

ORIGINAL ARTICLE

Analysis and Results of Endoscopic Sinus Surgery in Chronic Rhinosinusitis With Polyps[☆]



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KEYWORDS

Polyposis;
Sinonasal;
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Abstract

Introduction and objectives: Endoscopic sinus surgery is currently the surgical procedure chosen in cases of sinonasal polyposis refractory to medical treatment. The aim of this study was to show our experience in managing such patients operated using endoscopic sinus surgery.

Method: A retrospective study of 246 patients with chronic rhinosinusitis and nasal polyps who were operated by endoscopic surgery. We studied the characteristics of the population, symptoms, grade of affectation, complications and recurrences.

Results: The most frequent comorbidity was asthma (34.6%) and its relationship with Samter's triad (16.3%). Grades 2 and 3 polyposis prevailed according to Lildholdt staging by nasofibroscopy, coinciding with the radiological preoperative staging. The microdebrider did not shorten surgical time but it lowered complications. Reducing the average stay with the use of absorbable haemostatic agents and their effectiveness in controlling haemostasis were statistically significant. We found 23.2% complications, with only one (0.4%) being a major complication; the rest were minor complications, with synechiae as the most frequent (16.3%).

Conclusion: Endoscopic sinus surgery is a minimally invasive and safe technique. Absorbable haemostatic agents are an effective alternative to get complete and stable haemostasis, reducing mean hospital stay. Synechiae continue being the most frequent complication. The fact that many patients recurred but without complications speaks in favour of a natural evolution of the disease and not of the influence of technique.

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PALABRAS CLAVE

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Análisis y resultados de la cirugía endoscópica nasosinusal en rinosinusitis crónica con pólipos**Resumen**

Introducción y objetivos: Actualmente la cirugía endoscópica nasosinusal es el procedimiento quirúrgico de elección en los casos de poliposis nasosinusal refractaria al tratamiento médico. El objetivo de este estudio es mostrar nuestra experiencia en el manejo de dichos pacientes intervenidos mediante cirugía endoscópica nasosinusal.

Método: Estudio retrospectivo de 246 pacientes con rinosinusitis crónica con pólipos intervenidos mediante cirugía endoscópica. Estudiamos las características de la población, síntomas, grado de afectación, complicaciones y recidivas.

Resultados: La comorbilidad más frecuente es el asma (34,6%) y su relación con la tríada de Samter (16,3%). Prevalecen los grados 2 y 3 de poliposis según la estadificación de Lildholdt por nasofibroscopia coincidiendo con la estadificación radiológica prequirúrgica. El microdebridador no supone acortamiento del tiempo quirúrgico pero sí disminución de las complicaciones. La reducción de la estancia media con el uso de hemostáticos absorbibles y su eficacia en el control de la hemostasia es estadísticamente significativa.

Se describen 23,2% de complicaciones; solo una (0,4%) es una complicación mayor, siendo el resto complicaciones menores, de las que la sinequia es la más frecuente (16,3%).

Conclusión: La cirugía endoscópica nasosinusal es una técnica mínimamente invasiva y segura. Los hemostáticos absorbibles son un método alternativo eficaz para obtener una completa y estable hemostasia disminuyendo la estancia media hospitalaria. Las sinequias continúan siendo las complicaciones más frecuentes, y el hecho de que muchos pacientes intervenidos recidiven, pero sin complicaciones, habla en favor de una evolución natural de la enfermedad y no de la influencia de la técnica.

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Introduction

Nasal polyposis (NP) is a major health problem with high socio-economic and health costs. There are numerous guidelines, consensus documents and revision articles regarding this disorder.^{1,2}

The aetiology is yet to be established. Most patients that present nasal polyps are affected by inflammatory disease of the sinonasal mucosa. There is a clear relationship with comorbidities such as asthma, intolerance to non-steroidal anti-inflammatory drugs (NSAIDs), or the combination of both in the so-called Samter's triad which predisposes to greater recurrence and disease that is more refractory to treatment.³⁻⁵

There is controversy surrounding the exact role of medical and surgical treatments in the management of chronic rhinosinusitis (CRS) with ongoing NP. A combination of both would be required to manage these polyps appropriately, and intranasal corticosteroids remain the first therapeutic option. Therefore multidisciplinary and coordinated treatment is essential in chronic diseases such as NP, which frequently co-exist with other debilitating diseases.⁶⁻⁸

We evaluate endoscopic sinus surgery (ESS) when medical treatment has reached its limit, is ineffective or even counterproductive to continue (patients who have or are at risk of diabetes, glaucoma, hypertension or TB).⁹

Using all of this as our basis, this article analyses the current situation in our environment regarding CRS with polyps and outcomes after using ESS as surgical treatment.

Material and Methods

A descriptive, cross-sectional, retrospective study was undertaken between 2007 and 2012. A total of 246 patients were included, aged over 18 years with a diagnosis of CRS with bilateral polyps, established endoscopically, for whom medical treatment had proved ineffective, and who had been operated using the ESS procedure by the same surgical team.

Subjects with a pathological anatomy other than polyposis and who had undergone previous nasal or paranasal surgery.

Nasal endoscopy was performed prior to surgery based on Lildholdt staging¹⁰ and the degree of occupation was established by computed tomography (CT) according to Lund-Mackay's staging.¹¹

The clinical and surgical data necessary for the study were gathered by systematic review of the patients' clinical histories.

The data were processed and analysed using *Statistical Package for the Social Sciences* (SPSS) version 21.0, with a significance level $\alpha=0.05$.

Descriptive statistics were used for the quantitative data, establishing mean, standard deviation and confidence interval. The percentages were calculated for the qualitative data. All the variables studied were compared using the Mann-Whitney *U*-test.

The study was approved by the hospital's clinical research ethics committee.

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