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Adenoid hypertrophy

Hypertrophie adénoïdienne

1. Systematic Reviews and Meta-Analysis

1.1. Generic Acupuncture

1.1.1. Guo 2026

Guo F, Liu R, Zou Y, Li X, Xie M, Yao Y, et al. Non-pharmacological therapy for pediatric adenoid hypertrophy: a systematic review and network meta-analysis. Front Pediatr. 2026;14:1789855. https://doi.org/10.3389/fped.2026.1789855

Background	Adenoid hypertrophy (AH) is a common chronic inflammatory condition in children and a major cause of upper airway obstruction. Acupuncture- and moxibustion-based therapies have been used as adjunctive treatments, but their comparative efficacy remains uncertain. This network meta-analysis compared different acupuncture and moxibustion interventions for pediatric AH.
Methods	Eight databases were searched from inception to May 1, 2025, for randomized controlled trials (RCTs) evaluating acupuncture-related interventions for AH. Risk of bias was assessed using the Cochrane RoB 2.0 tool. Network meta-analysis was performed using R 4.2.0 and Stata 14.0, and confidence in network estimates was assessed with CINeMA.
Results	Seven acupuncture- and moxibustion-based adjunctive interventions were evaluated: conventional acupuncture (CA), electroacupuncture (EA), warm acupuncture (WA), conventional moxibustion (CM), thunder-fire moxibustion (TM), sandwiched moxibustion (SM), and acupoint application (AA). Outcomes included adenoid/nasopharynx ratio (A/N), nasal obstruction, mouth breathing, and snoring. Most studies were judged as having some concerns or high risk of bias. CINeMA rated confidence in treatment comparisons as very low to low. CA + traditional Chinese medicine (TCM) showed a clinically relevant improvement in A/N ratio. CM + TCM improved nasal obstruction (MD = -1.22, 95% CI -1.82 to -0.62, *p* < 0.05) and mouth breathing (MD = -1.04, 95% CI -1.43 to -0.65, *p* < 0.05). CA + EA + WA was associated with reduced snoring (MD = -1.00, 95% CI -1.70 to -0.30, *p* < 0.05).
Conclusion	Acupuncture- and moxibustion-based adjunctive therapies may improve symptoms and radiological outcomes in pediatric adenoid hypertrophy. However, certainty of evidence was very low to low, and the findings should be interpreted cautiously.

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