

# NASAL POLYPS AND CHRONIC SINUSITIS



Endoscopic surgery of the nose and sinus is a milestone in the history of Otolaryngology. The diseases of the nose and related sinus area constitute a very large part of the pathology of Otolaryngology. The term polyp is descriptive and does not reflect the clinical importance. Polyps are benign nasal lesions caused by inflammation. The inflammation may consist of allergic or non-allergic rhinitis and rhinitis fungal or microbial origin. The causes of inflammatory polyps usually concern both nostrils. The presence of lesions and growths in a single nasal cavity should make us cautious in diagnostic investigation.

Rarely, polyps observed in the nasal chamber, protruding from just one nostril, usually the maxillary sinuses are called choanal polyps, they are also benign and can reach a large size.

The cause is unknown and considered to be simply due to susceptibility of the organism. The coexistence with chronic sinusitis is common. Chronic sinusitis affects much of the population, may be due to either

untreated acute sinusitis or anatomical problems in the opening of the sinuses. If you imagine the sinuses as tanks inside the skull, they are aerated and drain the contents through small orifices. When their openings narrow (stenosis) for anatomical reasons or are obstructed by the presence of polyps or tissue swelling due to inflammation, they block the mucosa of the nose and sinus causing lesions that can lead to chronic sinusitis.

The patient presents, usually with an episode of sinus inflammation, complains of difficulty in nasal breathing, runny or purulent rhinorrhea. They may indicate pain or heaviness in the face and complain of headache.

These symptoms may be a first or have may recurred several times in the past. In case of chronic symptoms, the patient is usually aware of the problem and comes looking for a radical solution. The examination of the nose with the endoscope enables us to make a diagnosis in most cases and clearly shows the presence of unilateral or bilateral polyps.

Finally, if surgery is required, anatomic conditions that predispose stenosis of the opening of sinuses will complicate access to certain areas. The requirement of imaging tests such as CT and MRI may be necessary in selected cases. Patients with isolated episodes of acute inflammation of the sinus, the diagnosis is usually made by endoscopy of the nose. In patients with recurrent chronic sinusitis with or without the presence of nasal polyps, which may be an indication for surgery, are referred for CT.

In other cases, it may be necessary to obtain tissue for biopsy. As mentioned, inflammatory polyps are benign causes. There are, however, in malignant tumors the outer texture resembles that of simple polyps. That is why, any tissue after surgery is sent for biopsy examination. After completion of these necessary actions, it is time to inform the patient about the proposed treatment.



DR YERASIMOS  
KYRIAKIDES

## TREATMENT

The treatment of polyps of the nose is conservative and surgical.

The doctor will give you medication for a period that will include topical sprays and oral medications, the base of which is mainly cortisone.

Depending on the response and the polyps formed, dictates the continuity of treatment. If they are reduced in size or have almost disappeared, you should visit your doctor regularly for monitoring and adjustment of therapy.

If despite treatment, the situation remains the same, then you should proceed to surgery. The removal of nasal polyps is under endoscopic control i.e. introducing a camera in to the nose of a patient providing excellent visibility to avoid as far as possible the complications of surgery.

By using the camera and specialized tools such as shaver the polyps are removed creating normal paranasal sinus orifices in order to aerate the affected areas of the nose.

It has been shown that aerating these areas not only extends possible recurrence much longer, but also more importantly leaves no annoying symptoms for the patient for a very long period. Usually it is not necessary to use some sort of capping (gauze) in the nose. The patient leaves the clinic usually on the same day.

Postoperative follow-up takes about one month where the patient should go to the doctor once a week for cleaning the scabs. Patients are usually able to return to work a week after surgery.

Finally we would like to emphasize the importance of proper nasal breathing for quality of life and good health. You should not settle for a situation that could cause serious problems for fear of an intervention that is simple, without serious complications and above all without pain.



Dr Yerasimos Kyriakides

Andreas Avraamides 55-57,  
2024 Strovolos, Nicosia - Cyprus

Tel. 22 200 682

Fax: 22 512 373

e-mail: [g.kyriakides@aretaeio.com](mailto:g.kyriakides@aretaeio.com)

[www.ent-cyprus.com](http://www.ent-cyprus.com)

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