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# **Original Research**

# **Clinical profile of patients presenting with nasal polyps**

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#### ABSTRACT:

**Background**: The most common benign mass in the nose is the nasal polyp. Nasal polyps are a medically recognized condition since the time of ancient Egyptians. Interestingly, this condition affects only man and chimpanzee. In fact, nasal polyps are not true neoplasms and they must be distinguished from more serious pathology by histopathological examination. **Material and methods**: Patients treated between study periods were subjected to a comprehensive history and clinical evaluation and histopathological examination as per the proforma designed for this study. Records of patients treated between study period were retrieved from medical records to get the required data. **Results**: The most common symptom was nasal obstruction found in 28 patients (93.3%), sneezing was next complaint present in 16 patients (53.33%) followed by headache in 15 patients (50%) and nasal discharge in 14 (46.6%), smell disturbances in 10 (33.3%), Rhinolalia clause in 7 patients (23.33%) of Antrochoanal polyp, post natal drip and epistaxis in 2 patients each (6.6%). **Conclusion**: From this study, it was concluded that the polyps in the nasal cavity and the paranasal sinuses from a wide spectrum of lesions ranging from unilateral single large polyp to multiple small ethmoidpolypi with various histopathologic findings which are affect different age groups.

Keywords: Nasal Polyps, Antrochoanal Polyps, Rhinolalia.

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# **INTRODUCTION**

benign inflammatory Nasal polyps are and hyperplastic outgrowths of the sinonasal mucosa. Their most common manifestation is in patients with chronic rhinosinusitis (CRS). For this reason, the term rhinosinusitis with chronic nasal polyposis (CRSwNP) is frequently used when discussing the topic of nasal polyps. However, they are also associated with aspirin-exacerbated respiratory disease (AERD), certain systemic vasculitis, and cystic fibrosis, among others. Polyposis is an endstage manifestation of uncontrolled allergy, and management of extant polyposis is only the beginning of the process. Once the polyps have been addressed, local and systemic therapy aimed at controlling the underlying allergic etiology must be undertaken, or else they can rapidly recur.<sup>1</sup> Presentation ranges from asymptomatic persons to patients with significant nasal obstruction, nasal and facial congestion, anosmia, ageusia, and rhinorrhea. These symptoms decrease the quality of life (QOL) of affected individuals.2,3

The antiquity of the clinical recognition of nasal polyps as a troublesome disease could be assessed by the fact that it has been recorded in Indian scriptures as far back as 1000 B.C. Subsequent reference to "poly-pous" (which is the Greek language means 'many-footed') diseases are traced Hippocrates (460-370 BC) and to prominent physicians of Arabia. Even though Indian scripture description of the nasal polyps precede Hippocrates by several centuries, Hippocrates has been very widely recognized as 'Father of Rhinology'. In fact, Hippocrates 'sponge method' of polyp removal has found its way into the medical text books.<sup>4</sup> It was during the Middle Ages that forceps for removing nasal polyps was developed which are very similar to the ones used in these modern days. However, Gabriel Fallopius (1523-1562) is credited with developing the wire snare for removal of nasal polyps. Billorth (1864) described nasal polyps as dynamatous (large like dinosaurs) swelling and considered them to be neoplastic, but Zuckerlkandl considered them to be an inflammatory condition, Virchow in 1863 referred polyps as myxomata. Even

Lack in 1900 supported the theory that polyps are not neoplastic but are inflammatory in origin.<sup>5</sup>

Hence, this study was conducted to evaluate the clinical profile of patients presenting with nasal polyps.

# MATERIAL AND METHODS

Study group included 50subjectsshowing clinical features of nasal polyp. Those representing with

# RESULTS

Table 1: age and gender wise distribution of subjects

clinical features of nasal polyp, of all age groups and both sexes, including recurrence cases were included in the study. Those treated between study periods were subjected to a comprehensive history and clinical evaluation and histopathological examination as per the proforma designed for this study. Records of subjects treated between study period were retrieved from medical records to get the required data.

ter wise distribution of subjects.			
Age	No. of males (%)	No. of females (%)	Total
<10	02 (5%)	00	05 (10%)
11-20	08 (20%)	02 (0.2%)	10 (20%)
21-30	15 (37.5%)	04 (0.4%)	19 (38%)
31-40	06 (15%)	01 (0.1%)	07 (14%)
41-50	05 (12.5%)	03 (0.3%)	05 (10%)
51-60	04 (10%)	00	04 (8%)
Total	40	10	50

Mean age and Standard Deviation of Males is  $34.86 \pm 14.71$  Mean age and SD of females is  $32.73 \pm 12.94$ For all cases mean age and SD is  $33.72 \pm 13.81$ , p > 0.05 (non significant). There is no significant difference of age among men and women. In this study, out of 50 patients, with age ranging from 10 years to 60 years, maximum age incidence was in between 21-30 years where as least age incidence was less than 10 years of age.

The most common symptom was nasal obstruction in 39 patients (78%), sneezing was next complaint present in 28 patients (56%) followed by headache in 25 patients (50%) and nasal discharge in 19(38%), smell disturbances in 14 (28%), Rhinolalia clause in 10 patients (20%) of Antrochoanal polyp, post natal drip and epistaxis in 7 patients each (14%)

75% of ethmoidal polyps presented bilaterally, where asantrochoanal polyps had 100% unilateral presentation with predominance of right side (61%). 100% of ethmoidal polyps were multiple in number, while antrochoanal polyps presented as solitary poypoidal mass in all cases (100%). 48% of antrochoanal polyps had posterior extension.

#### DISCUSSION

Nasal polyps are pedunculated portions of oedematous mucosa of the nose or paranasal sinuses. Simple mucous or benign nasal polyps are an early recognizable clinical entity. They usually result from the prolapsed lining of the ethmoid sinuses and block the nose to a variable degree depending on their size. When it results from prolapsed lining of the maxillary sinus through the middle meatus backwards into the post-nasal space they are referred to as antrochoanal polyp. Polyps, which arise from the middle meatus, are pale and relatively insensitive to touch when probed; thus differentiate it from mucosa of the middle turbinate, which may be polypoid. The pale colour is due to its poor blood supply, though in the presence of repeated trauma and inflammation, they may become reddened.<sup>6</sup>

In this study, the mean age and standard deviation of males was  $34.86 \pm 14.71$ . Mean age and SD of females was  $32.73 \pm 12.94$  For all cases mean age and SD is  $33.72 \pm 13.81$ , p > 0.05 (non significant). There was no significant difference of age among men and women. In this study, out of 50 patients, with age ranging from 10 years to 60 years, maximum age incidence was in between 21-30 years where as least age incidence was less than 10 years of age.

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A. J. Fasunla et al<sup>7</sup> evaluated the clinical profile of patients with nasal polyposis. 63 nasal polyposis patients were included in the study. There were 38(60%) males and 25(40%) females with M: F of 1.5:1 and with an average age of 34 years. The duration of symptoms ranged from 2months –14years with an average occurrence of 12 new cases a year. The main clinical presentations were nasal obstruction 95%, nasal discharge 81%, sneezing 59% and observed nasal polyps 78%. The polyps were found in the right nasal 16%, left nasal 25% while bilateral 37%. The rest were of antro-choanal polyps 22%. Polyps from ethmoidal region constituted 88% while from lateral nasal wall 12%.

In a study by Drake Lee et al<sup>8</sup>, nasal obstruction was seen in 98%, headache in 72%, rhinorrhoea in 60%, smell disturbance in 60% and post nasal discharge in 60% cases.

### CONCLUSION

From this study, it was concluded that the polyps in the nasal cavity and the paranasal sinuses from a wide spectrum of lesions ranging from unilateral single large polyp to multiple small ethmoidpolypi with various histopathologic findings which are affect different age groups.

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