor of 98.6 per cent. - Twenty-two patients (1.1 per cent) were identified as having a lesion that differed histologically from the clinical diagnosis made at the time of surgery and which altered their further management. Amongst them were 11 (0,54%) cases of inverted papilloma, two (0,10%) of Wegener's granulomatosis, and two (0,10%) of sarcoid. The rest of the cases comprised three (0,15%) of squamous cell carcinoma, one (0,05%) of adenocarcinoma, one (0,05%) of myeloma, one (0,05%) of angiofibroma and one (0,05%) of microcystic papillary adenoma. Conclusions : - Histological examination costs are outweighed by the potential medicolegal cost of missing a clinically unsuspected diagnosis. The human cost of a delay in diagnosis can be added to the financial cost. On the basis of this study, all polyps justify histological examination. Limites : - Étude rétrospective effectuée dans un seul centre.

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			• Peu de détails sur les constats anormaux.
Alun-Jones <i>et al.</i>, 1990 Royaume-Uni Étude transversale rétrospective	Période de recherche : between 1982 and 1988 Nombre de patients : 2 866 polypectomies (1 297 spécimens analysés en histologie) Objectif : This study aims to assess the usefulness of routine examination of nasal polyps.	Population cible : Patients who underwent polypectomy Méthodes : Using theatre record books all nasal polypectomies over the 6-year period were recorded. All nasal polyps that were examined histologically over the same period were also reviewed. The histological information was obtained from the computerized diagnostic indices of the respective Pathology departments. The case notes of all patients with polyps that were not simple benign allergic polyps were reviewed.	Résultats : <u>Résultats de l'analyse histologique :</u> • Cases sent for histology: 1 297 • Percentage of polyps histologically examined: 45 • Histological diagnosis ○ Benign allergic polyps: 1 210 ○ Benign tumours: 57 ○ Malignant tumours: 23 ○ Percentage of polyps that were tumours: 2.7 ▪ malignant: 0.80 ▪ benign: 1.99 ○ Histological classification of tumours, n (%) ▪ Inverted papilloma: 32 (40%) ▪ Squamous carcinoma: 16 (20%) ▪ Squamous papilloma: 12 (15%) ▪ Pyogenic granuloma: 8 (10%) ▪ Adenocarcinoma: 3 (3%) ▪ Fibro-epithelial polyp: 2 (3%) ▪ Malignant melanoma: 2 (3%) ▪ Lymphoma: 2 (3%) ▪ Paraganglioma: 1 (1%) ▪ Sub-epithelial calcified nodule: 1 (1%) ▪ Anaplastic carcinoma: 1 (1%) • In all cases it was obvious in the Outpatients department or in the operating theatre that the polyps were not benign allergic polyps. • All the carcinomas had evidence of neurological, palatal or ocular involvement in combination with a unilateral nasal lesion.

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			- Of the benign tumours, all were unilateral and of atypical consistency. - There were no cases in this survey in which a supposedly benign allergic polyp was reported as being a tumour, either benign or malignant. Conclusions : - On the basis of this study, we suggest that routine histological examination of all nasal polyps is unnecessary and that there are specific indications for requesting examination of nasal polyps. - Atypical macroscopic appearance and unilaterality should be considered absolute indications for histological examination. Other symptoms and signs of maxillary or ethmoid tumours should also be absolute indications. - It is important to take the patient's clinical history and examination into account when deciding to request pathological examination. Limites : - Étude rétrospective - Seulement 45% des spécimens ont été analysés en histologie (1 ou 2 lames pour 10-20 polypes).
Supraglottoplastie			
Elghouche et al., 2020 États-Unis Étude transversale rétrospective	Période de recherche : 5-year period (2013 - 2018) Nombre de patients : 1 417 consecutive patients	Population cible : Supraglottoplasty patients. Consecutive supraglottoplasty specimens at a tertiary care children's hospital. Méthodes : Pathology reports were reviewed to determine the	Résultats : <u>Résultats de l'analyse histologique :</u> Pathologic outcomes were categorized into 3 major categories: - no diagnostic abnormality (n = 1069) - chronic inflammation (n = 346) - other (n = 2) Within the "other" category, 1 patient was noted to have Actinomyces present within the specimen and

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	The median age was 5 years (interquartile range, 2-8 years) Objectif : Laryngomalacia is a purely clinical diagnosis and supraglottoplasty is not done in the context of diagnosing or confirming an inflammatory or neoplastic condition. The primary aim of this study is demonstration that pathologic evaluation of supraglottoplasty specimens is unnecessary and does not influence postoperative management.	final pathologic diagnosis for each specimen. All specimens underwent gross and microscopic examination. Pathologic outcomes were categorized into 3 major categories: no diagnostic abnormality (n = 1069), chronic inflammation (n = 346), and other (n = 2).	another (asthmatic) patient was noted to have increased intraepithelial eosinophils. Pathologic evaluation did not alter postoperative management in any patient. Conclusions : • Our findings confirm that pathologic examination of supraglottoplasty specimens does not affect postoperative management and therefore does not add value to patient care. • The effort involved in sending a supraglottoplasty specimen for pathologic examination unduly increases the workload of all personnel involved in the process. • This needless progression detracts from time and effort that may otherwise be directed at handling and diagnosing specimens that do warrant pathologic examination. Limites : • Étude rétrospective effectuée dans un seul centre • Numerous methods of performing a supraglottoplasty exist, some of which do not generate a surgical specimen, which obviates the premise of pathologic analysis.
Tympanoplastie			
Singh et al., 2020 États-Unis Étude transversale prospective	Période de recherche : From October 2011 to December 2012 Nombre de patients : 50 patients (28 males: 22 females; mean age 24 ± 14 years, 4 to 50 years)	Population cible : Patients who presented with clinically suspected unsafe chronic suppurative otitis media (CSOM) Critères d'exclusion : Patients with suspected or diagnosed malignant pathology, history of trauma, previous ear surgery, or those	Résultats : <u>Résultats de l'analyse histologique</u> • Cholesteatoma was reported in 49/60 (82%) ears on HRCT, which was confirmed in 40/49 ears on histopathology and intraoperative evaluation. • In the rest of the 11 (22%) ears where the cholesteatoma was not diagnosed on HRCT, the intraoperative and histopathological assessment

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	Objectif : The purpose of this analysis was to assess the role of high-resolution computed tomography (HRCT) in unsafe chronic suppurative otitis media (CSOM) and compare the intraoperative and preoperative HRCT findings.	who were found unfit for surgery or anesthesia were excluded from the study. Méthodes : The intraoperative and histopathological findings were compared with HRCT findings. Descriptive statistics, sensitivity, specificity, and positive and negative predictive value for HRCT were calculated.	disclosed cholesteatoma in six (12%) patients while five (10%) had granulation tissue. Conclusions : - For the assessment of middle-ear infections, a close clinical correlation is essential to evaluate the nature of middle-ear soft tissue masses, as cholesteatoma is mimicked by many other middle-ear pathologies Limites : - Étude effectuée dans un seul centre. - Faible nombre de patients

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Fischer <i>et al.</i>, 2019 Autriche Étude transversale rétrospective	Période de recherche : from November 2015 to March 2018 Nombre de patients : 47 patients (50 procedures) (12 to 76 years old; mean age 41 years) Objectif : Our purpose was to evaluate RESOLVE-DWI for the detection of cholesteatomas compared with the criterion standard intraoperative and histopathologic findings.	Population cible : Patients with chronic otitis media who underwent MR imaging before an operation of the middle ear. Méthodes : A data base search was initially performed to identify all patients who had undergone a middle ear operation because of chronic otitis media. Only data of patients who underwent MR imaging before the operation were included in the study.	Résultats : <u>Observations peropératoires et histopathologiques</u> - In 25/50 cases (50%), a cholesteatoma was detected intraoperatively, and in 22/25 there was a positive finding of surgically validated cholesteatoma on RESOLVE-DWI. - In 3/25 (12%), there was no hyperintense signal on RESOLVE-DWI despite the surgical and pathohistologic proof of cholesteatoma Conclusions : - Aucune découverte fortuite de pathologie n'a été rapportée dans cette étude Limites : - Étude rétrospective effectuée dans un seul centre. - Peu de détails sur les constats anormaux. - Seulement 50 procédures.
Kircher <i>et al.</i>, 2014 États-Unis Étude transversale rétrospective	Période de recherche : from January 1, 2010 through October 26, 2011 Nombre de patients : 178 consecutive cases Objectif : This study evaluated the agreement between the surgeon's intraoperative findings and histopathologic	Population cible : Patients undergoing tympanomastoidectomy for chronic otitis media. Méthodes : Review the records of all patients at a tertiary neurotology referral center undergoing tympanomastoidectomy for chronic otitis media, with surgical specimens submitted	Résultats : <u>Concordance entre le diagnostic du chirurgien et de l'anatomopathologiste</u> - Of the 178 cases sampled, 162 of the surgeon's operative and pathology reports agreed that cholesteatoma was present. - In 14 cases, the surgeon's operative and pathology reports agreed that pathology other than cholesteatoma was present (i.e., granulation tissue, glomus tumor). - In two cases, the surgeon suspected cholesteatoma per the operative report, but the pathologist disagreed

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	diagnosis in cholesteatoma specimens submitted after tympanomastoidectomy for chronic otitis media and the health care costs associated with histopathologic evaluation.	for histopathologic evaluation. Correlation between the surgeon's intraoperative findings as documented per the operative report and pathologic tissue diagnosis was evaluated.	stating that submitted tissue was mucosa or inflammatory tissue. - No malignancies were found in the sampled cases, and no instances occurred where the surgeon stated cholesteatoma was present but the pathology report disagreed. - The resulting Cohen's kappa value was 0.93 ($P < .01$). The calculated variance in kappa was calculated as 0.0097, with a resulting z score of 7.10. This z score is statistically significant at a level of an α of .01. The confidence interval about kappa is ± 0.193. - No significant unexpected pathology was identified in this series of patients undergoing tympanomastoidectomy for chronic otitis media with or without cholesteatoma. Conclusions : - In the absence of concern for other pathology, intraoperative findings of cholesteatoma are adequate to confirm diagnosis in patients undergoing tympanomastoidectomy for chronic otitis media without the use of histopathology. - The increased cost of routine cholesteatoma histopathologic evaluation should be considered in future health care cost-containing measures, as clinical utility appears to be low. Limites :

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			- The reviewed cases include patients from seven different otologists, of which four surgeons routinely submit specimens and three surgeons selectively submit specimens for histopathology after tympanomastoidectomy (donc biais de sélection possible). - Étude rétrospective effectuée dans un seul centre. - Peu de détails sur les constats anormaux.
Kystes du cou			
Pietarinen-Runtti et al., 2010 Finlande Étude transversale rétrospective	Période de recherche : from January 2000 to December 2007 Nombre de patients : 196 adult patients (17 years and older; mean age 40 years; range 17-79) Objectif : The aim of the present study was to find out the incidence of unsuspected carcinoma in routinely excised cervical cysts at a tertiary care teaching hospital.	Population cible : Cases presenting with a solitary cystic neck lesion. Critères d'exclusion : Patients with a medial neck lesion or cutaneous fistula and all patients under the age of 17 years were excluded. Méthodes : A retrospective study of the medical records and radiological images of a cohort of 250 consecutive cases presenting with a solitary cystic neck lesion at the Department of Otolaryngology – Head & Neck Surgery, Helsinki University Central Hospital, Helsinki, Finland. The preoperative diagnosis was typically based on clinical examination, US, MRI or CT imaging, and FNAC findings.	Résultats : <u>Diagnostic clinique, n (%)</u> - benign lateral cervical cyst: 196 (100%) <u>Diagnostic histologique</u> - branchial cleft cyst: 160 (81.6%) - other benign cystic lesions (haemorrhagic thyroid cyst, dermoid or epidermoid cyst, bronchogenic cyst, oncocyctic salivary gland cyst and papillary cystadenoma): 15 (7.7%) - non-specific (e.g. reactive lymph node): 14 (7.1%) - metastatic squamous cell carcinoma: 6 (3.1%) - papillary thyroid carcinoma metastasis: 1 (0.5%) - incidence of unsuspected carcinoma: 3.6%. Conclusions : - We conclude that in the adult population a cystic metastasis should always be considered as a differential diagnosis until proven otherwise. CT or MRI imaging should be used preoperatively in all these cases. Limites : - Étude rétrospective effectuée dans un seul centre.

ÉTUDE / PAYS / DEVIS	NOMBRE DE PATIENTS / OBJECTIF	POPULATION / MÉTHODES	RÉSULTATS / CONCLUSIONS / LIMITES
			Peu de détails sur la méthodologie utilisée.
Seven et al., 2004 Turquie Étude transversale rétrospective	Période de recherche : from 1994 to 2002 Nombre de patients : 37 (16 years or older) Objectif : To establish the incidence of thyroid carcinoma metastasis in adult patients presenting with apparently benign cervical cysts.	Population cible : All adult patients with an initial diagnosis of solitary lateral cervical cysts. Critères d'exclusion : Excluded were patients with a clinically obvious primary malignancy, age less than 16 years, or those without a histological diagnosis who refused surgical excision of the cyst. Méthodes : A retrospective chart review was conducted at the ear, nose, and throat department of Sisli Etfal Training and Research Hospital. All adult patients with an initial diagnosis of solitary lateral cervical cysts were reviewed.	Résultats : <u>Résultats de l'analyse histologique</u> - A diagnosis of branchial cleft cyst was shown by histological examination of the resected specimen in 32 patients (86.4%), with a mean age of 34 years (range, 16-59 years). - A diagnosis of squamous-cell carcinoma metastasis arising from an occult tonsillary primary was confirmed histologically in a 59-year-old man (2.7%). - Papillary thyroid carcinoma metastasis was confirmed by histological examination of the resected specimen in 4 patients (10.8 %), with a mean age of 29 years (range, 18-37 years). - A fine-needle aspiration (FNA) of the mass was noted as a papillary thyroid cancer. - Histopathologic analysis of the cystic mass extirpated revealed papillary thyroid cancer. He was referred to our clinic for further evaluation. - Multiple lymph nodes measuring 2 cm or less in diameter at the level of the bilateral middle and lower jugular nodes on the CT scan were suggestive of malignancy. FNA of the cyst was negative for malignancy (3 de 4 cas avec suspicion de cancer aux examens préopératoires, donc 1 seul cas non-suspecté [1/37, 2,7%]). Conclusions :

ÉTUDE / PAYS / DEVIS	NOMBRE DE PATIENTS / OBJECTIF	POPULATION / MÉTHODES	RÉSULTATS / CONCLUSIONS / LIMITES
			- Although most lateral cervical cysts in the young adult patients are found to be benign, we showed that approximately 11% of such cysts represented lymphatic metastasis from occult papillary thyroid carcinoma. - Radiographical evaluation may raise the suspicion of malignancy, but biopsy is the only way to confirm the diagnosis. - The high percentage of false-negative results of FNA makes it unreliable in this group of patients. An excisional biopsy should be undertaken without prolonged delay, even if FNA suggests the cyst is negative for malignancy. - If there is clinical suspicion of malignancy for the cyst, the excisional biopsy can be performed with the preparation for frozen-section analysis and contingency neck dissection and thyroidectomy. Limites : - Étude rétrospective effectuée dans un seul centre. - Petit nombre de personnes incluses dans l'étude. - Peu de détails sur la méthodologie utilisée pour l'étude.
Gourin et Johnson, 2000 États-Unis Étude transversale rétrospective	Période de recherche : from 1983 to 1999 Nombre de patients : 121 patients (18 years or older; mean age 38 years, range 18-69) Objectif :	Population cible : All adult patients with solitary lateral cervical cysts. Critères d'exclusion : Patients with a clinically apparent primary malignancy, a history of head and neck cancer, a history of irradiation, or age less than 18 years	Résultats : <u>Résultats de l'analyse histologique</u> - A diagnosis of branchial cleft cyst was confirmed histologically after surgical excision in 109 patients, with a mean age of 36 years (range, 18–69 y). - Metastatic squamous cell carcinoma was demonstrated histologically after surgical excision in 12 patients (9.9%), with a mean age of 53 years

ÉTUDE / PAYS / DEVIS	NOMBRE DE PATIENTS / OBJECTIF	POPULATION / MÉTHODES	RÉSULTATS / CONCLUSIONS / LIMITES
	We reviewed our experience with solitary lateral cervical cysts to determine the incidence of metastatic squamous cell carcinoma appearing in this clinical setting and to review our treatment protocols and outcomes.	were excluded from analysis, as were patients with a histological diagnosis of non-squamous cell malignancy. Méthodes : A retrospective chart review was performed to identify all adult patients with solitary lateral cervical cysts presenting to the Department of Otolaryngology of the University of Pittsburgh Medical Center.	(range, 44–61 y). The mean age of patients with malignant cysts was significantly higher than that of patients with benign cysts ($P < .0001$). - The overall incidence of malignancy was 9.9% (12 of 121 patients) - in patients over 40 years of age, the incidence was 23.5% (12 of 51 patients; $P < .0001$). - Fine-needle aspiration was performed before surgical excision in 19 patients. FNA results were positive for malignancy in 3 patients and negative for malignancy in 16. All three positive findings were confirmed histologically. Of the 16 patients with negative findings on FNA, a subsequent histological diagnosis of malignancy was made in five after surgical excision of the cyst. Conclusions : - Therefore solitary cervical cysts in patients greater than 40 years of age should be presumed to represent metastatic squamous cell carcinoma until proven otherwise. - Excisional biopsy should be undertaken with provisions made for frozen-section analysis of the specimen and contingency panendoscopy with directed biopsies of Waldeyer's ring if frozen-section histological examination reveals malignancy. Limites : - Étude rétrospective effectuée dans un seul centre. - Peu de détails sur la méthodologie utilisée pour l'étude.
CHIRURGIE MAXILLO-FACIALE			

ÉTUDE / PAYS / DEVIS	NOMBRE DE PATIENTS / OBJECTIF	POPULATION / MÉTHODES	RÉSULTATS / CONCLUSIONS / LIMITES
Haidry et al., 2018 Népal Étude transversale prospective	Période de recherche : Non précisé Nombre de spécimens : 50 impacted lower third molars Objectif : This study aims to evaluate the histopathologic changes in radiographically normal dental follicle associated with impacted mandibular third molars.	Population cible : Patients requiring removal of mandibular third molar under local anesthesia, who reported to the department of oral and maxillofacial surgery. Critères d'inclusion : Healthy patients in the age group of 17–50 years having impacted third molar with pericoronal radiolucency of 2.4 mm or <2.4 mm were included in the study. Critères d'exclusion : Impacted third molar with pericoronal radiolucency >2.4 mm, pregnant and lactating females, patients with a history of allergy to lignocaine, and medically compromised patients were excluded from the study. Méthodes : Histological evaluations of all the samples were done in the department of oral pathology under light microscope. Radiographic findings were correlated for each patient with the histologic findings, and the data were analyzed for association with age, gender, angular position, and depth of tooth.	Résultats : <u>Résultats de l'analyse histologique</u> - inflammation was present in 34 (68%) - ten (20%) patients showed the presence of odontogenic rests - This study found cystic changes in 12 (24%) of impacted third molar teeth that were radiographically normal. Significant relation was observed between cystic changes and depth of tooth ($p=0,013$). Cystic changes was found in 11 (91.7%) patients with pericoronal radiolucency measuring between 2.1 and 2.4 mm. Conclusions : - Our findings showed 24% cystic changes in normal radiographic pericoronal tissue. However, further clinical studies are required on large sample size to confirm these findings. - It is also recommended that histopathological analysis of the follicle should be conducted on all surgically extracted impacted lower third molars. Limites : - Étude effectuée dans un seul centre - Petit de nombre de cas étudiés

ÉTUDE / PAYS / DEVIS	NOMBRE DE PATIENTS / OBJECTIF	POPULATION / MÉTHODES	RÉSULTATS / CONCLUSIONS / LIMITES
		Patients were divided into two groups according to the size of pericoronal radiolucency. Fifteen patients were in the size range of 1.7–2 mm and 35 patients were in size range of 2.1–2.4 mm.	
Tambuwala et al., 2015 Inde Étude transversale prospective	Période de recherche : Non précisé Nombre de patients : 52 patients, between 18 and 52 years of age Objectif : The purpose of this study was to evaluate the early pathologic changes in the follicular tissue of completely impacted mandibular third molar.	Population cible : Patients with impacted mandibular third molars, which were indicated for extraction. Critères d'inclusion : Subjects who had a follicular space <2.5 mm were included in the study. Méthodes : A prospective study was conducted to know the incidence of pathologic changes in the follicle around the lower third molars with no radiographic or clinical evidence of changes. The patients did not have any evidence of pathology, clinically or radiographically. The follicle tissue was given for histopathological examination.	Résultats : <u>Résultats de l'analyse histologique</u> • 42 (80.8%) of the 52 follicles showed histologic changes suggestive of normal follicle. • 10 (19.2%) of the 52 follicles showed histologic changes suggestive pathology related to impacted mandibular third molar. • 6 (11.5%) of the 52 follicles showed histologic changes suggestive of cystic changes. • 4 (7.7%) of the 52 follicles showed histologic changes suggestive of the infected follicle. • Out of the 6 follicles which showed histologic changes suggestive of cyst, 4 of them were from mesioangular and 2 vertically impacted teeth. • Out of the 4 follicles which showed histologic changes suggestive of the infected follicle, 3 of them were from horizontal and 1 vertically impacted teeth. Conclusions : • This proves the importance of careful evaluation of the clinical and radiographic findings along with histopathologic testing which most of the times is neglected. Limites :

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			- Étude rétrospective effectuée dans un seul centre. - Petit nombre de personnes incluses dans l'étude. - Peu de détails sur la méthodologie utilisée pour l'étude. - Peu de détails sur les constats anormaux.
Tegginamani et Prasad, 2013 Inde Étude transversale	Période de recherche : Non précisé Nombre de patients : 146 cases With an age range from 18 years to 32 years (median: 23.5 years). Objectif : To microscopically evaluate the dental follicular tissues associated with pericoronal radiolucencies of <2.5 mm.	Population cible : Patients with impacted third molars to be removed. Critères d'inclusion : The inclusion criteria were the presence of at least one asymptomatic unerupted third molar and a pericoronal radiolucency of <2.5 mm in greatest dimension. Méthodes : The morphology of the hematoxylin and eosin-stained follicular tissues of 146 such impactions were studied. After preliminary intra oral periapical radiography the follicles were submitted for histopathological examination.	Résultats : <u>Résultats de l'analyse histologique</u> - On microscopy, no cystic structures were identified. 85 cases (58%) showed fibrous or myxomatous connective tissue with (16/85) or without (69/85) inflammation and no epithelial elements. - Two cases showed dystrophic calcification. 61 cases (42%) showed epithelial elements in addition to fibrocollagenous tissue. Of these, 16 cases exhibited epithelium, of which 13 cases showed reduced enamel epithelium and three cases showed squamous metaplasia/non-keratinized stratified squamous epithelium with underlying connective tissue. 45 cases showed connective tissue with cords or islands of odontogenic epithelium with/without inflammatory cells. When present, the inflammatory cells in all cases were predominately lymphocytes. - Ameloblastoma-like islands were noted in 2 of the 45 cases which showed odontogenic epithelium Conclusions : - All asymptomatic ILTMs should be submitted to radiographic follow-up and in the event of extraction with increased pericoronal radiolucency, the follicular

ÉTUDE / PAYS / DEVIS	NOMBRE DE PATIENTS / OBJECTIF	POPULATION / MÉTHODES	RÉSULTATS / CONCLUSIONS / LIMITES
			tissue obtained should be sent for histopathological examination. Limites : • Étude effectuée dans un seul centre. • Peu de détails sur la sélection des cas inclus dans l'étude et la méthodologie utilisée. • Peu de détails sur les constats anormaux.
Simşek-Kaya et al., 2011 Turquie Étude transversale prospective	Période de recherche : from January 2009 to November 2009 Nombre de patients : 50 Mean age was 20.97 ± 1.96 (age range 16-25) Objectif : The aim of this study was to determine the prevalence of pathological changes in the pericoronal tissue of clinically and radiographically asymptomatic lower third molars and to assess the correlation between pathological changes and various patient demographic, radiographic and morphological characteristics.	Population cible : Patients were selected from among those visiting our clinic for removal of asymptomatic ILTMs fully impacted and with follicular spaces smaller than 2.5 mm. Critères d'inclusion : Only patients who were in good medical health and had not taken any drugs for 30 days before surgery were included. Only teeth between phase 7 (root 3/4 calcified) and phase 10 (complete root formation, root canals terminally convergent) were included in the study. Critères d'exclusion : Patients with any signs or history of infection or impacted mandibular third molars with a widened pericoronal region were excluded.	Résultats : <u>Résultats de l'analyse histologique</u> • Cystic changes were found in 10% (n = 5) of specimens. • Eighty percent of the cystic changes (n = 4) were in the younger age group; the differences between younger and older patients was not statistically significant. • Inflammatory changes were found in 62% (n = 31) of the specimens; • 58.06% of the inflammatory changes (n = 18) were in the younger age group. The difference between age groups was not statistically significant. • A statistically significant correlation was found between inflammation and depth of impaction (p = 0.02), with the incidence of inflammation higher among Class C ILTMs in comparison to Class B ILTMs. There was also a statistically significant correlation between inflammation and coverage (p = 0.03). Conclusions : • Although clinically and radiographically asymptomatic, impacted third molars—especially those in Class B that are entirely covered by mucosa and that have completed development—have the potential to undergo pathological change. For this reason, we recommend monitoring all third molars regardless of

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		Méthodes : Radiographic analysis was conducted using panoramic radiographs. The pericoronal space was measured from the mesial, distal and occlusal surfaces, and the largest width was recorded. Following the extraction, the pericoronal tissue was carefully curetted, and the soft tissue was sent for histopathological analysis. Histopathological data was analyzed according to the radiographic criteria described above and by gender and age, with patients aged 25 years or younger in one group and patients older than 25 years of age in another group.	whether or not they are symptomatic. Furthermore, we recommend that histopathological analysis be conducted on all surgically extracted follicle tissue. Limites : • Étude rétrospective effectuée dans un seul centre. • Petit nombre de cas
Brkic et al., 2010 Turquie Étude transversale prospective	Période de recherche : Non précisé Nombre de patients : 50 patients (age range from 18 to 35) Objectif : The aim of our study was to investigate pathologic changes in dental follicular tissues	Population cible : DFs of asymptomatic completely and partially impacted lower third molars, with no signs of abnormal radiolucency (follicular space <2.5 mm). Critères d'inclusion : Also, all of the patients were medically healthy, were non smokers, and were not taking	Résultats : <u>Observations cliniques</u> • Twenty-five teeth were fully covered by mucosa and bone (completely impacted). • 25 teeth were partially covered with bone and mucosa (partially impacted). <u>Résultats de l'analyse histologique</u> • 47 normal DF tissues

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	of completely and partially impacted lower third molars and also immunohistochemically analyze the expression of p63 gene in DF tissues.	any drugs for at least 2 months before surgery. Méthodes : Clinical and radiologic examinations included 50 DFs with no signs of abnormal radiolucency (follicular space <2.5 mm), taken from 50 patients.	1 (2%) ameloblastoma 2 (4%) dentigerous cysts. - All of the pathologic findings were observed in the patients older than 25 years (ameloblastoma and dentigerous cyst in the group with completely impacted teeth in male patients 27-31 years old were found, whereas 1 dentigerous cyst from the group with partially impacted teeth was observed in a 29-year-old female patient) Conclusions : - We support prophylactic removal of asymptomatic impacted teeth, with suggestion of histopathologic evaluation of dental follicular and pericorony tissues, even in cases when clinically and radiographically these tissues seem normal. Limites : - Étude effectuée dans un seul centre. - Petit nombre de sujets inclus dans l'étude. - Un seul chirurgien (validité externe possiblement affectée)
Kotrashetti et al., 2010 Inde Étude transversale prospective	Période de recherche : Non précisé Nombre de patients : Forty-one dental follicles were assessed for histological examination from 30 subjects 14 to 25 years Objectif :	Population cible : Subjects having at least one impacted third molar tooth without obvious clinical and radiographic features. Critères d'inclusion : Patients advised for prophylactic removal of third molars as per orthodontic needs (before treatment, after treatment and during the	Résultats : <u>Changements pathologiques observés, n (%) et âge (années)</u> - cystic changes: 21 (51.2%) 14–25 - features of dentigerous cyst: 18 (43,9%) 14-25 - odontogenic keratocyst: 2 (4,9%) 18 and 21 - calcifying epithelial odontogenic cyst: 1 (2,4%) 21 - ameloblastoma-like proliferation: 1 (2.4%) 20 - myxoma-like changes: 1 (2.4%) 20 - odontogenic fibroma: 1 (2.4%) 23

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	This study was carried out with an aim to evaluate the tissues lining the impacted teeth, which were otherwise asymptomatic.	course of orthodontic treatment) with an age range between 14 and 25 years were considered for the study. Critères d'exclusion: Patients complaining of any clinical symptoms and obvious radiographic features associated with impacted third molars were excluded. Subjects who had follicular space >2.5 mm were excluded from the study. Méthodes : Prospective histological study of the dental follicles of the impacted third molars. Histologically, dental follicle is referred to as condensed ectomesenchyme, limiting the dental papilla and encapsulating the dental organ characterized by fibrous connective tissue with reduced enamel epithelium, epithelial rests, myxoid tissue and calcification.	- total changes: 24 (58.5%) - Reports of 18 follicles were suggestive of dentigerous cyst, two follicles showed odontogenic keratocyst, one follicle each of calcifying epithelial odontogenic cyst, ameloblastoma-like proliferation, odontogenic myxoma and odontogenic fibroma. - This study showed 58.5% of asymptomatic cases with definite pathological changes. - A statistically significant correlation was found in association with dentigerous cyst and gender (90% of all males and 47.6% of all females, with P-value <0.05). Conclusions : - The clinician, while treating any asymptomatic impacted third molar teeth, should perform a detailed clinical and radiographic examination and, after surgical removal, submit the dental follicular specimen for histological evaluation so as to understand the biologic changes associated with impacted teeth and to decrease the morbidity related to impacted teeth. Limites : - Petit nombre de cas étudiés - Étude effectuée dans un seul centre. - Peu de détails sur les constats anormaux.
Khorasani et Samiezadeh, 2008 Iran Étude transversale prospective	Période de recherche : Non précisé Nombre de spécimens :	Population cible : Patients referred to a private clinic specializing in oral and maxillofacial surgery. Critères d'inclusion :	Résultats : <u>Description des spécimens</u> Seventy-two molars were extracted from the mandible and 28 from the maxilla.

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	100 impacted third molars Patients' ages ranged from 13 to 54 with a mean of 25.3 years. Objectif : The present study was performed to microscopically evaluate the pericoronal tissues of impacted third molars with radiolucencies less than 2 millimeters.	Inclusion criteria consisted of cases with impacted third molars that were completely surrounded by bone and had an adequate amount of follicular tissue for histopathologic evaluation. Critères d'exclusion : Subjects with peri-coronal radiolucencies of more than 2mm, multiple impacted teeth due to systemic disorders, and those with clinical symptoms or contraindications for surgery were excluded from the study sample. Méthodes : The impacted third molars mostly required extraction for orthodontic reasons or close proximity to the roots of second molars. Histopathologic evaluation was carried out by an oral pathologist without knowledge of the clinical and radiologic features. Dentigerous cysts were not reported as pathologic lesions in the current investigation.	- Radiographic evaluation revealed 7%, 22%, 22% and 48% horizontal, distoangular, vertical, and mesioangular impactions, respectively. <u>Résultats de l'analyse histologique :</u> 31% of the dental follicles were devoid of an epithelial lining 69% demonstrated cuboidal (31%), squamous (23%), and columnar (14%) epitheliums - The connective tissue showed myxomatous changes in 40%, whereas epithelial odontogenic rests and calcification were found in 48% and 34% of the cases, respectively. - Pathologic changes were observed largely as nonspecific chronic inflammation in 44% of the samples and there was a statistically significant relationship ($P < 0.05$) between this inflammatory reaction and patient age. - There was no indication of cystic or neoplastic changes in any of the studied samples. Conclusions : - Considering the absence of significant pathologic lesions in the studied dental follicles, it seems that impacted third molars in young individuals should be extracted only in symptomatic subjects or when there is strong evidence of pathologic processes that can influence the well-being of the patient. - However, until further studies with larger sample sizes confirm these findings, clinical and radio-graphic follow-up of impacted third molars is recommended. Limites : - Étude effectuée dans un seul centre. - Peu de détails sur les constats anormaux.

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Mesgarzadeh et al., 2008 Iran Étude transversale prospective	Période de recherche : Non précisé Nombre de spécimens : 171 slides (in the age group of 15 to 50 years) Objectif : The aim of this study was to investigate abnormalities associated with radiographically normal pericoronal soft tissue of third molar impactions.	Population cible : patients with no signs of abnormal radiolucency Critères d'inclusion : Inclusion criteria were the need to have at least one impacted third molar and to have pericoronal radiolucency of 2.9 mm in any dimension. Critères d'exclusion : Exclusion criteria for the study were follicular space >3 mm and teeth with follicular tissue insufficient for histopathology examination. Méthodes : Follicular tissues of the relevant teeth were collected. Specimens were fixed in 10% formalin and stained routinely with hematoxylin and eosin to be independently examined by two pathologists. The presence of a fibrous connective tissue wall with a few layers of odontogenic, stratified squamous epithelium indicated the presence of a dentigerous cyst. Existence of ameloblastic tumor cells with a reverse polarity nucleolus in a fibrous connective tissue was	Résultats : <u>Résultats de l'analyse histologique</u> 53,8% of the specimens, i.e., 92 follicles out of 171 samples with the normal radiolucency range, had undergone various pathological changes. - Dentigerous cysts: 65 (38%) out of 171 follicular samples - Ameloblastomas: 10 (5.8%) - Sulfur granules: 7 (4%) - Foreign body granulomas: 5 (3%) - Hyperplastic, nonkeratinized, squamous epithelium: 5 (3%) - We found a statistically significant male preponderance for these pathological changes ($P = 0.000$). - statistically significant increase in the rate of pathosis with increasing age, the correlation was stronger in the 20-30 years' age group ($P = 0.001$) Conclusions : - We recommend further comprehensive investigations into dental follicles with smaller, yet normal radiolucencies. - The overall results gained from the current study indicate that clinical judgment based solely on radiographic appearance may be quite deceptive and could jeopardize our ultimate goal as dental professionals in providing high-quality oral care. It is worth stating here that perhaps, both definition and diagnostic value for pathosis in the dental follicle should be reconsidered. Indeed, new techniques like immunochemical or histomorphometric methods might provide further assistance in histological diagnosis of abnormalities associated with dental impactions. Presently, it does not appear possible to determine which radiographically normal impaction with

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		diagnosed as an ameloblastoma. The presence of accumulated epitheloid and giant cells encapsulated by a layer of lymphocytes indicated a foreign body granuloma; the foreign bodies were of unknown origin. Colonization of Actinomyces in an inflammatory granulation tissue was considered suggestive of sulfur granules. The diagnosis of hyperplastic nonkeratinized squamous epithelium was made when the epithelium demonstrated epithelial thickening over the underlying connective tissue due to inflammation. In this study, all the above diagnoses are referred to as pathological changes or alterations. Whereas inflammatory follicles demonstrated the infiltration of chronic, nonspecific inflammatory cells, follicles demonstrating only infiltration of inflammatory cells were not categorized as an independent pathological case.	histological evidence of pathosis will continue to be a clinically detectable lesion. The dental profession needs to consider all associated factors before formulating an evidence-based policy in the management of third molar impactions to deliver maximum long-term benefit through patients oral care. Limites : Étude effectuée dans un seul centre
Saravana et Subhashraj, 2008	Période de recherche :	Population cible :	Résultats :

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Inde Étude transversale prospective	Non précisé Nombre de patients : 100 patients Age range 18–44 years (mean 28). Objectif : The aim of the study was to find out the incidence of histological abnormalities in soft tissues that are associated with impacted lower third molars with no pericoronal lytic lesion.	Patients with asymptomatic impacted lower third molars and panoramic radiographs that showed pericoronal radiolucency of less than 2.4 mm were included. Méthodes : We studied 100 patients who had a radiographically normal asymptomatic impacted lower third molar (<2.4 mm radiolucency). The specimen was studied by the pathologist and the data obtained were divided into two groups; these showed either presence of stratified squamous epithelial lining of the dental follicle that was suggestive of a dentigerous cyst, or lack of stratified squamous epithelial lining of the dental follicle, indicative of a normal dental follicle.	<u>Résultats de l'analyse histologique</u> - Forty-six dental follicles had stratified squamous epithelial lining that was suggestive of a dentigerous cyst. - Cystic changes in the dental follicle were seen in 29 (58%) of the 50 male patients. - Cystic changes in the dental follicle were seen in 17 (34%) of the 50 female patients. - The incidence was higher in the 20–24 year age group and on the right side of the mandible (30 [54%]). Conclusions : - Because of the number of cystic changes in our study, we recommend careful histological examination and further immunochemical investigations. Limites : - Étude effectuée dans un seul centre. - Petit nombre de cas étudiés.
Yildirim <i>et al.</i> , 2008 Turquie Étude transversale prospective	Période de recherche : Non précisé Nombre de patients : 115 patients (120 impacted third molar dental follicles)	Population cible : Patients who were referred to the Faculty of Dentistry Department of Oral and Maxillofacial Surgery with asymptomatic impacted third molars. Critères d'inclusion :	Résultats : <u>Résultats de l'analyse histologique</u> - normal tissue of dental follicle: 92 specimens (77%) 28 specimens (23%) were diagnosed as having a pathologic condition: - dentigerous cysts: 14.1% - calcifying odontogenic cysts: 6.6% - odontogenic keratocysts: 2.5%

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	The mean age was 24.74 (SD 7.53) years (range 15 to 68 years). Objectif : The aim of the present study was to examine the need for routine removal of clinically and radiographically asymptomatic impacted third molars based on the incidence of pathologic changes in pericoronal tissue and assess the frequency and type of pathologic conditions associated with impacted third molars.	The patients selected for this study were medically healthy and had not taken any drugs for 30 days before surgery. Méthodes : One hundred twenty impacted third molar dental follicles were submitted for histopathologic examination.	- Although no statistically significant differences were seen between angulation of the teeth and pathologic changes, pathologic changes were seen mostly in mesioangular and vertically positioned teeth. - Eighty-nine percent of the patients (25 patients) whose follicles showed cystic changes were 20 years old or older, and 11% of the patients were under 20 years old. Conclusions : - Therefore, according to the results of this study, we can suggest that dental follicles of surgically removed impacted third molars should be submitted for histopathologic examination. Limites : - Étude effectuée dans un seul centre. - Petit nombre de cas étudié.
Baykul et al., 2005 Turquie Étude transversale prospective	Période de recherche : Non précisée Nombre de spécimens : 94 Patients ages ranging from 14 to 45 years (mean = 21.11) Objectif : The objective of this study was to	Population cible : Patients who were referred to our clinic for removal of completely impacted lower third molars. The reasons for removal were orthodontics, pain, and destruction of adjacent tooth. Critères d'inclusion : One hundred seventeen patients were selected who	Résultats : <u>Résultats de l'analyse histologique</u> - Of the 94 specimens submitted for histopathologic examination, 47 (50%) of them showed cystic changes as the only pathologic condition other than inflammation. Conclusions : - Cystic changes may be encountered in the histopathologic examination of asymptomatic impacted lower third molars, especially in patients older than 20 years.

ÉTUDE / PAYS / DEVIS	NOMBRE DE PATIENTS / OBJECTIF	POPULATION / MÉTHODES	RÉSULTATS / CONCLUSIONS / LIMITES
	investigate the cystic changes in radiographically normal follicles associated with ILTM.	had follicular spaces smaller than 2.5 mm. Critères d'exclusion : The measurements that were extremely deviated from the correlations on the graphics were excluded. Méthodes : Follicular spaces of patients were measured from panoramic radiographs by each author independently. The soft tissue specimens obtained during surgery were evaluated in the pathology department. During microscopic evaluation of these tissues, any soft tissue specimen with presence of a dense fibrous connective tissue wall lined by a few layers of stratified squamous epithelium was defined as cystic.	- Vertically positioned ILTM especially may be suspected for the higher possibility of cystic changes. - Attention should be directed to age and angular position for the treatment planning of an asymptomatic ILTM, although the significance of these findings requires further investigation. Limites : - Étude effectuée dans un seul centre. - Petit nombre de cas
Adelsperger <i>et al.</i> , 2000 États-Unis Étude transversale prospective	Période de recherche : Non précisé Nombre de spécimens : 99 Patient ages ranged from 15 to 34 years (mean, 18.9 years).	Population cible : Patients of an oral surgeon in private practice. Third molar impacted tooth with a follicular space <2 mm as measured from a panoramic radiograph. Critère d'exclusion : The only exclusion criteria were for teeth with pericoronal	Résultats : <u>Résultats de l'analyse histologique, n (%)</u> 34 (34) cystic specimens 34% of samples in this study exhibited squamous metaplasia indistinguishable from the histologic changes found in dentigerous cyst. Conclusions : - These findings suggest that radiographic appearance may not be a reliable indicator of the absence of

ÉTUDE / PAYS / DEVIS	NOMBRE DE PATIENTS / OBJECTIF	POPULATION / MÉTHODES	RÉSULTATS / CONCLUSIONS / LIMITES
	Objectif : This study was performed to examine the follicular tissue associated with third molars lacking pericoronal radiolucency as visualized by panoramic radiography. Histologic examination was carried out to assess the incidence of cystic change and the degree of cellular activity as indicators of pathosis in radiographically "normal" follicles.	spaces >2.0 mm and teeth without adequate follicular tissue for histologic evaluation. Méthodes : Third molar teeth were removed for a variety of reasons, and soft tissue from any impacted tooth with a follicular space <2 mm as measured from a panoramic radiograph was submitted for evaluation. For purposes of the study, a diagnosis of dentigerous cyst was recorded when both pathologists diagnosed cystic change as evidenced by the presence of squamous metaplasia in the follicle lining.	disease within a dental follicle. We conclude that the incidence of soft tissue pathologic conditions is higher than generally assumed from radiographic examination alone. Limites : - Étude effectuée dans un seul centre impliquant les patients d'un seul chirurgien. - Petit nombre de cas
Glosser et Campbell, 1999 États-Unis Étude transversale prospective	Période de recherche : Non précisé Nombre de patients : 62 patients (96 specimens) Age range from 14 to 40 years (mean 22) Objectif : Find out the incidence of histological abnormalities in soft tissues adjacent to	Population cible : Patients who presented to the oral surgery clinic of a dental school. Critères d'exclusion : To meet the study criteria, patients who had follicular spaces larger than 2.4 mm were excluded. Méthodes : Participants were required to have at least one impacted third molar tooth without	Résultats : <u>Résultats de l'analyse histologique</u> - containing dentigerous cysts, n (%) - right maxilla: 5 (28) - left maxilla: 4 (22) - right mandible: 11 (37) - left mandible: 11 (37) - A pathological diagnosis was made by all three pathologists in 31 of the 96 specimens, with dentigerous cyst being the only pathological change (other than inflammation) found in any specimen.

ÉTUDE / PAYS / DEVIS	NOMBRE DE PATIENTS / OBJECTIF	POPULATION / MÉTHODES	RÉSULTATS / CONCLUSIONS / LIMITES
	impacted third molar teeth that were not associated with pericoronal lytic lesions.	radiographic evidence of abnormalities. 'Radiographic pathology' was defined as a pericoronal radiolucency 2.5 mm or larger in any dimension. Clinical details about patients were then correlated with the histological diagnosis for each specimen, and findings were analysed for associations with age, sex, and site of the lesions. Any soft tissue specimen with squamous epithelium spreading along the surface of the follicle would be deemed cystic.	- While only a quarter of the specimens from the maxilla were cystic, nearly 37% of mandibular specimens had undergone cystic change. Conclusions : - In summary, the incidence of dentigerous cysts associated with impacted third molar teeth seems to be much higher than reported from radiographic studies. - Attention should be directed to the natural history of these lesions and their effect on the need for removal of impacted third molar teeth. Limites : - Étude effectuée dans un seul centre. - Petit nombre de cas inclus dans l'étude.
Manganaro, 1998 États-Unis Étude transversale rétrospective	Période de recherche : Non précisé Nombre de patients : 42 patients (average age 23,3 years) 101 bony- or soft-tissue impacted teeth Objectif : The present study evaluates the likelihood of uncovering occult histopathology in routine extraction of unerupted third molars,	Population cible : Patients seen for routine third molar extractions, most commonly for either orthodontic considerations or misaligned third molars that were unlikely to erupt properly. Méthodes : The study involved 42 patients with 101 bony- or soft-tissue impacted teeth. The patients were seen for routine third molar extractions, most commonly for either orthodontic considerations or misaligned third molars that	Résultats : <u>Résultats de l'analyse histologique</u> - Of the 101 teeth evaluated, 46 (45.5 percent) of the teeth had associated dentigerous cysts. - The average age was 23.3 years. - The width of the radiolucency associated with the dentigerous cysts in the present study ranged between 0.1 to 3.0 mm with 33 (72 percent) displaying radiolucent widths of less than or equal to 1.0 mm and dentigerous cysts were frequently observed. - Aggressive histopathologic entities were not identified in the current study. Conclusions : - There is no way to exclude microscopic pathology, though the radiographic presentation of the lesion, and

ÉTUDE / PAYS / DEVIS	NOMBRE DE PATIENTS / OBJECTIF	POPULATION / MÉTHODES	RÉSULTATS / CONCLUSIONS / LIMITES
	and correlates the microscopic, and radiographic findings.	were unlikely to erupt properly. There were no cases in which the presence of microscopic histopathology was a consideration for the extraction. All tissue from the extraction socket and the tooth was included in the specimen cup. The pathologists were instructed to submit all tissue in the specimen cup, and any tissue adherent to the tooth was to be removed and submitted in the cassette. A dentigerous cyst was defined as a pericoronal lesion lined by stratified squamous epithelium of at least three cell layers thick. If the epithelial lining was two cell layers thick or less, the tissue was interpreted as either a dental follicle or a hyperplastic dental follicle.	therefore all tissue associated with radiolucent/radiopaque lesions of the jaws, should be submitted to a pathologist for microscopic interpretation. Limites : • Étude rétrospective effectuée dans un seul centre. • Petit nombre de personnes incluses dans l'étude. • Peu de détails sur la méthodologie utilisée pour l'étude. • Peu de détails sur les constats anormaux.

ANNEXE E

Tableau exhaustif des informations et recommandations d'intérêt extraites des documents publiés par des sociétés savantes

Association / Organisme / Société	Information ou recommandation	Force de recommandation
Amygdales		
Royal College of pathologists [Liebmann et Varma, 2019]	These should not be submitted for histopathology unless there is a clinical suspicion of malignancy.	s. o.
Polypes nasaux		
Royal College of Pathologists [Liebmann et Varma, 2019]	It is rare to find significant pathology in nasal polyps that are not worrying on clinical grounds or gross inspection, therefore most should not be submitted for histopathology. If nasal polyps are sent to the laboratory then we recommend only minimal sampling.	s. o.
Tissus mous		
Royal College of Pathologists [Liebmann et Varma, 2019]	All soft tissue lumps and bumps (for example, ganglia and Morton's neuromas) do need to be examined because of the risk of missing small juxta-articular synovial sarcomas, epithelioid sarcomas and the like.	s. o.
Thyroïde		
The American Association of Endocrine Surgeons [Patel <i>et al.</i> , 2020]	A standardized synoptic pathology report is recommended when reporting thyroid neoplasms. To obtain a definitive diagnosis for nodules classified as Bethesda IV requires histologic evaluation to assess for capsular or vascular invasion.	Strong recommendation, low-quality evidence s. o.
Royal College of Pathologists [Liebmann et Varma, 2019]	Salivary gland and thyroid FNA cytology of thyroid nodules and salivary gland lesions has an established role in the initial assessment of patients and in deciding which patients require surgery.	s. o.
German Association of Endocrine Surgeons [Musholt <i>et al.</i> , 2011]	Proper histopathological examination of the surgical specimen should be performed without exception. Especially in cases with signs of malignancy, a diagnosis within 48–72 h is desirable to permit any required completion operation to be carried out on a timely basis.	s. o.
American Thyroid Association [Haugen <i>et al.</i> , 2016]	FNA is the procedure of choice in the evaluation of thyroid nodules, when clinically indicated.	Strong recommendation rating High-quality evidence

Association / Organisme / Société	Information ou recommandation	Force de recommandation
Masse au cou		
American Academy of Otolaryngology-Head and Neck Surgery [Pynnonen <i>et al.</i> , 2017]	<u>Fine needle aspiration (FNA)</u> Clinicians should perform FNA instead of open biopsy, or refer the patient to someone who can perform FNA, for patients with a neck mass deemed at increased risk for malignancy when the diagnosis of the neck mass remains uncertain. <u>Cystic masses</u> For patients with a neck mass deemed at increased risk for malignancy, clinicians should continue evaluation of patients with a cystic neck mass, as determined by FNA or imaging studies, until a diagnosis is obtained and should not assume that the mass is benign.	Strong recommendation based on systematic reviews with a consistent reference standard. Recommendation based on observational studies with a preponderance of benefit over harm.
Tissus retirés de la région buccale et maxillo-faciale		
Management Considerations for Pediatric Oral Surgery and Oral Pathology [AAPD, 2021]	It is considered the standard of care that any tissue removed from the oral and maxillofacial region be submitted for histopathologic examination. Exceptions to this rule include carious teeth that do not have soft tissue attached, extirpated pulpal tissue, and clinically normal tissue, such as tissue from gingival recontouring. Gross description of all tissue that is removed should be entered into the patient record. In general, a soft tissue biopsy should be performed when a lesion persists for greater than two weeks despite removal of the suspected causative factor or empirical drug treatment. It is also imperative to submit hard or soft tissue for evaluation to a pathologist if the differential diagnosis includes at least one significant disease or neoplasm.	s. o.
Extraction d'une troisième molaire		
American Association of Oral and Maxillofacial Surgeons [AAOMS, 2016]	When tissue associated with a third molar is suspected to be pathologic in nature, it should be submitted for histologic examination.	Position
Agency for Quality in Dentistry [Institute of German Dentists (IGD), 2006]	<u>Additional examinations helpful in specific cases</u> Biopsy in the case of pathological changes	s. o.
Scottish Intercollegiate Guidelines Network [Richards, 2000]	The whole tooth should be removed and wound toilet completed. Any suspected pathological material should be sent for a histopathology report.	Recommended best practice based on the clinical experience of the guideline development group.

Association / Organisme / Société	Information ou recommandation	Force de recommandation
Lésion apicale		
American Association of Endodontists [AAE, 2013]	<u>Biopsy</u> Indications for treatment A biopsy is indicated if any of the following clinical conditions exist: - When an adequate amount of tissue or foreign material can be removed from the periradicular surgical site for histopathologic examination. - Persistent pathosis or pathosis inconsistent with endodontic disease is noted on clinical or radiographic examination. - Medical history indicates the merits of biopsy.	s. o.
European Society of Endodontology [ESE, 2006]	<u>Apical surgery</u> The objective of biopsy is the surgical removal of a tissue specimen for microscopic examination. It is performed if there is any doubt as to the cause of a periradicular lesion. The tissue is immediately placed into a transport medium or suitable fixative.	s. o.

Abréviations : FNA : fine needle aspiration; s. o. : sans objet

ANNEXE F

Prélèvements issus d'une chirurgie en oto-rhino-laryngologie, chirurgie buccale, maxillo- ou cervico-faciale pouvant faire l'objet d'une transmission sélective au laboratoire d'anatomopathologie selon certaines sociétés savantes, organismes professionnels et établissements de santé

PRÉLÈVEMENTS	ÉTABLISSEMENTS ET ORGANISMES											
	Canada					États-Unis						
	AHS	SHA	IHLS	PHSA	DSM	CAP ¹	DUSM ¹	UCSF ¹	UCDH	GHS	PSP	AAOMP
Cartilage ou os prélevé pendant une septoplastie, rhinoplastie ou septorhinoplastie	X ³	X ²	X ³		X ³	X ²	X	X		X		
Tissu cliniquement normal retiré lors d'une procédure esthétique (p. ex. blépharoplastie et à l'exception d'une mammoplastie)		X ^{4,5}	X	X		X ^{4,5}	X		X ^{4,5}	X	X ²	
Fragments d'os et de ligaments	X				X							
Côtes retirées accessoirement pour une chirurgie	X	X ⁴	X	X	X	X ⁴	X ⁴	X	X	X ⁶		
Polypes nasaux (prélèvement répété, cliniquement non suspect)		X										

PRÉLÈVEMENTS	ÉTABLISSEMENTS ET ORGANISMES											
	Canada					États-Unis						
	AHS	SHA	IHLS	PHSA	DSM	CAP ¹	DUSM ¹	UCSF ¹	UCDH	GHS	PSP	AAOMP
Tube de myringotomie		X				X	X					
Implants et prothèses			X	X		X		X			X ²	
Cartilage, oreille externe (plastique)	X				X		X ⁷					
Amygdales et adénoïdes	X ¹²	X ⁸	X ⁹	X ⁹	X ¹⁰	X ¹¹						
Amygdales										X ¹³		
Adénoïdes				X ⁹								
Reconstruction otologique et appareils enlevés lors de la chirurgie							X					
Osselet de l'oreille moyenne (malleus ou marteau, incus ou enclume et stapes ou étrier)	X	X	X	X	X	X	X		X	X		
Agrafes, greffe de veines								X				
Tissu de cicatrice	X		X	X	X	X ¹⁵	X ¹⁴			X		
Caillot sanguin d'un hématome ou thrombus				X						X		
Tissu issu de débridement			X	X			X ¹⁶					

PRÉLÈVEMENTS	ÉTABLISSEMENTS ET ORGANISMES											
	Canada					États-Unis						
	AHS	SHA	IHLS	PHSA	DSM	CAP ¹	DUSM ¹	UCSF ¹	UCDH	GHS	PSP	AAOMP
Tissu sous-cutané, excès retiré accessoirement à l'approche chirurgicale							X					
Graisse provenant de liposuccion		X	X	X		X	X	X	X	X		
Corps étrangers	X		X ¹⁸	X ¹⁸	X		X ^{2, 17}	X ¹⁸	X ¹⁹		X ²	
Acrochordon de moins d'un centimètre sans composante non-polypoïde sous-jacente.										X		
Lipome sous-cutané de routine de moins de 2 cm										X		
Os associé à une dent extraite							X					X
Appareil dentaire		X	X			X	X					
Restauration dentaire			X				X					
Dent incluse			X				X					
Quincaillerie (broche, plaques, vis)			X	X	X		X	X	X			
Source radioactive thérapeutique						X						

PRÉLÈVEMENTS	ÉTABLISSEMENTS ET ORGANISMES											
	Canada					États-Unis						
	AHS	SHA	IHLS	PHSA	DSM	CAP ¹	DUSM ¹	UCSF ¹	UCDH	GHS	PSP	AAOMP
Dents primaires			X				X ²⁰					
Dent de routine	X			X	X		X	X				
Dent retirée pour carie dentaire ou maladie parodontale							X					
Dent sans tissu mou attaché		X				X	X		X	X	X ²	
Tissu de pulpe dentaire d'apparence clinique normale												X
Tissu de follicule dentaire retiré lors d'une extraction dentaire de routine										X		
Tissu retiré de la région buccale et maxillo-faciale d'apparence clinique normale												X
Excès de tissu donneur provenant d'une greffe												X
Articulation temporo-mandibulaire							X					

Abbreviations : AAOMP : American Academy of Oral and Maxillofacial Pathology [AAOMP, 2013]; AHS : Alberta Health Services [AHS, 2016]; CAP : College of American Pathologists [CAP, 2007]; DSM : Diagnostic Services Manitoba [DSM, 2017]; DUSM : Duke University School of Medicine (Caroline du Nord) [DUSM, 2009]; Gundersen Health System [GHS, 2019]; IHLS : Interior Health Laboratory Service (Colombie-Britannique) [IHLS, 2022]; PHSA : BC Provincial Health Services Authority [PHSA, 2019]; PSP : Parkland Surgical Pathology [PSP, 2013]; SHA : Saskatchewan Health Authority [SHA, 2018]; UCDH : University of California – UC Davis Health (Californie) [UCDH, 2016]; UCSF : University of California San Francisco (Californie) [UCSF, 2020].

¹ Le CAP, le PSP, le DUSM et l'UCSF proposent également une liste de spécimens à soumettre au département de pathologie pour examen macroscopique seulement, mais des exceptions sont à la discrétion du pathologiste. Ces derniers sont identifiés par la lettre « M » (macroscopie).

² Les prélèvements pourraient être soumis pour un examen macroscopique et seraient exemptés d'un examen microscopique.

³ Septum nasal lorsque retiré pour obstruction seulement.

⁴ Chez une personne sans histoire cancer.

⁵ Incluant une fente palatine.

⁶ Ou os.

⁷ Tissu provenant d'une réparation esthétique du nez, de l'oreille ou du visage.

⁸ En absence de suspicion clinique.

⁹ Chez les personnes de moins de 16 ans.

¹⁰ Personne de 25 ans ou moins.

¹¹ Chez les enfants (âge à spécifier par les établissements).

¹² Chez les personnes de moins de 40 ans.

¹³ Chez les personnes de moins de 10 ans, sans asymétrie ou autre suspicion clinique de maladie.

¹⁴ Cicatrice d'une brûlure récente et de trauma ou vieille cicatrice d'une chirurgie non-néoplasique.

¹⁵ Chez une personne sans histoire de cancer ou d'infection.

¹⁶ Tissus issu de débridement pour trauma récent.

¹⁷ Corps étrangers retirés à la chirurgie (prothèses / implants) ou retirés par endoscopie.

¹⁸ Sauf lorsqu'une documentation est requise pour des raisons médico-légales.

¹⁹ Sans tissu mou attaché.

²⁰ Dent primaire mobile.

Le GSH spécifie que les spécimens, qui de par leur nature ne permettent pas l'évaluation histologique, comme les dents sans tissus mous attachés, peuvent être exemptés de la transmission obligatoire au laboratoire d'anatomopathologie à la discrétion du clinicien.

ANNEXE G

Résultats de l'évaluation de la qualité méthodologique des documents retenus

Tableau G-1 Qualité méthodologique des études transversales selon l'outil d'évaluation critique d'une étude descriptive de l'Agence de la santé publique du Canada (ASPC)

CRITÈRES	Syme <i>et al.</i> , 2021		Tholen <i>et al.</i> , 2021		Hackenberg <i>et al.</i> , 2020		Adegbiyi <i>et al.</i> , 2019		Chinawa <i>et al.</i> , 2019		Aksakal et Muslehiddinoglu, 2018	
	Évaluateur		Évaluateur		Évaluateur		Évaluateur		Évaluateur		Évaluateur	
	1	2	1	2	1	2	1	2	1	2	1	2
1. Participants de l'étude représentatifs de la population cible	Forte	Forte	Faible	Faible	Modérée	Modérée	Modérée	Modérée	Forte	Forte	Modérée	Modérée
2. Sources et méthodes de collecte de données	Faible	Modérée	Faible	Faible	Modérée	Modérée	Faible	Modérée	Faible	Modérée	Modérée	Modérée
3. Instruments de collecte de données	Modérée	Modérée	Faible	Modérée	Modérée	Modérée	Faible	Modérée	Faible	Modérée	Modérée	Modérée
4. Éthique	Forte	Forte	Forte	Forte	Faible	Faible	Faible	Faible	Faible	Faible	Forte	Forte
5. Statistiques	Forte	Forte	Modérée	Modérée	Modérée	Modérée	Modérée	Faible	Faible	Faible	Modérée	Modérée
Évaluation de la qualité	Élevée	Élevée	Faible	Faible	Moyenne	Moyenne	Faible	Faible	Faible	Faible	Moyenne	Moyenne
Évaluation globale	Élevée		Faible		Moyenne		Faible		Faible		Moyenne	

CRITÈRES	Mohamad <i>et al.</i> , 2018		Bizzell <i>et al.</i> , 2017		Kepekci et Balikci, 2017		Shoba <i>et al.</i> , 2016		Bast <i>et al.</i> , 2015		Chow et Rotenberg, 2015	
	Évaluateur		Évaluateur		Évaluateur		Évaluateur		Évaluateur		Évaluateur	
	1	2	1	2	1	2	1	2	1	2	1	2
1. Participants de l'étude représentatifs de la population cible	Modérée	Modérée	Faible	Faible	Modérée	Modérée	Modérée	Modérée	Modérée	Modérée	Modérée	Modérée
2. Sources et méthodes de collecte de données	Modérée	Forte	Faible	Faible	Modérée	Forte	Faible	Faible	Faible	Modérée	Modérée	Forte
3. Instruments de collecte de données	Faible	Faible	Faible	Modérée	Modérée	Modérée	Modérée	Faible	Modérée	Modérée	Modérée	Modérée
4. Éthique	Faible	Faible	Forte	Forte	Forte	Forte	Faible	Faible	Forte	Forte	Forte	Forte
5. Statistiques	Modérée	Modérée	Modérée	Modérée	Modérée	Modérée	Modérée	Faible	Modérée	Modérée	Modérée	Modérée
Évaluation de la qualité	Faible	Faible	Faible	Faible	Moyenne	Moyenne	Faible	Faible	Moyenne	Moyenne	Moyenne	Moyenne
Évaluation globale	Faible		Faible		Moyenne		Faible		Moyenne		Moyenne	

CRITÈRES	Hajjioannou <i>et al.</i> , 2014		Jagadeeswaran <i>et al.</i> , 2014		Booth et Wang, 2013		Rebechi <i>et al.</i> , 2013		Koç <i>et al.</i> , 2012		Adoga <i>et al.</i> , 2011	
	Évaluateur		Évaluateur		Évaluateur		Évaluateur		Évaluateur		Évaluateur	
	1	2	1	2	1	2	1	2	1	2	1	2
1. Participants de l'étude représentatifs de la population cible	Modérée	Modérée	Modérée	Forte	Modérée	Modérée	Modérée	Modérée	Modérée	Forte	Modérée	Modérée
2. Sources et méthodes de collecte de données	Faible	Modérée	Faible	Forte	Faible	Modérée	Faible	Modérée	Modérée	Modérée	Faible	Modérée
3. Instruments de collecte de données	Modérée	Modérée	Moyenne	Modérée	Modérée	Modérée	Modérée	Modérée	Modérée	Modérée	Modérée	Modérée
4. Éthique	Forte	Forte	Forte	Forte	Forte	Forte	Forte	Forte	Forte	Forte	Faible	Faible
5. Statistiques	Modérée	Modérée	Modérée	Faible	Modérée	Modérée	Modérée	Modérée	Modérée	Modérée	Faible	Faible
Évaluation de la qualité	Moyenne	Moyenne	Moyenne	Moyenne	Moyenne	Moyenne	Moyenne	Moyenne	Moyenne	Moyenne	Moyenne	Faible
Évaluation globale	Moyenne		Moyenne		Moyenne		Moyenne		Moyenne		Faible	

CRITÈRES	Courville et al., 2011		Ashraf et al., 2010		Kalcioğlu et al., 2010		Faramarzi et al., 2009		Van Lierop et Prescott, 2009		Verma et al., 2009	
	Évaluateur		Évaluateur		Évaluateur		Évaluateur		Évaluateur		Évaluateur	
	1	2	1	2	1	2	1	2	1	2	1	2
1. Participants de l'étude représentatifs de la population cible	Modérée	Modérée	Modérée	Modérée	Faible	Modérée	Modérée	Modérée	Modérée	Modérée	Modérée	Modérée
2. Sources et méthodes de collecte de données	Faible	Modérée	Modérée	Forte	Faible	Faible	Modérée	Forte	Faible	Forte	Faible	Modérée
3. Instruments de collecte de données	Modérée	Modérée	Modérée	Modérée	Modérée	Modérée	Modérée	Modérée	Modérée	Modérée	Modérée	Modérée
4. Éthique	Forte	Forte	Forte	Forte	Faible	Faible	Forte	Forte	Forte	Forte	Forte	Forte
5. Statistiques	Forte	Forte	Modérée	Faible	Modérée	Modérée	Modérée	Modérée	Modérée	Modérée	Modérée	Modérée
Évaluation de la qualité	Moyenne	Moyenne	Moyenne	Faible	Faible	Faible	Moyenne	Moyenne	Moyenne	Moyenne	Moyenne	Moyenne
Évaluation globale	Moyenne		Faible		Faible		Moyenne		Moyenne		Moyenne	

CRITÈRES	Mohamad et al., 2007		Dewil et al., 2006		Felippe et al., 2006		Yasan et al., 2006		Dell'Aringa et al., 2005		Erdag et al., 2005	
	Évaluateur		Évaluateur		Évaluateur		Évaluateur		Évaluateur		Évaluateur	
	1	2	1	2	1	2	1	2	1	2	1	2
1. Participants de l'étude représentatifs de la population cible	Modérée	Modérée	Modérée	Modérée	Modérée	Modérée	Modérée	Modérée	Modérée	Modérée	Modérée	Modérée
2. Sources et méthodes de collecte de données	Faible	Faible	Modérée	Modérée	Faible	Modérée	Faible	Modérée	Modérée	Modérée	Faible	Modérée
3. Instruments de collecte de données	Faible	Faible	Modérée	Modérée	Modérée	Modérée	Modérée	Modérée	Faible	Modérée	Modérée	Modérée
4. Éthique	Faible	Faible	Faible	Faible	Faible	Faible	Faible	Faible	Faible	Faible	Faible	Faible
5. Statistiques	Modérée	Modérée	Modérée	Modérée	Modérée	Modérée	Modérée	Modérée	Modérée	Modérée	Modérée	Modérée
Évaluation de la qualité	Faible	Faible	Moyenne	Moyenne	Moyenne	Moyenne	Moyenne	Moyenne	Faible	Moyenne	Moyenne	Moyenne
Évaluation globale	Faible		Moyenne		Moyenne		Moyenne		Moyenne			

CRITÈRES	Garavello <i>et al.</i> , 2004		Aydin <i>et al.</i> , 2003		Gillespie <i>et al.</i> , 2003		Williams et Brown, 2003		Strong <i>et al.</i> , 2001		Younis <i>et al.</i> , 2001	
	Évaluateur		Évaluateur		Évaluateur		Évaluateur		Évaluateur		Évaluateur	
	1	2	1	2	1	2	1	2	1	2	1	2
1. Participants de l'étude représentatifs de la population cible	Modérée	Modérée	Modérée	Modérée	Modérée	Modérée	Modérée	Modérée	Modérée	Modérée	Modérée	Modérée
2. Sources et méthodes de collecte de données	Faible	Modérée	Faible	Modérée	Modérée	Modérée	Faible	Modérée	Faible	Modérée	Faible	Modérée
3. Instruments de collecte de données	Modérée	Modérée	Modérée	Modérée	Faible	Modérée	Modérée	Modérée	Modérée	Modérée	Modérée	Modérée
4. Éthique	Faible	Faible	Faible	Faible	Faible	Faible	Faible	Faible	Faible	Faible	Faible	Faible
5. Statistiques	Modérée	Modérée	Modérée	Modérée	Modérée	Modérée	Modérée	Modérée	Modérée	Modérée	Modérée	Modérée
Évaluation de la qualité	Moyenne	Moyenne	Moyenne	Moyenne	Moyenne	Moyenne	Moyenne	Moyenne	Moyenne	Moyenne	Moyenne	Moyenne
Évaluation globale	Moyenne		Moyenne		Moyenne		Moyenne		Moyenne		Moyenne	

CRITÈRES	Laing et McKerrow, 1991		Daneshbod <i>et al.</i> , 1980		Sodagar et Mohallatee, 1972		Weibel, 1965		Starry, 1939		Jawad <i>et al.</i> , 2021	
	Évaluateur		Évaluateur		Évaluateur		Évaluateur		Évaluateur		Évaluateur	
	1	2	1	2	1	2	1	2	1	2	1	2
1. Participants de l'étude représentatifs de la population cible	Modérée	Modérée	Modérée	Modérée	Modérée	Modérée	Modérée	Modérée	Modérée	Modérée	Modérée	Modérée
2. Sources et méthodes de collecte de données	Faible	Faible	Faible	Modérée	Faible	Faible	Faible	Faible	Faible	Modérée	Faible	Modérée
3. Instruments de collecte de données	Modérée	Modérée	Modérée	Modérée	Modérée	Faible	Modérée	Modérée	Modérée	Modérée	Modérée	Modérée
4. Éthique	Faible	Faible	Faible	Faible	Faible	Faible	Faible	Faible	Faible	Faible	Faible	NA
5. Statistiques	Faible	Faible	Forte	Forte	Modérée	Faible	Forte	Modérée	Forte	Forte	Modérée	Modérée
Évaluation de la qualité	Faible	Faible	Moyenne	Moyenne	Faible	Faible	Moyenne	Moyenne	Moyenne	Moyenne	Moyenne	Moyenne
Évaluation globale	Faible		Moyenne		Faible		Moyenne		Moyenne		Moyenne	

CRITÈRES	Ruffner et Scordino, 2022		Safadi <i>et al.</i> , 2021		Asimakopoulos <i>et al.</i> , 2015		Rajasekaran <i>et al.</i> , 2014		Yeh <i>et al.</i> , 2014		Daniero <i>et al.</i> , 2013	
	Évaluateur		Évaluateur		Évaluateur		Évaluateur		Évaluateur		Évaluateur	
	1	2	1	2	1	2	1	2	1	2	1	2
1. Participants de l'étude représentatifs de la population cible	Faible	Faible	Modérée	Modérée	Modérée	Faible	Faible	Faible	Forte	Forte	Modérée	Modérée
2. Sources et méthodes de collecte de données	Modérée	Modérée	Faible	Modérée	Faible	Faible	Modérée	Faible	Modérée	Modérée	Faible	Faible
3. Instruments de collecte de données	Modérée	Modérée	Modérée	Modérée	Faible	Faible	Modérée	Modérée	Modérée	Modérée	Modérée	Modérée
4. Éthique	Forte	Forte	Forte	Forte	Faible	Faible	Forte	Forte	Forte	Forte	Forte	Forte
5. Statistiques	Modérée	Modérée	Modérée	Modérée	Modérée	Modérée	Modérée	Modérée	Modérée	Modérée	Modérée	Modérée
Évaluation de la qualité	Faible	Faible	Moyenne	Moyenne	Faible	Faible	Faible	Faible	Moyenne	Moyenne	Faible	Faible
Évaluation globale	Faible		Moyenne		Faible		Faible		Moyenne		Faible	

CRITÈRES	Haffey <i>et al.</i> , 2012		Yaman <i>et al.</i> , 2011		Arslan <i>et al.</i> , 2011		Van den Boer <i>et al.</i> , 2010		Irfan et Shamim, 2009		Busaba <i>et al.</i> , 2005	
	Évaluateur		Évaluateur		Évaluateur		Évaluateur		Évaluateur		Évaluateur	
	1	2	1	2	1	2	1	2	1	2	1	2
1. Participants de l'étude représentatifs de la population cible	Faible	Faible	Modérée	Modérée	Modérée	Modérée	Modérée	Modérée	Modérée	Faible	Modérée	Modérée
2. Sources et méthodes de collecte de données	Faible	Faible	Faible	Modérée	Faible	Modérée	Faible	Faible	Faible	Faible	Modérée	Modérée
3. Instruments de collecte de données	Modérée	Modérée	Modérée	Modérée	Modérée	Modérée	Modérée	Faible	Modérée	Modérée	Modérée	Modérée
4. Éthique	Forte	Forte	Forte	Forte	Faible	Faible	Faible	Faible	Faible	Faible	Faible	Faible
5. Statistiques	Modérée	Modérée	Modérée	Modérée	Modérée	Modérée	Modérée	Modérée	Modérée	Modérée	Modérée	Modérée
Évaluation de la qualité	Faible	Faible	Moyenne	Moyenne	Moyenne	Moyenne	Faible	Faible	Faible	Faible	Moyenne	Moyenne
Évaluation globale	Faible		Moyenne		Moyenne		Faible		Faible		Moyenne	

CRITÈRES	Garavello et Gaini, 2005		Romashko et Stankiewicz, 2005		Kale et al., 2001		Diamantopoulos et al., 2000		Alun-Jones et al., 1990		Elghouche et al., 2020	
	Évaluateur		Évaluateur		Évaluateur		Évaluateur		Évaluateur		Évaluateur	
	1	2	1	2	1	2	1	2	1	2	1	2
1. Participants de l'étude représentatifs de la population cible	Modérée	Modérée	Modérée	Modérée	Modérée	Modérée	Modérée	Modérée	Faible	Faible	Modérée	Modérée
2. Sources et méthodes de collecte de données	Modérée	Modérée	Faible	Modérée	Faible	Modérée	Faible	Modérée	Modérée	Faible	Modérée	Modérée
3. Instruments de collecte de données	Faible	Modérée	Modérée	Modérée	Modérée	Modérée	Modérée	Modérée	Modérée	Modérée	Modérée	Modérée
4. Éthique	Faible	Faible	Faible	Faible	Faible	Faible	Faible	Faible	Faible	Faible	Forte	Forte
5. Statistiques	Forte	Forte	Modérée	Modérée	Modérée	Modérée	Modérée	Modérée	Modérée	Modérée	Modérée	Modérée
Évaluation de la qualité	Moyenne	Moyenne	Moyenne	Moyenne	Moyenne	Moyenne	Moyenne	Modérée	Faible	Faible	Moyenne	Moyenne
Évaluation globale	Moyenne		Moyenne		Moyenne		Moyenne		Faible		Moyenne	

CRITÈRES	Singh et al., 2020		Fischer et al., 2019		Kircher et al., 2014		Pietarinen-Runtti et al., 2010		Seven et al., 2004		Gourin et Johnson, 2000	
	Évaluateur		Évaluateur		Évaluateur		Évaluateur		Évaluateur		Évaluateur	
	1	2	1	2	1	2	1	2	1	2	1	2
1. Participants de l'étude représentatifs de la population cible	Modérée	Modérée	Modérée	Modérée	Modérée	Modérée	Modérée	Modérée	Modérée	Modérée	Modérée	Modérée
2. Sources et méthodes de collecte de données	Modérée	Forte	Faible	Modérée	Faible	Faible	Faible	Modérée	Faible	Faible	Faible	Faible
3. Instruments de collecte de données	Modérée	Modérée	Modérée	Modérée	Modérée	Modérée	Modérée	Modérée	Faible	Faible	Faible	Faible
4. Éthique	Forte	Forte	Forte	Forte	Forte	Forte	Faible	Faible	Faible	Faible	Faible	Faible
5. Statistiques	Forte	Modérée	Faible	Faible	Forte	Modérée	Modérée	Modérée	Faible	Faible	Modérée	Modérée
Évaluation de la qualité	Moyenne	Moyenne	Faible	Faible	Faible	Faible	Moyenne	Moyenne	Faible	Faible	Faible	Faible
Évaluation globale	Moyenne		Faible		Faible		Moyenne		Faible		Faible	

CRITÈRES	Haidry <i>et al.</i> , 2018		Tambuwala <i>et al.</i> , 2015		Tegginamani et Prasad, 2013		Simşek-Kaya <i>et al.</i> , 2011		Brkic <i>et al.</i> , 2010		Kotrashetti <i>et al.</i> , 2010	
	Évaluateur		Évaluateur		Évaluateur		Évaluateur		Évaluateur		Évaluateur	
	1	2	1	2	1	2	1	2	1	2	1	2
1. Participants de l'étude représentatifs de la population cible	Modérée	Modérée	Modérée	Modérée	Modérée	Modérée	Modérée	Modérée	Modérée	Modérée	Modérée	Modérée
2. Sources et méthodes de collecte de données	Modérée	Forte	Faible	Forte	Faible	Faible	Modérée	Forte	Faible	Forte	Modérée	Forte
3. Instruments de collecte de données	Modérée	Modérée	Modérée	Faible	Faible	Faible	Modérée	Modérée	Faible	Faible	Modérée	Modérée
4. Éthique	Faible	Faible	Faible	Faible	Faible	Faible	Forte	Forte	Faible	Faible	Forte	Forte
5. Statistiques	Faible	Faible	Faible	Faible	Modérée	Modérée	Faible	Faible	Faible	Faible	Faible	Faible
Évaluation de la qualité	Faible	Faible	Faible	Faible	Faible	Faible	Faible	Faible	Faible	Faible	Faible	Faible
Évaluation globale	Faible		Faible		Faible		Faible		Faible		Faible	

CRITÈRES	Khorasani et Samiezadeh, 2008		Mesgarzadeh <i>et al.</i> , 2008		Saravana et Subhashraj, 2008		Yildirim <i>et al.</i> , 2008		Baykul <i>et al.</i> , 2005		Adelsperger <i>et al.</i> , 2000	
	Évaluateur		Évaluateur		Évaluateur		Évaluateur		Évaluateur		Évaluateur	
	1	2	1	2	1	2	1	2	1	2	1	2
1. Participants de l'étude représentatifs de la population cible	Modérée	Modérée	Modérée	Modérée	Modérée	Modérée	Modérée	Modérée	Modérée	Modérée	Modérée	Modérée
2. Sources et méthodes de collecte de données	Modérée	Forte	Modérée	Forte	Modérée	Forte	Modérée	Forte	Modérée	Forte	Modérée	Forte
3. Instruments de collecte de données	Modérée	Modérée	Modérée	Modérée	Modérée	Faible	Modérée	Modérée	Modérée	Modérée	Modérée	Faible
4. Éthique	Forte	Forte	Forte	Forte	Faible	Faible	Faible	Faible	Faible	Faible	Faible	Faible
5. Statistiques	Modérée	Modérée	Modérée	Modérée	Modérée	Modérée	Modérée	Modérée	Modérée	Modérée	Modérée	Modérée
Évaluation de la qualité	Moyenne	Moyenne	Moyenne	Moyenne	Moyenne	Moyenne	Moyenne	Moyenne	Moyenne	Moyenne	Moyenne	Moyenne
Évaluation globale	Moyenne		Moyenne		Moyenne		Moyenne		Moyenne		Moyenne	

CRITÈRES	Glosser et Campbell, 1999		Manganaro, 1998	
	Évaluateur		Évaluateur	
	1	2	1	2
1. Participants de l'étude représentatifs de la population cible	Modérée	Modérée	Modérée	Modérée
2. Sources et méthodes de collecte de données	Modérée	Forte	Faible	Faible
3. Instruments de collecte de données	Modérée	Modérée	Faible	Faible
4. Éthique	Faible	Faible	Faible	Faible
5. Statistiques	Faible	Faible	Faible	Faible
Évaluation de la qualité	Faible	Faible	Faible	Faible
Évaluation globale	Faible		Faible	

Tableau G-2 Qualité méthodologique d'une étude de cohorte selon l'outil d'évaluation critique d'une étude analytique de l'Agence de la santé publique du Canada (ASPC)

Auteurs	Kayabasi et al., 2020	
Plan d'étude	Étude de cohorte	
Évaluateurs	1	2
2. Participants de l'étude représentatifs de la population cible	Modérée	Modérée
3. Justesse du contrôle du biais de sélection	Faible	Modérée
4. Justesse du contrôle du biais causé par une erreur de classification	Modérée	Modérée
5. Justesse du contrôle du biais d'information	Modérée	Modérée
6. Validité et fiabilité des instruments de collecte de données	Modérée	Modérée
7. Justesse de la conservation et du suivi	Modérée	Forte
8. Comparabilité du groupe témoin et du groupe d'intervention	Modérée	Faible
9. Justesse du contrôle des grandes variables confusionnelles	Faible	Faible
10. Justesse de la conduite éthique	Forte	Forte
11. Justesse et interprétation des tests statistiques	Forte	Forte
12. Puissance et taille de l'échantillon	Faible	Faible
Qualité de l'étude	Faible	Faible
Évaluation de la qualité méthodologique	Faible	

Tableau G-3 Qualité méthodologique des guides de pratique clinique selon la grille AGREE II - GRS

	RCP [2019]		AAOMS [2016]		AAES [Patel <i>et al.</i> , 2020]		GAES [Musholt <i>et al.</i> , 2011]		ATA [Haugen <i>et al.</i> , 2016]		AAOHNS [Pynnonen <i>et al.</i> , 2017]		Institute of German Dentistry [IGD, 2006]		SIGN [Richards, 2000]	
Évaluateurs	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2
1. Processus d'élaboration des recommandations	3	4	2	1	5	6	3	4	6	5	6	7	3	1	6	7
2. Style de présentation	4	4	1	2	5	6	5	4	6	5	6	7	3	3	6	7
3. Intégralité de l'information rapportée	3	2	2	1	3	4	3	3	5	7	5	6	2	3	5	5
4. Validité clinique	4	5	4	4	6	7	5	5	6	4	6	6	4	5	6	7
Sommes	14	15	9	8	19	23	16	16	23	21	23	26	12	12	23	26
Moyennes	14,5/28		8,5/28		21/28		16/28		22/28		24,5/28		12/28		24,5/28	

	AAE [2013]		ESE [2006]		AAPD [2021]	
Évaluateurs	1	2	1	2	1	2
1. Processus d'élaboration des recommandations	2	1	2	1	4	3
2. Style de présentation	3	3	3	2	5	4
3. Intégralité de l'information rapportée	2	1	1	1	3	4
4. Validité clinique	4	4	3	2	6	5
Sommes	11	9	9	6	18	16
Moyennes	10/28		7,5/28		17/28	

Tableau G-4 Évaluation et appréciation critique de la littérature grise selon la grille AACODS

ORGANISATION	AAOMP [2013]		AHS [2016]		PHSA [2019]		CAP [2018]		DSM [2017]		DUSM [2009]		GHS [2019]		IHLS [2022]	
Évaluateurs	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2
L'organisation est-elle réputée ?	oui	non	oui	oui	oui	oui	oui	oui	oui	oui	non	non	non	?	non	non
L'organisation est-elle une autorité dans le domaine ?	oui	non	non	?	non	?	oui	oui	non	oui	non	non	non	?	non	non
EXACTITUDE																
L'objectif ou le résumé du document est-il clairement énoncé?	non	non	oui	oui	non	non	oui	oui	oui	non	non	non	oui	oui	oui	oui
Le cas échéant, le document répond-il à l'objectif ou le résumé correspond-il au contenu du document?	s.o.	s.o.	oui	oui	s.o.	s.o.	oui	oui	oui	s.o.	s.o.	s.o.	oui	oui	oui	oui
La méthodologie est-elle précisée?	non	non	non	non	non	non	non	oui	non	non	non	non	oui	oui	non	non
Le cas échéant, est-elle respectée?	s.o.	s.o.	s.o.	s.o.	s.o.	s.o.	s.o.	?	s.o.	s.o.	s.o.	s.o.	?	?	s.o.	s.o.
Le document a-t-il fait l'objet d'une revue par les pairs?	non	?	?	?	oui	oui	non	non	non	non	non	non	oui	oui	non	non
A-t-il été édité par une autorité réputée?	non	?	oui	?	oui	?	?	non	?	non	non	non	oui	?	?	non
A-t-il été soutenu par des références documentées et faisant autorité ou des sources fiables?	non	non	non	non	non	non	non	non	oui	non	non	non	oui	?	oui	non
Est-il représentatif des travaux dans le domaine?	?	non	?	?	oui	?	oui	oui	oui	oui	oui	oui	oui	?	oui	oui
Si ce n'est pas le cas, le document constitue-t-il une contrepartie valide?	?	non	?	?	s.o.	?	s.o.	s.o.	s.o.	s.o.	s.o.	s.o.	s.o.	s.o.	s.o.	s.o.
Toutes les collectes de données sont-elles explicites et répondent-elles aux besoins de la recherche?	non	non	non	non	non	non	non	non	non	non	non	non	non	non	non	non
L'interprétation ou l'analyse est-elle exacte et objective?	oui	oui	non	non	non	non	non	?	non	non	non	non	non	non	non	non
ÉTENDUE																
Les limites sont-elles clairement énoncées?	non	non	non	non	non	non	non	non	non	non	non	non	oui	non	non	non
OBJECTIVITÉ																

ORGANISATION	AAOMP [2013]		AHS [2016]		PHSA [2019]		CAP [2018]		DSM [2017]		DUSM [2009]		GHS [2019]		IHLS [2022]	
Évaluateurs	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2
La perspective de l'auteur est-elle claire?	non	non	non	non	non	non	non	non	non	non	non	non	non	non	non	non
La présentation du travail semble-t-elle équilibrée?	non	oui	non	non	non	non	non	non	non	non	non	non	non	non	non	non
DATE																
Le document indique-t-il précisément une date relativement à son contenu?	non	non	non	non	oui	oui	oui	oui	oui	oui	oui	oui	oui	oui	oui	oui
Le cas échéant, existe-il une raison valide qui justifie l'absence de date?	non	non	non	non	s.o.	s.o.	s.o.	s.o.	s.o.	s.o.	s.o.	s.o.	s.o.	s.o.	s.o.	s.o.
PORTÉE																
Le document est-il significatif (faisabilité, utilité, pertinence)?	oui	oui	oui	oui	oui	oui	oui	oui	oui	oui	oui	oui	oui	oui	oui	oui
Met-il la recherche en contexte?	non	non	non	non	non	non	non	non	non	non	non	non	non	non	non	non
Enrichit-il la recherche ou y ajoute-t-il quelque chose d'unique?	oui	oui	non	non	non	non	non	non	non	non	non	non	non	non	non	non
Renforce-t-il ou réfute-t-il une position actuelle?	oui	?	oui	non	oui	non	oui	oui	oui	oui	oui	oui	oui	non	oui	oui
Le domaine de recherche serait-il moins riche sans ce document?	non	?	non	non	non	non	non	non	non	non	non	non	non	non	non	non
Est-il intégral, représentatif, caractéristique?	non	?	oui	oui	oui	oui	oui	?	oui	?	oui	?	oui	oui	oui	?
A-t-il une influence sur le travail ou le comportement d'autrui?	oui	oui	oui	oui	oui	oui	oui	oui	oui	oui	oui	oui	oui	oui	oui	oui

Abréviation : s.o. : sans objet

ORGANISATION	PSP [2013]		SHA [2018]		UCDH [2016]		UCSF [2020]	
Évaluateurs	1	2	1	2	1	2	1	2
L'organisation est-elle réputée ?	non	non	non	non	non	non	non	non
L'organisation est-elle une autorité dans le domaine ?	non	non	non	non	non	non	non	non
EXACTITUDE								
L'objectif ou le résumé du document est-il clairement énoncé?	non	non	non	non	non	non	oui	oui
Le cas échéant, le document répond-il à l'objectif ou le résumé correspond-il au contenu du document?	s.o.	s.o.	s.o.	s.o.	s.o.	s.o.	oui	oui
La méthodologie est-elle précisée?	non	non	non	non	non	non	non	non
Le cas échéant, est-elle respectée?	s.o.	s.o.	s.o.	s.o.	s.o.	s.o.	s.o.	s.o.
Le document a-t-il fait l'objet d'une revue par les pairs?	non	non	non	non	non	non	oui	non
A-t-il été édité par une autorité réputée?	non	non	non	non	non	non	non	non
A-t-il été soutenu par des références documentées et faisant autorité ou des sources fiables?	non	non	non	non	non	non	oui	non
Est-il représentatif des travaux dans le domaine?	oui	oui	oui	oui	oui	oui	oui	?
Si ce n'est pas le cas, le document constitue-t-il une contrepartie valide?	s.o.	s.o.	s.o.	s.o.	s.o.	s.o.	s.o.	s.o.
Toutes les collectes de données sont-elles explicites et répondent-elles aux besoins de la recherche?	non	non	non	non	non	non	non	non
L'interprétation ou l'analyse est-elle exacte et objective?	non	non	non	non	non	non	non	?

ORGANISATION	PSP [2013]		SHA [2018]		UCDH [2016]		UCSF [2020]	
Évaluateurs	1	2	1	2	1	2	1	2
ÉTENDUE								
Les limites sont-elles clairement énoncées?	non	non	non	non	non	non	non	non
OBJECTIVITÉ								
La perspective de l'auteur est-elle claire?	non	non	non	non	non	non	non	?
La présentation du travail semble-t-elle équilibrée?	non	non	non	non	?	non	non	?
DATE								
Le document indique-t-il précisément une date relativement à son contenu?	oui	oui	oui	oui	non	non	oui	oui
Le cas échéant, existe-il une raison valide qui justifie l'absence de date?	s.o.	s.o.	s.o.	s.o.	non	no	s.o.	s.o.
PORTÉE								
Le document est-il significatif (faisabilité, utilité, pertinence)?	oui	oui	oui	oui	oui	oui	oui	non
Met-il la recherche en contexte?	non	non	non	non	non	non	non	non
Enrichit-il la recherche ou y ajoute-t-il quelque chose d'unique?	non	non	non	non	non	non	non	non
Renforce-t-il ou réfute-t-il une position actuelle?	oui	oui	oui	oui	oui	oui	oui	oui
Le domaine de recherche serait-il moins riche sans ce document?	non	non	non	non	non	non	non	non
Est-il intégral, représentatif, caractéristique?	?	?	oui	?	?	?	oui	?

Abréviation : s. o. : sans objet.

ANNEXE H

Résultats du processus Delphi simplifié

Tableau H-1 Résultats des itérations 1 et 2 du processus Delphi simplifié

SPÉCIMENS CHIRURGICAUX	Itération 1	Itération 2	Itération 3
	AJOUTER CE LIBELLÉ À LA LISTE DE TRANSMISSION SÉLECTIVE		
1. Polypes nasaux et tissus issus d'une chirurgie endonasale	(2/7) Oui, sans modification (2/7) Oui, avec certaines modifications (3/7) Non (0/7) Hors champ de compétence	<u>Consensus après discussions :</u> ☒ Oui ☐ Non <u>Envoi sélectif :</u> ☐ Oui ☒ Non <u>Précisions / reformulation :</u> Non requis	Non applicable
2. Tissu d'apparence clinique normale retiré de la région buccale ou maxillo-faciale	(2/7) Oui, sans modification (0/7) Oui, avec certaines modifications (3/7) Non (2/7) Hors champ de compétence	<u>Consensus après discussions :</u> ☒ Oui ☐ Non <u>Envoi sélectif :</u> ☐ Oui ☒ Non <u>Précisions / reformulation :</u> Non requis	Non applicable

SPÉCIMENS CHIRURGICAUX	Itération 1	Itération 2	Itération 3
	AJOUTER CE LIBELLÉ À LA LISTE DE TRANSMISSION SÉLECTIVE		
3. Kystes épidermoïdes (ou kystes sébacés) qui ne laissent aucun doute raisonnable sur leur nature bénigne (libellé du volet 2 : Chirurgie générale, plastie et dermatologie)	(2/7) Oui, sans modification (0/7) Oui, avec certaines modifications (4/7) Non (1/7) Hors champ de compétence	<u>Consensus après discussions :</u> ☒ Oui ☐ Non <u>Envoi sélectif :</u> ☐ Oui ☒ Non <u>Précisions / reformulation :</u> Non requis	Non applicable
4. Acrochordons qui ne laissent aucun doute sur leur nature bénigne (libellé du volet 2)	(2/7) Oui, sans modification (1/7) Oui, avec certaines modifications (3/7) Non (1/7) Hors champ de compétence	<u>Consensus après discussions :</u> ☒ Oui ☐ Non <u>Envoi sélectif :</u> ☐ Oui ☐ Non ☒ Autre Ce spécimen concerne plutôt la dermatologie et ne devrait pas faire l'objet des travaux du présent volet. <u>Précisions / reformulation :</u> Non requis	Non applicable

SPÉCIMENS CHIRURGICAUX	Itération 1	Itération 2	Itération 3
	AJOUTER CE LIBELLÉ À LA LISTE DE TRANSMISSION SÉLECTIVE		
5. Tissus issus de débridement pour cause connue (libellé du volet 2)	(5/7) Oui, sans modification (0/7) Oui, avec certaines modifications (2/7) Non (0/7) Hors champ de compétence	<u>Consensus après discussions :</u> ☒ Oui ☐ Non <u>Envoi sélectif :</u> ☒ Oui ☐ Non <u>Précisions / reformulation :</u> Libellé non modifié	Non applicable
6. Fragments d'os et de ligaments	(4/7) Oui, sans modification (1/7) Oui, avec certaines modifications (1/7) Non (1/7) Hors champ de compétence	<u>Consensus après discussions :</u> ☒ Oui ☐ Non <u>Envoi sélectif :</u> ☒ Oui ☐ Non <u>Précisions / reformulation :</u> Le libellé « Fragment d'os, de ligament ou de muscle issu d'une chirurgie reconstructive » sera inclus à la liste de transmission sélective.	Non applicable
7. Lipome sous-cutané de routine de moins de 2 cm (refusé pour le volet 2)	(2/7) Oui, sans modification (0/7) Oui, avec certaines modifications (4/7) Non	<u>Consensus après discussions :</u> ☒ Oui ☐ Non	Non applicable

SPÉCIMENS CHIRURGICAUX	Itération 1	Itération 2	Itération 3
	AJOUTER CE LIBELLÉ À LA LISTE DE TRANSMISSION SÉLECTIVE		
	(1/7) Hors champ de compétence	<u>Envoi sélectif :</u> ☐ Oui ☒ Non <u>Précisions / reformulation :</u> Non requis	
8. Caillot sanguin d'un hématome ou thrombus	(5/7) Oui, sans modification (1/7) Oui, avec certaines modifications (1/7) Non (0/7) Hors champ de compétence	<u>Consensus après discussions :</u> ☒ Oui ☐ Non <u>Envoi sélectif :</u> ☒ Oui ☐ Non <u>Précisions / reformulation :</u> Libellé non modifié	Non applicable
9. Amygdales chez une personne de moins de 18 ans	(4/7) Oui, sans modification (1/7) Oui, avec certaines modifications (0/7) Non (2/7) Hors champ de compétence	<u>Consensus après discussions :</u> ☒ Oui ☐ Non ☐ À préciser <u>Envoi sélectif (inclut à la liste)</u> ☒ Oui ☐ Non <u>Reformulation du libellé:</u> Amygdales d'une personne de moins de 18 ans	Non applicable

SPÉCIMENS CHIRURGICAUX	Itération 1	Itération 2	Itération 3
	AJOUTER CE LIBELLÉ À LA LISTE DE TRANSMISSION SÉLECTIVE		
10. Amygdales chez une personne de 18 ans et plus	(2/7) Oui, sans modification (0/7) Oui, avec certaines modifications (3/7) Non (2/7) Hors champ de compétence	<u>Consensus après discussions :</u> ☒ Oui ☐ Non ☐ À préciser <u>Envoi sélectif (inclut à la liste)</u> ☐ Oui ☒ Non <u>Reformulation du libellé:</u> Non requis	Non applicable
11. Dent extraite et tissu associé d'apparence clinique normale	(7/7) Oui, sans modification (0/7) Oui, avec certaines modifications (0/7) Non (0/7) Hors champ de compétence	<u>Consensus après discussions :</u> ☒ Oui ☐ Non ☐ À préciser <u>Envoi sélectif (inclut à la liste)</u> ☒ Oui ☐ Non <u>Reformulation du libellé:</u> Libellé non modifié	Non applicable
12. Reconstruction otologique et osselets de l'oreille moyenne	(4/7) Oui, sans modification (1/7) Oui, avec certaines modifications (0/7) Non (2/7) Hors champ de compétence	<u>Consensus après discussions :</u> ☒ Oui ☐ Non ☐ À préciser <u>Envoi sélectif (inclut à la liste)</u> ☒ Oui ☐ Non	Non applicable

SPÉCIMENS CHIRURGICAUX	Itération 1	Itération 2	Itération 3
	AJOUTER CE LIBELLÉ À LA LISTE DE TRANSMISSION SÉLECTIVE		
		<u>Reformulation du libellé:</u> Reconstruction otologique et osselet issu d'une stapéctomie de l'oreille moyenne	
13. Tissus issus de tympanoplastie d'allure normale	(5/7) Oui, sans modification (0/7) Oui, avec certaines modifications (0/7) Non (2/7) Hors champ de compétence	<u>Consensus après discussions :</u> ☒ Oui ☐ Non ☐ À préciser <u>Envoi sélectif (inclut à la liste)</u> ☒ Oui ☐ Non <u>Reformulation du libellé:</u> Tissu issu de tympanoplastie d'apparence clinique normale	Non applicable
14. Tissu sous-cutané excédent retiré accessoirement à l'approche chirurgicale (libellé du volet 2)	(6/7) Oui, sans modification (1/7) Oui, avec certaines modifications (0/7) Non (0/7) Hors champ de compétence	<u>Consensus après discussions :</u> ☒ Oui ☐ Non ☐ À préciser <u>Envoi sélectif (inclut à la liste)</u> ☒ Oui ☐ Non <u>Reformulation du libellé:</u> Libellé non modifié	Non applicable

SPÉCIMENS CHIRURGICAUX	Itération 1	Itération 2	Itération 3
	AJOUTER CE LIBELLÉ À LA LISTE DE TRANSMISSION SÉLECTIVE		
15. Portions de côtes prélevées pour faciliter la chirurgie chez un patient sans antécédent de cancer (libellé du volet 2)	(6/7) Oui, sans modification (1/7) Oui, avec certaines modifications (0/7) Non (0/7) Hors champ de compétence	<u>Consensus après discussions :</u> ☒ Oui ☐ Non ☐ À préciser <u>Envoi sélectif (inclut à la liste)</u> ☒ Oui ☐ Non <u>Reformulation du libellé:</u> Portions de côtes prélevées pour greffe osseuse ou cartilage chez un patient sans antécédent de cancer	Non applicable
16. Restauration dentaire	(5/7) Oui, sans modification (1/7) Oui, avec certaines modifications (0/7) Non (1/7) Hors champ de compétence	<u>Consensus après discussions :</u> ☒ Oui ☐ Non ☐ À préciser <u>Envoi sélectif (inclut à la liste)</u> ☒ Oui ☐ Non <u>Reformulation du libellé:</u> Libellé non modifié	Non applicable
17. Adénoïdes	(3/7) Oui, sans modification (2/7) Oui, avec certaines modifications (0/7) Non (2/7) Hors champ de compétence	<u>Consensus après discussions :</u> ☒ Oui ☐ Non ☐ À préciser <u>Envoi sélectif (inclut à la liste)</u>	Non applicable

SPÉCIMENS CHIRURGICAUX	Itération 1	Itération 2	Itération 3
	AJOUTER CE LIBELLÉ À LA LISTE DE TRANSMISSION SÉLECTIVE		
		☒ Oui ☐ Non <u>Reformulation du libellé:</u> Adénoïdes chez une personne de moins de 18 ans	
18. Tissu issu de supraglottoplastie	(5/7) Oui, sans modification (0/7) Oui, avec certaines modifications (0/7) Non (2/7) Hors champ de compétence	<u>Consensus après discussions :</u> ☒ Oui ☐ Non ☐ À préciser <u>Envoi sélectif (inclut à la liste)</u> ☒ Oui ☐ Non <u>Reformulation du libellé:</u> Libellé non modifié	Non applicable
19. Le cartilage ou os prélevé pendant une septoplastie, rhinoplastie ou septorhinoplastie	(7/7) Oui, sans modification (0/7) Oui, avec certaines modifications (0/7) Non (0/7) Hors champ de compétence	<u>Consensus après discussions :</u> ☒ Oui ☐ Non ☐ À préciser <u>Envoi sélectif (inclut à la liste)</u> ☒ Oui ☐ Non <u>Reformulation du libellé:</u> Tissus résultant d'une correction esthétique (ou reconstructive) – p. ex. oreilles de chien, rhinoplastie, reprise de	Non applicable

SPÉCIMENS CHIRURGICAUX	Itération 1	Itération 2	Itération 3
	AJOUTER CE LIBELLÉ À LA LISTE DE TRANSMISSION SÉLECTIVE		
		cicatrice, septoplastie, otoplastie, ostéotomies, fente labio-palatine (excluant les tissus issus de rhinophyma)	
20. Tissu issu de turbinoplastie	(6/7) Oui, sans modification (1/7) Oui, avec certaines modifications (0/7) Non (0/7) Hors champ de compétence	<u>Consensus après discussions :</u> ☒ Oui ☐ Non ☐ À préciser <u>Envoi sélectif (inclut à la liste)</u> ☒ Oui ☐ Non <u>Reformulation du libellé:</u> Libellé non modifié	Non applicable
21. Tube de myringotomie (pourrait être inclus dans le libellé Implants et matériel médical retirés lors d'une intervention chirurgicale , volet 2)	(5/7) Oui, sans modification (0/7) Oui, avec certaines modifications (0/7) Non (2/7) Hors champ de compétence	<u>Consensus après discussions :</u> ☒ Oui ☐ Non ☐ À préciser <u>Envoi sélectif (inclut à la liste)</u> ☒ Oui ☐ Non <u>Reformulation du libellé:</u> Implants et matériel médical retirés lors d'une intervention chirurgicale	Non applicable

SPÉCIMENS CHIRURGICAUX	Itération 1	Itération 2	Itération 3
	AJOUTER CE LIBELLÉ À LA LISTE DE TRANSMISSION SÉLECTIVE		
22. Cartilage de l'oreille externe (plastie)	(1/7) Oui, sans modification (1/7) Oui, avec certaines modifications (0/7) Non (0/7) Hors champ de compétence	<u>Consensus après discussions :</u> ☒ Oui ☐ Non ☐ À préciser <u>Envoi sélectif (inclut à la liste)</u> ☒ Oui ☐ Non <u>Reformulation du libellé:</u> Tissus résultant d'une correction esthétique (ou reconstructive) – p. ex. oreilles de chien, rhinoplastie, reprise de cicatrice, septoplastie, otoplastie, ostéotomies, fente labio-palatine (excluant les tissus issus de rhinophyma)	Non applicable
23. Cicatrices de brûlures récentes ou issues d'une chirurgie non néoplasique (libellé provenant du volet 2) ou Cicatrices d'allure normale (libellé du volet 3)	(7/7) Oui, sans modification (0/7) Oui, avec certaines modifications (0/7) Non (0/7) Hors champ de compétence	<u>Consensus après discussions :</u> ☒ Oui ☐ Non ☐ À préciser <u>Envoi sélectif (inclut à la liste)</u> ☒ Oui ☐ Non <u>Reformulation du libellé:</u> Libellé non modifié	Non applicable

SPÉCIMENS CHIRURGICAUX	Itération 1	Itération 2	Itération 3
	AJOUTER CE LIBELLÉ À LA LISTE DE TRANSMISSION SÉLECTIVE		
24. Molluscum contagiosum (libellé provenant du volet 2)	(2/7) Oui, sans modification (0/7) Oui, avec certaines modifications (1/7) Non (4/7) Hors champ de compétence	<u>Consensus après discussions :</u> ☒ Oui ☐ Non ☐ À préciser <u>Envoi sélectif (inclut à la liste)</u> ☐ Oui ☐ Non ☒ Autre Ne pas inclure les prélèvements de molluscum contagiosum dans les travaux de ce volet. <u>Reformulation du libellé:</u> Non requis	Non applicable
25. Implants et matériel médical retirés lors d'une intervention chirurgicale (libellé des volets 1 et 2)	(7/7) Oui, sans modification (0/7) Oui, avec certaines modifications (0/7) Non (0/7) Hors champ de compétence	<u>Consensus après discussions :</u> ☒ Oui ☐ Non ☐ À préciser <u>Envoi sélectif (inclut à la liste)</u> ☒ Oui ☐ Non <u>Reformulation du libellé:</u> Libellé non modifié	Non applicable

SPÉCIMENS CHIRURGICAUX	Itération 1	Itération 2	Itération 3
	AJOUTER CE LIBELLÉ À LA LISTE DE TRANSMISSION SÉLECTIVE		
26. Corps étranger (libellé provenant des volets 1 et 2)	(6/7) Oui, sans modification (1/7) Oui, avec certaines modifications (0/7) Non (0/7) Hors champ de compétence	<u>Consensus après discussions :</u> ☒ Oui ☐ Non ☐ À préciser <u>Envoi sélectif (inclut à la liste)</u> ☒ Oui ☐ Non <u>Reformulation du libellé:</u> Libellé non modifié	Non applicable
27. Tissu issu d'une correction de fente labiale Pourrait être inclus dans le libellé : Tissus redondants résultant d'une correction esthétique (ou reconstructive) – p. ex. oreilles de chiens, reprise de cicatrice, septoplastie, <i>fente labio-palatine</i> OU Tissus normaux prélevés pendant des procédures esthétiques (libellés du volet 2)	(6/7) Oui, sans modification (0/7) Oui, avec certaines modifications (0/7) Non (1/7) Hors champ de compétence	<u>Consensus après discussions :</u> ☒ Oui ☐ Non ☐ À préciser <u>Envoi sélectif (inclut à la liste)</u> ☒ Oui ☐ Non <u>Reformulation du libellé:</u> Tissus résultant d'une correction esthétique (ou reconstructive) – p. ex. oreilles de chien, rhinoplastie, reprise de cicatrice, septoplastie, otoplastie, ostéotomies, fente labio-palatine (excluant les tissus issus de rhinophyma)	Non applicable

SPÉCIMENS CHIRURGICAUX	Itération 1	Itération 2	Itération 3
	AJOUTER CE LIBELLÉ À LA LISTE DE TRANSMISSION SÉLECTIVE		
28. Liposuccion sous-mandibulaire et gras abdominal OU Graisse prélevée par liposuccion et pesée (libellé provenant du volet 2)	(6/7) Oui, sans modification (0/7) Oui, avec certaines modifications (0/7) Non (1/7) Hors champ de compétence	<u>Consensus après discussions :</u> ☒ Oui ☐ Non ☐ À préciser <u>Envoi sélectif (inclut à la liste)</u> ☒ Oui ☐ Non <u>Reformulation du libellé:</u> Liposuccion sous-mandibulaire ou d'un site donneur	Non applicable
29. Appareil dentaire	(6/7) Oui, sans modification (0/7) Oui, avec certaines modifications (0/7) Non (1/7) Hors champ de compétence	<u>Consensus après discussions :</u> ☒ Oui ☐ Non ☐ À préciser <u>Envoi sélectif (inclut à la liste)</u> ☒ Oui ☐ Non <u>Reformulation du libellé:</u> Libellé non modifié	Non applicable
30. Articulation temporo-mandibulaire	(6/7) Oui, sans modification (1/7) Oui, avec certaines modifications (0/7) Non (0/7) Hors champ de compétence	<u>Consensus après discussions :</u> ☒ Oui ☐ Non ☐ À préciser	Non applicable

SPÉCIMENS CHIRURGICAUX	Itération 1	Itération 2	Itération 3
	AJOUTER CE LIBELLÉ À LA LISTE DE TRANSMISSION SÉLECTIVE		
		<u>Envoi sélectif (inclut à la liste)</u> ☒ Oui ☐ Non <u>Reformulation du libellé:</u> Libellé non modifié	
31. Prélèvements provenant de chirurgies pré-prothétiques (p. ex. crêtes hyperplasiques, tubérosités hypertrophiques bilatérales connues [issues de tubéropplasties], exocytoses buccales, toris)	Non applicable	Non applicable	(4/7) Oui, sans modification (1/7) Oui, avec certaines modifications (1/7) Non (1/7) Hors champ de compétence

ANNEXE I

Traitement des commentaires des lecteurs externes

Tableau I-1 Traitement des commentaires des lecteurs externes

COMMENTAIRES DES LECTEURS EXTERNES	RÉPONSES DES AUTEURS
Lecteur externe #1	
1. <u>CONTENU GÉNÉRAL</u>	
1.1. La problématique, le contexte et les objectifs des travaux sont-ils clairs? Oui, le tout est clairement précisé au début du document.	Aucune action requise
1.2. Le document est-il facile à lire? Les informations sont-elles bien présentées? Oui, le document est bien structuré.	Aucune action requise
1.3. Le résumé est-il accessible pour un lecteur non spécialiste? Oui	Aucune action requise
1.4. La méthodologie est-elle robuste? Oui, la méthodologie employée pour la revue systématique est adéquate et l'aspect consultatif permet de compléter la revue systématique.	Aucune action requise
1.5. Selon votre expertise, des éléments importants relatifs à la transmission des prélèvements au laboratoire d'anatomopathologie sont-ils manquants? Si oui, lesquels? Non	Aucune action requise
1.6. L'analyse des données est-elle concise et pertinente? Oui, l'utilisation des tableaux facilite la lecture.	Aucune action requise
1.7. Les résultats de l'évaluation sont-ils clairement présentés? Oui	Aucune action requise

COMMENTAIRES DES LECTEURS EXTERNES		RÉPONSES DES AUTEURS
1.8. Les conclusions sont-elles claires, en lien avec l'analyse qui précède? Oui et elles répondent aux objectifs des travaux.		Aucune action requise
1.9. Les recommandations sont-elles applicables dans le contexte actuel québécois? Seront-elles utiles? Oui, très pertinent.		Aucune action requise
1.10. Les références sont-elles complètes et d'actualité ? Oui		Aucune action requise
2. <u>QUALITÉ SCIENTIFIQUE</u> De façon globale, sur une échelle de 1 à 10, comment qualifieriez-vous la <u>qualité scientifique</u> de ce rapport? 9/10		
3. <u>TRANSFERT DE CONNAISSANCES</u> <i>Vos réponses serviront à développer notre stratégie de transfert des connaissances suite à la publication du rapport.</i>		
3.1. Quels groupes spécifiques , parmi les cliniciens, professionnels de la santé, décideurs, ou la population en général, pourraient bénéficier des informations contenues dans ce rapport? En plus des chirurgiens des différentes spécialités concernées, le personnel infirmier du bloc opératoire et des cliniques externes devraient recevoir ce document puisqu'ils sont impliqués dans l'acheminement des spécimens anatomopathologiques.		Ces informations seront prises en considération lors de la diffusion et des activités de transfert de connaissances.
3.2. Quels congrès, conférences, symposiums ou autres lieux d'échange spécifiques vous semblent appropriés pour partager les résultats du rapport que vous avez révisé? Réunion des différentes associations professionnelles, via les CMDP des centres hospitaliers et les comités d'évaluation de la qualité de l'acte présents dans certains centres hospitaliers.		Ces informations seront prises en considération lors de la diffusion et des activités de transfert de connaissances.
Lecteur externe #2		
<u>CONTENU GÉNÉRAL</u>		
1.1. La problématique, le contexte et les objectifs des travaux sont-ils clairs? Oui, très clairs.		Aucune action requise

COMMENTAIRES DES LECTEURS EXTERNES	RÉPONSES DES AUTEURS
1.2. Le document est-il facile à lire? Les informations sont-elles bien présentées? Oui, très facile.	Aucune action requise
1.3. Le résumé est-il accessible pour un lecteur non spécialiste? Oui, très bien.	Aucune action requise
1.4. La méthodologie est-elle robuste? Oui, très robuste et bien décrite dans la section associée.	Aucune action requise
1.5. Selon votre expertise, des éléments importants relatifs à la transmission des prélèvements au laboratoire d'anatomopathologie sont-ils manquants? Si oui, lesquels? Ça me semble assez exhaustif.	Aucune action requise
1.6. L'analyse des données est-elle concise et pertinente? Oui	Aucune action requise
1.7. Les résultats de l'évaluation sont-ils clairement présentés? Oui, très clairement.	Aucune action requise
1.8. Les conclusions sont-elles claires, en lien avec l'analyse qui précède? Oui, très claires. Je crois qu'elles cadrent très bien avec la pratique clinique.	Aucune action requise
1.9. Les recommandations sont-elles applicables dans le contexte actuel québécois? Seront-elles utiles? Oui	Aucune action requise
1.10. Les références sont-elles complètes et d'actualité? Réponse : La référence de l'American Thyroid Association de Cooper <i>et al.</i>, 2009, devrait être plutôt mise à jour avec celle-ci : « Haugen BR, Alexander EK, Bible KC, Doherty GM, Mandel SJ, Nikiforov YE, Pacini F, Randolph GW, Sawka AM, Schlumberger M, Schuff KG, Sherman SI, Sosa JA, Steward DL, Tuttle RM, Wartofsky L. 2015 American Thyroid Association Management Guidelines for Adult Patients with Thyroid Nodules and Differentiated Thyroid Cancer: The American Thyroid Association Guidelines Task Force on Thyroid Nodules and Differentiated Thyroid Cancer. <i>Thyroid</i>. 2016 Jan;26(1):1-133. doi: 10.1089/thy.2015.0020. PMID: 26462967; PMCID: PMC4739132."	Le guide de l'American Thyroid Association [Haugen <i>et al.</i>, 2016] a été repéré lors de la recherche des mises à jour effectuée au cours de la lecture externe et a été intégré au rapport.

COMMENTAIRES DES LECTEURS EXTERNES	RÉPONSES DES AUTEURS
<u>CONTENU SPÉCIFIQUE</u> Vous êtes invité à commenter plus en détail les sections pour lesquelles vous avez une expertise particulière. Je ferais les corrections suivantes à cette phrase de la page 81 : « L'American Thyroid Association recommande d'ailleurs l'aspiration à l'aiguille fine comme procédure de choix pour évaluer les nodules de la thyroïde qui rencontrent des critères spécifiques de risque de malignité échographique, en fonction de leur taille [Cooper <i>et al.</i>, 2009]. » Les termes « malleus, incus, stapes » devraient plutôt être modifiés pour « marteau, enclume, étrier » respectivement partout dans le texte, comme ce sont les termes français appropriés. Autre commentaire : à la page 86, je modifierais une phrase de façon suivante : « Les parties prenantes ont également souligné que les amygdales chez les adultes doivent être analysées pour s'assurer de bien détecter les cancers oropharyngés VPH+ qui surviennent de façon non-négligeable. » Bien qu'on suspecte que la vaccination contre le VPH va diminuer l'incidence de cancers de l'oropharynx, on n'a encore aucune donnée épidémiologique fiable à ce sujet à ma connaissance.	Le texte a été modifié pour intégrer la recommandation de la dernière version du guide de l'American Thyroid Association : L'American Thyroid Association recommande d'ailleurs l'aspiration à l'aiguille fine comme procédure de choix pour évaluer les nodules lorsque cliniquement indiqué [Haugen <i>et al.</i>, 2016] La modification proposée a été apportée au document. La modification proposée a été apportée au document.
2. <u>QUALITÉ SCIENTIFIQUE</u> De façon globale, sur une échelle de 1 à 10, comment qualifieriez-vous la <u>qualité scientifique</u> de ce rapport? 9/10	
3. <u>TRANSFERT DE CONNAISSANCES</u> <i>Vos réponses serviront à développer notre stratégie de transfert des connaissances suite à la publication du rapport.</i>	
3.1. Quels groupes spécifiques, parmi les cliniciens, professionnels de la santé, décideurs, ou la population en général, pourraient bénéficier des informations contenues dans ce rapport ? Médecins spécialistes en ORL, en pathologie ainsi qu'en chirurgie maxillo-faciale, via nos associations respectives. Infirmières et infirmiers du bloc opératoire.	Ces informations seront prises en considération lors de la diffusion et des activités de transfert de connaissances.

COMMENTAIRES DES LECTEURS EXTERNES	RÉPONSES DES AUTEURS
3.2. Quels congrès, conférences, symposiums ou autres lieux d'échange spécifiques vous semblent appropriés pour partager les résultats du rapport que vous avez révisé ? Congrès québécois des associations de professionnels ci-haut.	Ces informations seront prises en considération lors de la diffusion et des activités de transfert de connaissances.
Lecteur externe #3	
CONTENU GÉNÉRAL	
1.1. La problématique, le contexte et les objectifs des travaux sont-ils clairs? Oui	Aucune action requise
1.2. Le document est-il facile à lire? Les informations sont-elles bien présentées? Oui	Aucune action requise
1.3. Le résumé est-il accessible pour un lecteur non spécialiste? Oui	Aucune action requise
1.4. La méthodologie est-elle robuste? Oui	Aucune action requise
1.5. Selon votre expertise, des éléments importants relatifs à la transmission des prélèvements au laboratoire d'anatomopathologie sont-ils manquants? Si oui, lesquels? Non	Aucune action requise
1.6. L'analyse des données est-elle concise et pertinente? Oui	Aucune action requise
1.7. Les résultats de l'évaluation sont-ils clairement présentés? Oui	Aucune action requise
1.8. Les conclusions sont-elles claires, en lien avec l'analyse qui précède? Oui	Aucune action requise

COMMENTAIRES DES LECTEURS EXTERNES	RÉPONSES DES AUTEURS
1.9. Les recommandations sont-elles applicables dans le contexte actuel québécois? Seront-elles utiles? Oui	Aucune action requise
1.10. Les références sont-elles complètes et d'actualité? Oui	Aucune action requise
2. <u>QUALITÉ SCIENTIFIQUE</u> De façon globale, sur une échelle de 1 à 10, comment qualifieriez-vous la <u>qualité scientifique</u> de ce rapport? 10/10	
3. <u>TRANSFERT DE CONNAISSANCES</u> <i>Vos réponses serviront à développer notre stratégie de transfert des connaissances suite à la publication du rapport.</i>	
3.1. Quels groupes spécifiques , parmi les cliniciens, professionnels de la santé, décideurs, ou la population en général, pourraient bénéficier des informations contenues dans ce rapport?	Aucune action requise
3.2. Quels congrès, conférences, symposiums ou autres lieux d'échange spécifiques vous semblent appropriés pour partager les résultats du rapport que vous avez révisé? Chirurgiens ORL.	Ces informations seront prises en considération lors de la diffusion et des activités de transfert de connaissances.

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