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CASE STUDY ON ROLE OF CORTICOSTEROIDS IN NASAL POLYPOSIS

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ABSTRACT

Chronic rhinosinusitis with nasal polyps is a common form of disorder with distinct immunopathology and significant impact on health related quality of patients. Nasal Polyp can be difficult to get rid of permanently but steroid medication can often help shrink them and surgery can also be carried out to remove them, but there is a problem of reoccurrence in polyps even after surgery. Here we are reporting two cases of young and adult males with polyps who get permanent relief with treatment of oral and nasal steroids. The study shows the effectiveness of nonsurgical treatment for Nasal Polyps.

KEYWORDS: Nasal Polyp, corticosteroids, reoccurrence.

INTRODUCTION

Nasal Polyps are soft, painless, noncancerous growths on the lining of nasal passages or sinuses. The prevalence rate of Nasal Polyp is about 2 %. It increases with age, reaching a peak in those aged 50 years and older. The male female ratio is about 2:1.

Nasal Polyp is the ultimate form of inflammation of upper airway. It is not a nasal but a sinonasal disease. It is a part of an inflammatory reaction involving the mucous membrane of nose, PNS and often lower airway.

They are mainly situated in middle meatus and originate from mucous membrane of ostia from PNS. Major part of Nasal Polyp surface is covered by ciliated pseudostratified epithelium. Disturbance of epithelium due to exposure to chemical, physical and immunological stimuli can lead to release of proinflammatory cytokines.

Eosinophil comprise most prevalent inflammatory cell in most type of Nasal Polyps. Polyps contain very few nerves, bld. vessels and glands which have undergone cystic degeneration. Polyps contain degranulated mast cells and have a very high concentration of Histamine.
Nasal Polyps are suspected in patients with perrenial rhinitis, persistent nasal blockage and reduced sense of smell. Polyp usually result from chronic infection due to Asthma, recurrent infection, allergies, drug sensitivity or certain immune disorders.

The symptoms include nasal blockage, Snoring, Mouth breathing, Headache, anterior and posterior nasal discharge, decreased sense of smell and often epistaxis also. Both antrochoanal and ethmoidal polyps are difficult to treat. Investigations include x-ray and CT - PNS which shows haziness or opacity of the effected sinus. Biopsy is also sometimes done to confirm the diagnosis.

Treatment includes both conservative and surgical. Conservative treatment seems to be much useful in case of ethmoidal polyps as they have allergic origin, but chances of reoccurrence is there in both type of polyps. Many patients seems to be reluctant towards surgical approach due to fear etc. and also reoccurrence have been seen in polyps even after done with new endoscopic approach ie. F.E.S.S. Hence Treatment of Polyps are of much concern now a days as no. of cases are increasing rapidly due to factors like atmospheric pollution, allergy etc.
So, here we are reporting two cases in which great recovery in polyps size have been noticed by corticosteroid therapy. This can prove to be a milestone in management of polyps as surgery can be avoided with it and patient quality of life can be improved.

AIM

The aim of this study was to assess whether initial therapy with oral steroids and follow up treatment with topical steroids would lead to greater and sustained reduction in polyp size and significant improvement in symptoms, nasal airflow and quality of life of patients.

MATERIALS AND METHOD

Tab. wysolone (Prednisolone) 10mg 2BD for 3 wks
10 mg BD for next 3 wks.
10 mg OD for next 3 wks.
Flutiflow (fluticasone) nasal spray 2 puff/ nostril 2 times/day for 10 wks
1 puff/nostril 2 times/day for next 3 wks.

Source of Data

Daily O.P.D. based patients, Department of *Shalakyatantra*. Bharati Medical Foundation, *Ayurveda* Hospital, Katraj Pune-41104.

CASE STUDY

One young male of 24 yr having C/O nasal obstruction, reduced sense of smell with persistent rhinitis since 1 yr. On examination it was found that he was having B/L ethmoidal polyps. Radiological investigation had shown opacity of the ethmoidal sinuses and nasal cavity. The male was not willing for surgery as he had already been operated for polyps 5 yrs back and there is a reoccurrence now. So we enrolled him in our case study.

2nd case was a adult male of 38 yr having C/O nasal blockage on right side, profuse nasal discharge, sneezing and Headache. Examination reveals unilateral polyp on rt.side. X-ray shows opacity of maxillary sinus.

Both the patients were tried for conservative management. After treating for 3 wks with oral steroids, tremendous results were noticed. There was shrinkage in size of polyps and other symptoms also regressed. After 10 wks, polyps reduced completely in both the cases.

DISCUSSSION

Both these cases were different and we can say that a short course of oral steroids turned out to safe, as after transient suppression of adrenal function and an increase in bone turnover, these safety parameters returned to baseline at 10 wks.

If with a short course of steroids, surgery can be prevented and also reoccurrence after surgery can be treated then its worthy to give steroids to nasal polyp patients compromising the complications of oral steroids. Patients overall health and symptoms improved drastically.

CONCLUSION

So it can be concluded from this study that a combination of oral and topical steroids if given for a short term of period can be very much useful in treatment of Nasal polyps.

In both early polyps as well as in preoperated cases of recurrent polyps, surgery can be avoided by giving conservative treatment. From this study we can conclude that in all conditions of Nasal Polyps first conservative treatment should be tried as far as possible. So it is a great topic for further research.

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