

CLINICAL PROFILE OF CHRONIC RHINO SINUSITIS AND POLYPOSIS- EXPERIENCED IN GOVERNMENT TERTIARY CARE HOSPITAL

SHIVAKUMAR K. L

Department of ENT, Bangalore Medical College and Research Institute,
Fort Road, Bangalore, Karnataka, India

ABSTRACT

The Maximum number of patients having CRS were seen in the age group between 10-20 years (27.2%) and those who had polyposis were in the age group 21-30 years (53.5%). Male and female ratio were almost equal in CRS group (30:29) and it was statistically significant ($p < 0.001$). Whereas in polyposis group males outnumbered females (29:14), ($p > 0.001$). The incidence rate was more in urban population, the most commonest nasal symptom was nasal obstruction were found to be hundred percent patients by nasal discharge complication. The present study revealed that the severity of symptoms and the nasal endoscopy scores were negatively correlated in CRS with polyposis ($P > 0.001$) and it was showed to be statistically non significant. The diagnostic nasal endoscopy is considered as an added advantage over the counterpart of anterior rhinoscopy for detecting and confirming the sino-nasal pathologies. A total 52.54% of patients were positively responded to the medical line of treatment in short course of antibiotics, topical steroid spray, nasal saline irrigations, antihistamines and nasal decongestants ($p < 0.0001$). The mean duration of medical trail was three month and it was statistically significant $p < 0.001$ with course of treatment. In case of CRS group, the maximum improvement was observed in one month with fewer head ache, facial pain symptom, nasal discharge and nasal obstructions. In the account of polyposis group, the maximum improvement was 20-23 days, the results revealed that, the nasal obstruction (100%), nasal discharge (84.6%) and head ache / facial pain (84.6%). The incidence of minor complications was 19.4%, the most common was synechae and it was managed by release under endoscopic guidance under local anesthesia. The improvement was observed in individual symptoms and total symptoms as compared with overall satisfaction claimed by the patients. FESS is an essential tool for the management of refractory and severe forms of CRS.

KEYWORDS: CRS Group, Polyposis, FESS, Nasal Endoscopy