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Hidden Nasal Polypi

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Abstract

Hidden nasal polypi are small isolated lesions of paranasal sinuses that cannot be detected by routine nasal examination and need sinusoscopic examination and/or CT to be diagnosed. In this paper we reviewed the presentation of such lesions and the efficacy of endoscopic sinus surgery in their management. Hidden nasal polypi must be suspected in patients suffering of anosmia and/or headache even if conventional sinus X-ray is normal.

Introduction

POLYPOID changes are the most frequent pathologic manifestation in the mucous membrane that lines the nasal cavity and paranasal sinuses.

Clinically, a wide spectrum may be seen, from circumscribed mucous membrane oedema, through isolated polyps, to massive polyposis that completely fills the nasal spaces and paranasal sinuses.

Hidden nasal polypi refers to small isolated of paranasal sinuses that cannot be detected by routine nasal examination but can only be seen using sinusoscopic examination and/or CT scan. These polypi, though small, may be associated with marked symptoms and their diagnosis is based mainly on high index of suspicion.

Material and Methods

We screened 40 patients from the out-

patient clinic of Cairo University, Medical School, fulfilling the following criteria:

- Their complaints were related to the nose and paranasal sinuses (headache, facial pressure, anosmia, post nasal discharge)
- They were previously given medical treatment in the form of antihistaminics, steroid inhalation, antibiotics without improvement.
- Clinical examination (including anterior rhinoscopy) revealed no abnormality.
- Nasal endoscopy revealed small nasal polypi in the middle meatus while the anterior attachment of the middle turbinate was visible and/or coronal CT sections revealed polypoidal mucosa.
- No previous nasal surgery.

All the patients underwent endoscopic sinus surgery under hypotensive anaesthesia in the form of uncinctomy with or

without agger Nazi cell exentration, bulla ethmoidectomy, exposure of recess area and middle meatal antrostomy.

We followed the patient up for 6 months.

Results

The sample consisted of 40 patients, mostly males (30 patients 75%), with their ages ranging from 20-50 years.

Table 1 showed their complaints arranged in order of frequency.

In 29 we detected small nasal polypi using the 30 angle sinuscope whereas in 11 patients they were detected only with the CT in the form of opacification in the infundibular area, frontal recess and anterior ethmoid. The commonest presentations were post nasal discharge, small affection and headache.

All the patients underwent endoscopic sinus surgery and we found that they all had osteomeatal thickening of mucous membrane, anterior ethmoid sinus involvement with obstruction of the infundibular area and limited frontal recess disease.

Table (1): Complaints of Patients with Hidden Nasal Polypi.

Complaint	No. of patients	%
Post nasal discharge	32	80
Smell affection	30	75
Headache	25	62.5
Facial pressure	23	57.5
Rhinorrhea	20	50
Eye pressure	17	42.5
Throat discomfort	15	37.5

The results of 6 months follow up were:

- Post nasal discharge: 28 out of 32 patients improved (87.5%) and 3 patients stated that they experienced no change (9.4%) while one patient stated that it was becoming worse.

-Sense of smell; 27 patients improved out of 30 (90%) while 3 patients stated that they had no change (10%).

- Pain in the head and the face: 25 patients (62.5%) complained of diffuse headache. 22 patients (57.5%) complained of facial pressure whereas 17 patients (42.5%) complained of orbital pressure in order of frequency. Orbital and facial pressure gave better results compared to diffuse headache as shown in table 2.

- Rhinorrhea: 20 patients (50%) had it pre-operatively, there was 90% improvement (18 patients).

Throat discomfort: 15 patients had it pre-operatively, 13 of them (86.6%) improved while 2 patients had no change (13.3%) and one patient stated that it was becoming worse (6.6%).

Table (2): Rate of Improvement of Headache and Facial Pain

Symptom	No.	Improved
Headache	25	20 (80%)
Facial pressure	22	20 (90.9)
Orbital pressure	17	16 (94.1)

Discussion

There is frequently a marked discrepancy between the patients symptoms and the clinical findings.

It is surprising how frequently patients with marked polyposis report very few symptoms while relatively small polypoid changes may be responsible for significant symptom.

Levine, Hoffman et al. and Mathews et al. [1,2,3] failed to find a correlation either between pre-operative CT findings and Symptoms or between post operative CT findings and relief of symptoms. On this basis they consider relief of symptoms of sinus dysfunction is the key variable in whether endoscopic sinus surgery is successful.

The sense of smell before and after endoscopic surgery is the hallmark of the severity of the disease, the efficacy of treatment and also the precision of the mucosa sparing technique. The sense of smell was regained in a large percentage of cases (90%) whereas its deterioration was exceptional. Other symptoms improvement were not as impressive to the patient as the improvement of smell sensation.

The only other symptoms which had high improvement rate as that of the sense of smell was facial and orbital pressure.

The rate of improvement of other symptoms as post nasal discharge, rhino-

rhea, diffuse headache was much less than that of anosmia and facial pressure. This may be due to other factors affecting the mucosa and contribution to the pathogenesis of the symptoms e.g. allergy.

Those cases in which no gross polypi can be detected create special diagnostic demands on the endoscopist. These polypi cannot be seen either with the naked eye or with conventional X-ray. They are only detected after the use of the endoscope or with CT scan as opacities in the infundibular and frontal recess region.

Hidden nasal polypi must be suspected in patients suffering of anosmia and or headache even if conventional sinus X-ray is normal [4].

References

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