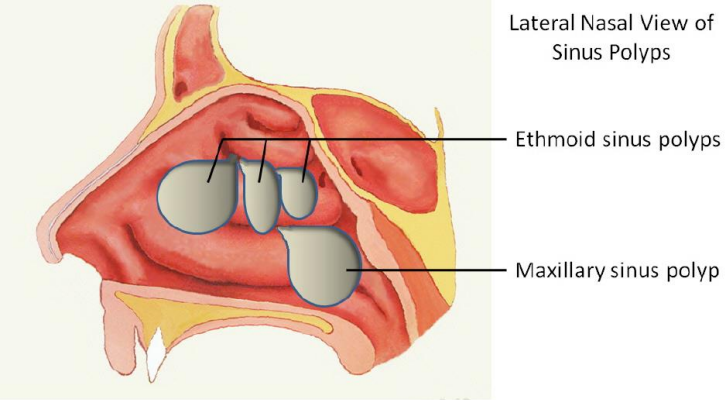
Nasal Polyps



Nasal polyps

A pedunculated portion of edematous mucosa of the nose or para-nasal sinuses.

Aetiology and pathology

***Types*:**

1. *Simple.* oedematous submucosa, very loose fibrillary stroma, with intercellular serous (not mucinous) fluid. The surface is covered with ciliated columnar epithelium in the early stage: metaplasia to a transitional and then to a squamous type occurs in some cases..

Allergic*:* usually multiple,eosinophils and plasma cells are found in large numbers similar to allergic, but no allergen identifiable.

Inflammatory*:* the role of infection is unclear They are not common but may be :
(a) 'Acute', an uncommon type, usually associated with influenza. The polypus is usually single, very soft, and slightly haemorrhagic.
(b) 'Chronic non-specific' often multiple.
(c) 'Chronic specific'. Rhinosporidiosis causes a friable bleeding polypus .

Mixed infective-allergic*:* Probably represents secondary infection in the allergic or vasomotor type.

Aspirin intolerance: the mechanism of development is not known but is not allergic. When associated with asthma the recurrence rate is particularly high.

2. Neoplastic

Benign*:* fjbroangioma, granuloma, neurofibromas, transitional-cell tumours. and fibromas

Malignant*:* carcinomatous, melanoma , lymphomatous or sarcomatous,

Sites of origin

1. *Ethmoidal* the commonest

2. Antral (maxillary). less , may be multiple or a single polypus may emerge from the sinus ostium and extend backwards to the posterior choana *(antrochoanal polypus).*

3. frontal or sphenoidal.

Age incidence

Simple ethmoidal polypi usually occur in adults but children with cystic fibrosis can have them.

Antrochoanal polypi occur more commonly in children and young adults.

Clinical features

Male/ Female; 3/1.

Onset usually insidious, but may be sudden and rapid after an acute infection.

Nasal obstruction is the chief symptom.

Other features : anosmia, epiphora, postnasal 'catarrh' (irritation and drip), headaches, snoring and speech defects.

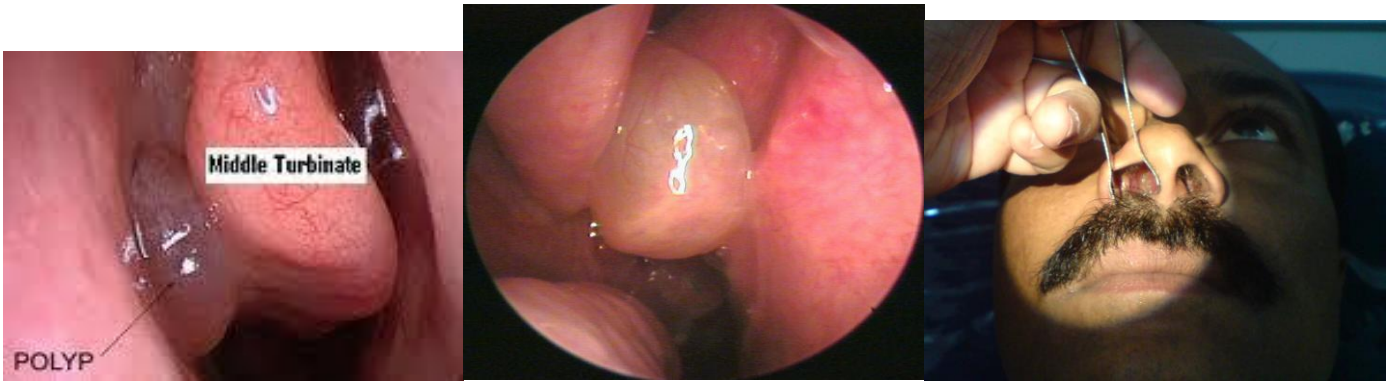
Purulent rhinorrhoea

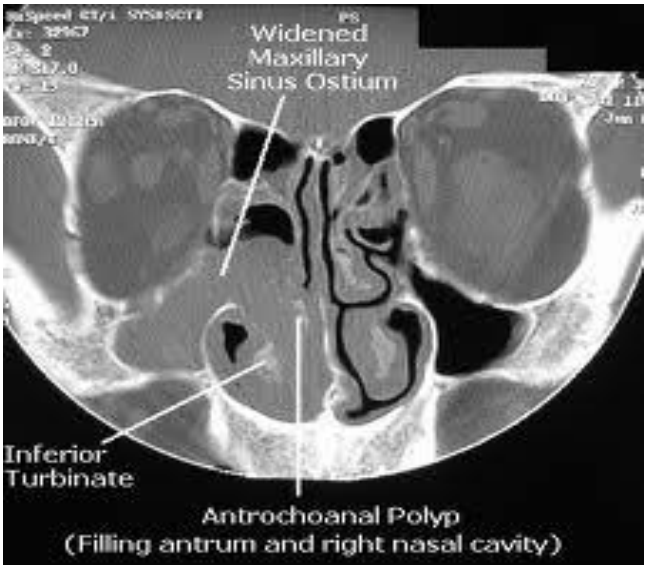
Expansion of the nasal bones ('frog-face').

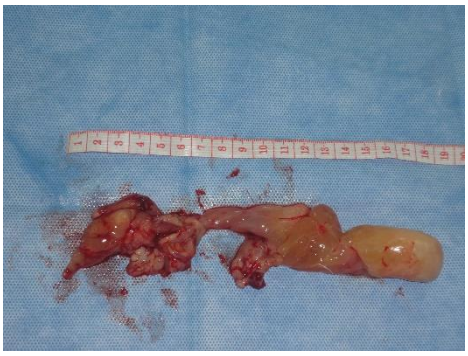
Diagnosis

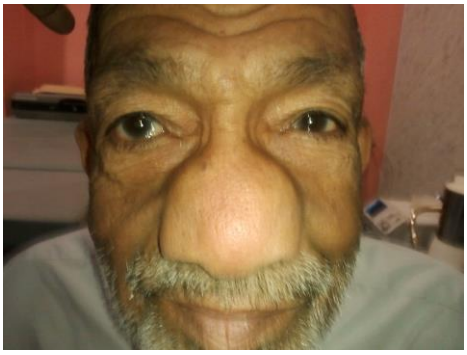
Biopsy is essential when the polypus is unilateral and haemorrhagic.

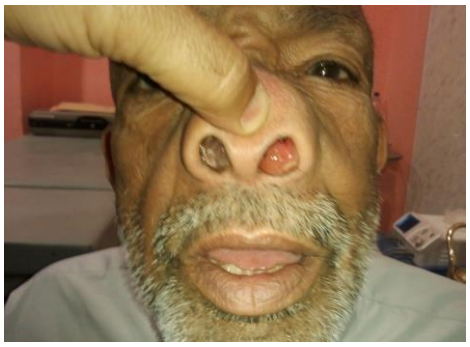
Radiography *CT scan is best*

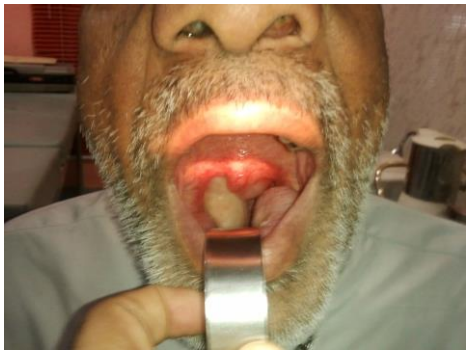












Treatment

Conservative; in early cases

1.Antihistamine applied locally or given by mouth.

2. Topical steroid therapy.

Beclomethasone aerosol spray often shrink existing polypi and prevent recurrence of those removed surgically.

3.*Combination therapy.*

a. Oral prednisolone on a reducing dose regimen is given for 15 days starting with 60 mg/day.orally

b. steroid nasal drops(ophtamethasone) are administered four times daily for a month.

c. An antibiotic is given for a week if infection is clear.

d. Antihistamine as well

Surgical

Required when obstructive symptoms are established.

1***. Minor procedures****. Removal with the cold-wire snare*

*2****. Major procedures*** are indicated for ***recurrent multiple polypi***; for ***gross infection***; for ***antrochoanal polyp.***

may be performed by :

(a) Intranasal

. ***Functional endoscopic surgery***

(b) External

Sublabial antrostomy is used for recurrent antrochoanal polypi. ***.***

Long-term management

Removal of polypi is best followed by long-continued antihistamines by mouth, and regular courses of topical steroid aerosol or drops.

Thank you,,,