



Study and evaluation of sinus infections with nasal polyps

Dr. Mohammed Abdul Wahhab Mohammed

H.D.L.O. (ORL-HNS)
Iraqi Ministry Of Health, Kirkuk Health Directorate, Azady Teaching Hospital, Kirkuk, Iraq.
Abdalwahabmohammed52@Yahoo.Com

Dr. Asaad Saber Faraj

H.D.L.O. (ORL-HNS)
Iraqi Ministry Of Health, Kirkuk Health Directorate, Azady Teaching Hospital, Kirkuk, Iraq.
Asadfarage@Gmail.Com

ABSTRACT

50 patients were collected from Azady Teaching Hospital, Kirkuk, Iraq. This paper focuses on the Study and evaluation of sinus infections with nasal polyps, in addition to its relationship to the cognitive functions of patients.

In this study, the severity of symptoms before and after surgery, which included nasal congestion and runny nose, as well as headache and snoring, and the results of preoperative and postoperative cognitive tests were evaluated for the group of patients. The statistical analysis programs SPSS soft 20 in addition to MS EXCEL were used and relied on them in analyzing data and patient outcomes. The study found a significant improvement after surgery. The study also showed through the results that cognitive functions recorded poor results when compared to the results of postoperative patients.

Keywords:

CRSwNP, coagulation, Runny nose, Preoperative.

Introduction

Chronic rhinosinusitis with nasal polyposis (CRSwNP) is a chronic inflammatory disease of the respiratory mucosa of the nasal cavity and paranasal sinuses (Andrews et al 25)

Polyps occur with polypous sinusitis (PRS), which is a chronic disease of the nasal mucosa. There are two clinical forms of this serious disease, the first type is local. With this form of polyps, the process is limited to the nasal mucosa and the systemic type. In these cases, it can be combined with other diseases - bronchial asthma, cystic fibrosis, Kartagener's syndrome.

Nasal polyps are caused by long-term inflammation of the nose or sinuses due to prolonged infection, exposure to allergens and certain immune disorders. Nasal and sinus

(sinus) polyps can occur in both adults and children, but are more common in adults.

Drug treatment contributes to regressing the size of the polyps or slowing their growth, but sometimes surgery is performed to stop the symptoms of the disease. Despite successful treatment, polyps tend to grow again.

Unfortunately, in most cases, surgery is the only solution if the nasal polyps are large or rapidly growing in size, as well as in cases where steroids or topical tablets do not work.

Polypectomy involves the surgical removal of polyps under local or general anaesthesia. The type of anaesthesia may depend on the number and size of polyps, as well as their location. The frequency of traditional surgical methods has decreased due to frequent relapses and the

development of laparoscopic surgery, now the old methods are used only in cases where there are contraindications to general anesthesia. Endoscopic surgery is performed in the nasal and sinus area under general anaesthesia. An endoscope allows the surgeon to see the inside of the nose and use a video camera to perform high-resolution surgery in a confined space where it is difficult to perform with conventional surgical instruments.

Material and method

This study was conducted in Azady Teaching Hospital, Kirkuk, Iraq, where 50 patients were collected and demographic data and information related to (age, gender, severity of preoperative and postoperative symptoms) were collected.

Study design

Demographic information and data were collected for patients with CRSwNP. Patients under the age of 20 years were excluded, in addition to patients with anatomic abnormalities in the nose, patients were evaluated on the presence of computed tomography debridement.

In this study, the severity of preoperative and postoperative symptoms was evaluated, which included nasal congestion and runny nose, in addition to headache and snoring, and the results of preoperative and postoperative cognitive testing of the group of patients were evaluated.

The statistical analysis programs SPSS soft 20, in addition to MS EXCEL, were used and relied on in analyzing data and patient outcomes.

The ages of the patients ranged between 26 and 60 years, and the patients were divided into 70% men and 30% women.

The patient should undergo a thorough examination and preparation prior to surgery. A general and biochemical blood test, a coagulogram (coagulation) are performed if it is necessary.

Study period

After obtaining approvals for data collection related to patients, the study period was extended for two years from 30-9-2018 to 1-10-2020.

Aim of research

This paper focuses on the study and evaluation of sinus infections with nasal polyps.

Results

Table 1- Distribution of patients according to gender

age * gender Crosstabulation				
Count				
		VAR2		Total
		f	m	
age	26	1	0	1
	28	0	2	2
	29	1	2	3
	30	0	2	2
	31	0	2	2
	32	0	2	2
	33	0	2	2
	35	0	2	2
	38	0	2	2
	39	0	2	2

	44	1	2	3
	45	0	2	2
	46	1	2	3
	48	0	2	2
	49	1	0	1
	50	2	3	5
	51	0	2	2
	52	1	1	2
	53	1	1	2
	54	1	1	2
	55	1	2	3
	59	1	0	1
	60	1	0	1
	61	1	0	1
Total		14	36	50

Table2- compression of patients in runny nose and Nasal congestion (Preoperative, Postoperative)

Statistics		age	Runny nose before	Runny nose after	Nasal congestion before	Nasal congestion after
N	Valid	50	50	50	50	50
	Missing	2	2	2	2	2
Mean		43.3000	6.4600	2.1400	8.2200	1.7800
Std. Deviation		10.10405	.90824	.70015	.76372	.58169
Variance		102.092	.825	.490	.583	.338
Range		35.00	5.00	2.00	2.00	2.00
Minimum		26.00	3.00	1.00	7.00	1.00
Maximum		61.00	8.00	3.00	9.00	3.00

Table3- compression of patients in ability to smell properly and Headache (Preoperative, Postoperative)

Statistics		In ability to smell properly before	In ability to smell properly after	Headache before	Headache after
N	Valid	50	50	50	50
	Missing	2	2	2	2

Mean	8.0200	3.6400	6.9400	1.5600
Std. Deviation	.89191	1.04511	.79308	.50143
Variance	.796	1.092	.629	.251
Range	4.00	3.00	3.00	1.00
Minimum	6.00	2.00	6.00	1.00
Maximum	10.00	5.00	9.00	2.00

Table 4- compression of patients in snoring loudly according to (Preoperative, Postoperative)

Statistics		Snoring loudly before	Snoring loudly after
N	Valid	50	50
	Missing	2	2
Mean		7.1200	1.7600
Std. Deviation		0.98229	0.68690
Variance		.965	.472
Range		3.00	2.00
Minimum		5.00	1.00
Maximum		8.00	3.00

Figure 1- test of annova for results (Preoperative, Postoperative) p-value

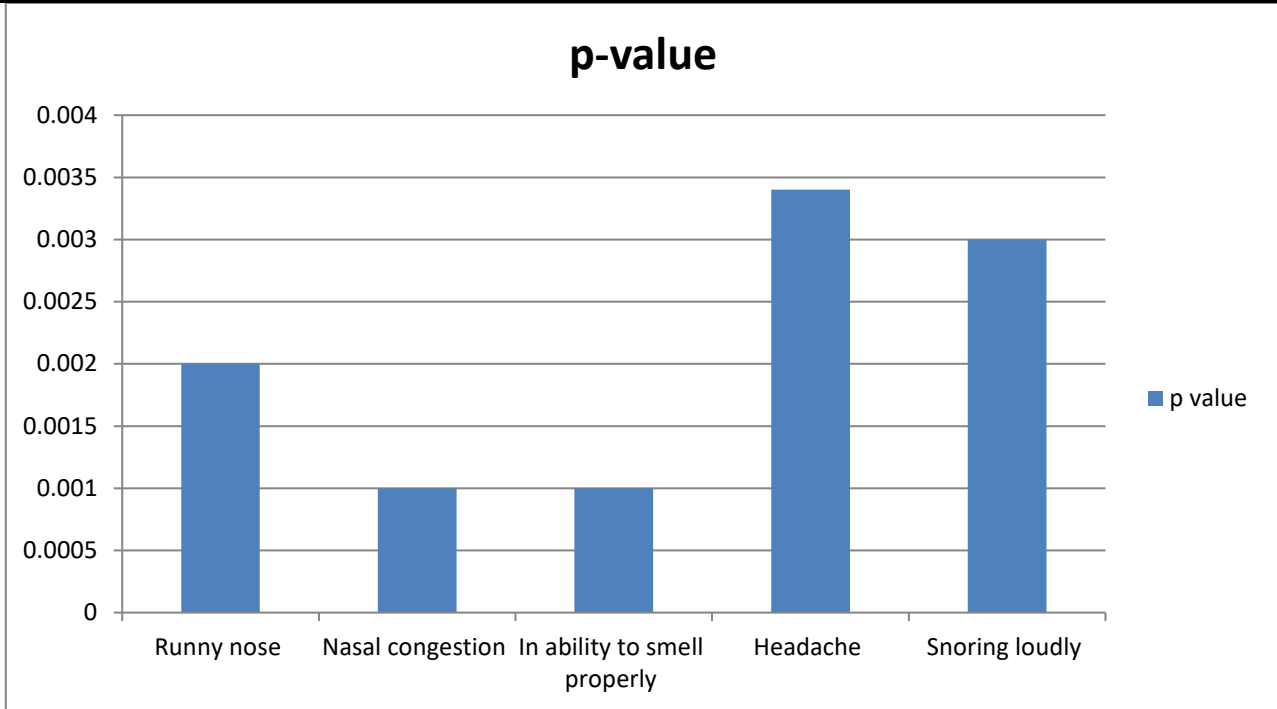


Figure 2- result of patient according to P300

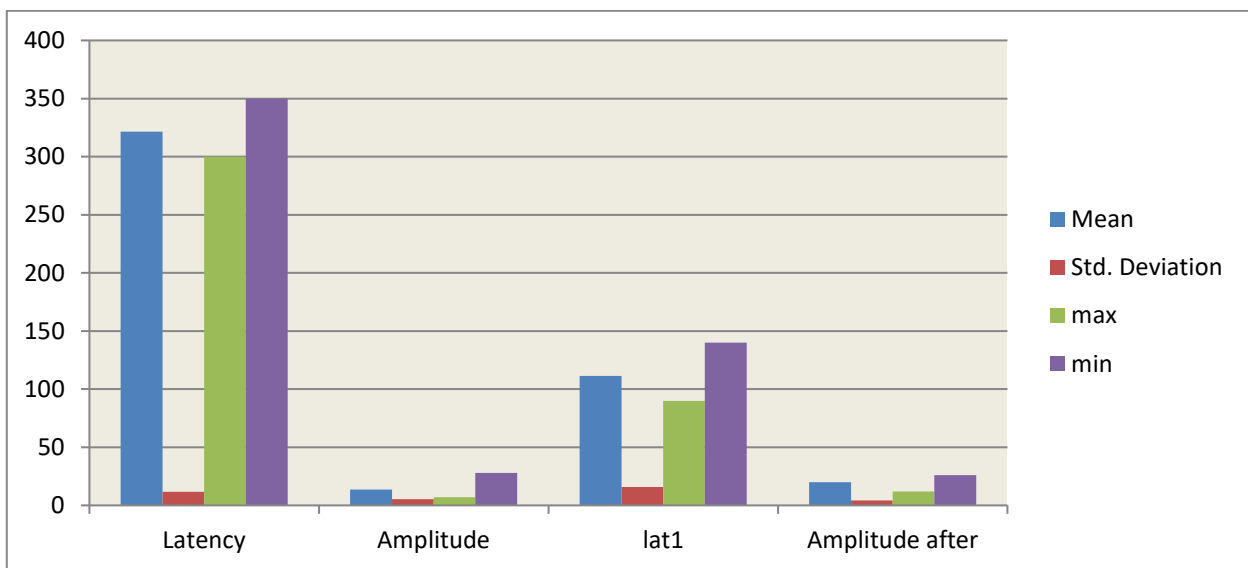


Table 5- Results of patient according to Stroop TBAG

Stroop TBAG					
		f	%	VP	CP
Valid		6	10.7	10.7	10.7

	betterment	35	62.5	62.5	73.2
	failure	14	25.0	25.0	98.2
	Stable	1	1.8	1.8	100.0
	Total	56	100.0	100.0	

Figure 3- Results of patient according to VADS-B

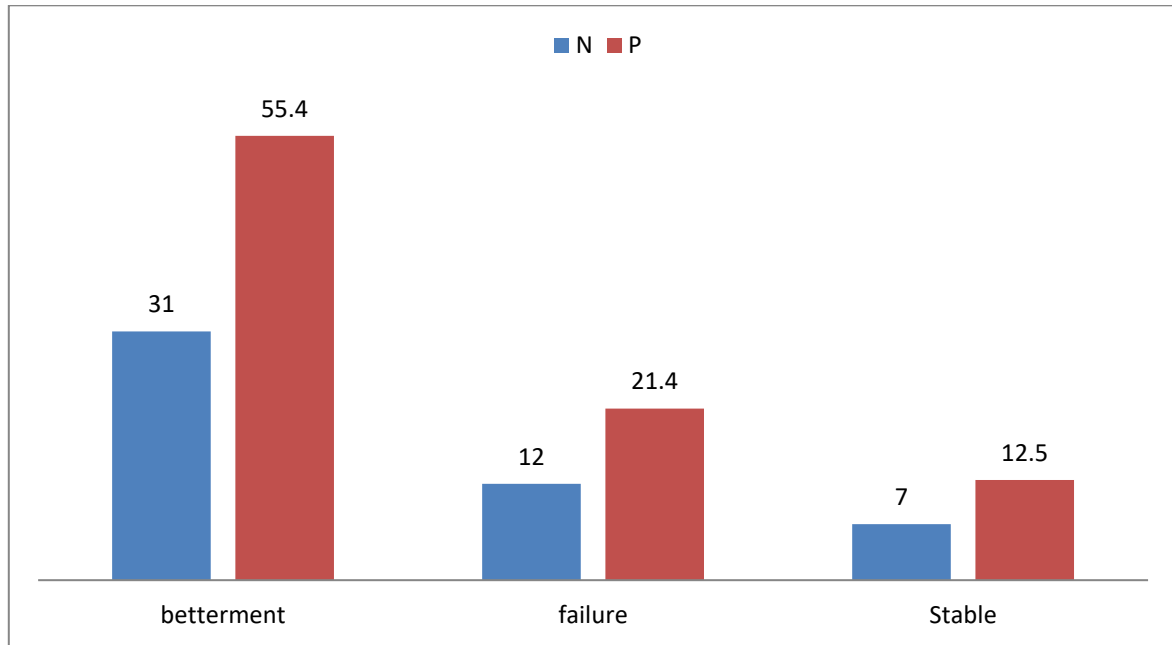
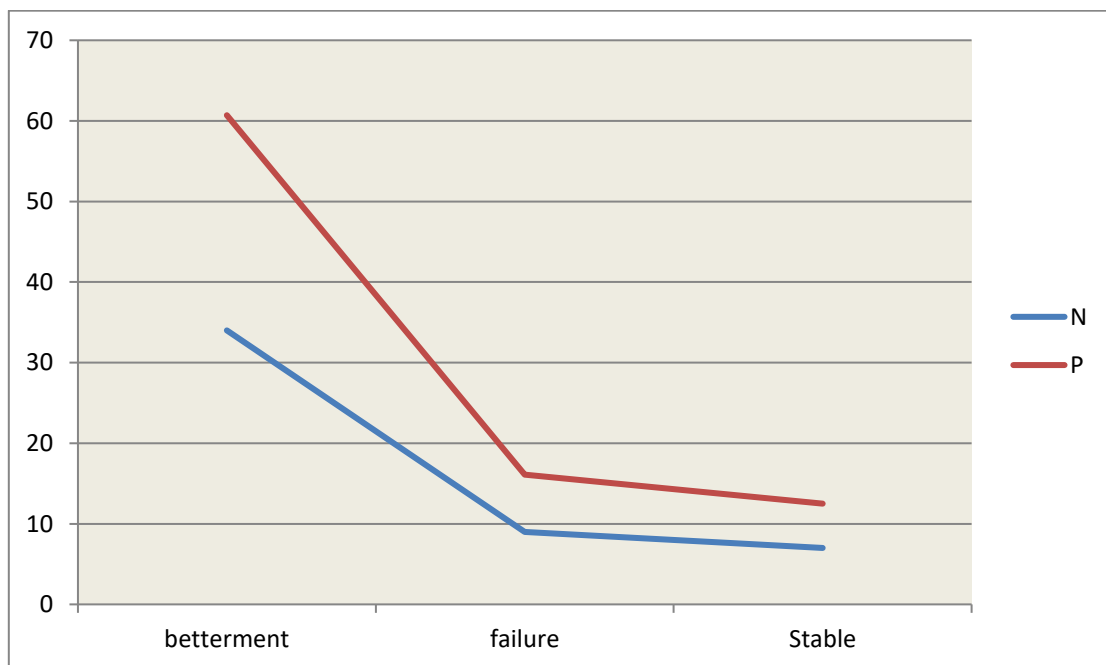


Figure 4- Results of patient according to serial digit learning.



Discussion

50 patients were collected from Azady Teaching Hospital, Kirkuk, Iraq. and the

patients were divided into 36 patients, men, and 14 women, as shown in Table 1 and

through the use of the SPSS program, the value mean, sd was found.

Patients' ages: 43.30 ± 10.10

In this study, demographic data were evaluated in relation to patients' outcomes, which included (Runny nose, Nasal congestion, Inability to smell properly, Headache, and Snoring loudly).

The mean value and SD for Runny nose Preoperative (7.1200 ± 0.98229)

As for Postoperative, it became (1.7600 ± 0.6).

As for the nasal congestion, the mean value + so before surgery was 8.2 ± 0.7 , but after surgery, it became 1.7 ± 0.48 , and a statistically significant relationship was found ≤ 0.001

A statistically significant relationship was found before and after surgery when extracting a value of b between the two groups of 0.001 for headache in addition to the inability to smell at 0.0034

In order to assess cognitive functions and attention and their relationship to nasal polyposis, the p 300 is used to measure cognitive functions related to patients (Preoperative, Postoperative). This test was used in patients with allergic rhinitis.

Minor changes were found between the two groups (Preoperative, Postoperative) and there were statistical differences between the two groups is ≤ 0.05 .

Conclusion

The presence of nasal polyps leads to nasal obstruction and odor disturbance, which are the most prevalent symptoms. This study showed a significant and noticeable postoperative improvement. The study also demonstrated through the results that the cognitive functions recorded poor results when compared to the results of Postoperative patients, and that nasal polyps had a significant and clear effect.

References

1. Bhattacharyya, N., 2009. Contemporary assessment of the disease burden of sinusitis. *American journal of rhinology & allergy*, 23 (4), pp.392-395.
2. Fokkens, W.J., Lund, V.J., Mullol, J., Bachert, C., Alobid, I., Baroody, F., Cohen, N., Cervin, A., Douglas, R., Gevaert, P. and Georgalas, C., 2012. EPOS 2012: European position paper on rhinosinusitis and nasal polyps 2012. A summary for otorhinolaryngologists. *Rhinology*, 50 (1), pp.1-12.
3. Kowalski, M.L., 2007. Aspirin-sensitive rhinosinusitis and asthma. *Clin Allergy Immunol*, 19, pp.147-175.
4. Hopkins C, Slack R, Lund V, Brown P, Copley L, Browne J. Long-term outcomes from the English national comparative audit of surgery for nasal polyposis and chronic rhinosinusitis. *The Laryngoscope*. 2009;119:2459-65
5. Rimmer J, Fokkens W, Chong LY, Hopkins C. Surgical versus medical interventions for chronic rhinosinusitis with nasal polyps. *Cochrane Database Syst Rev*. 2014;12:CD006991.
6. Sahlstrand-Johnson P, Hopkins C, Ohlsson B, Ahlner-Elmqvist M. The effect of endoscopic sinus surgery on quality of life and absenteeism in patients with chronic rhinosinuitis—a multi-centre study. *Rhinology*. 2017;55 (3):251-61.
7. Blomqvist EH, Lundblad L, Anggard A, Haraldsson PO, Stjarne P. A randomized controlled study evaluating medical treatment versus surgical treatment in addition to medical treatment of nasal polyposis. *J Allergy Clin Immunol*. 2001; 107:224-8.
8. Adnane C, Adouly T, Khallouk A, et al. Using preoperative unsupervised cluster analysis of chronic rhinosinusitis to inform patient decision and endoscopic sinus surgery outcome. *Eur Arch Otorhinolaryngol*. 2017;274 (2):879-85. <https://doi.org/10.1007/s00405-016-4315-8>.
9. Seybt MW, McMains KC, Kountakis SE. The prevalence and effect of asthma on adults with chronic rhinosinusitis. *Ear Nose Throat J*. 2007; 86:409-11.
10. Mendelsohn D, Jeremic G, Wright ED, Rotenberg BW. Revision rates after endoscopic sinus surgery: a recurrence

- analysis. *Ann Otol Rhinol Laryngol.* 2011; 120:162-6.
11. Bonfils P. Evaluation of the combined medical and surgical treatment in nasal polyposis. *Acta Otolaryngol.* 2007; 127:436-46.
 12. Heinzerling LM, Burbach GJ, Edenharter G, et al. GA (2) LEN skin test study I: GA (2) LEN harmonization of skin prick testing: novel sensitization patterns for inhalant allergens in Europe. *Allergy.* 2009; 64:1498-506.
 13. Global Strategy for Asthma Management and Prevention. 2010. <http://www.ginasthma.com>. Accessed 24 Nov 2011.
 14. Wynn R, Har-El G. Recurrence rates after endoscopic sinus surgery for massive sinus polyposis. *The Laryngoscope.* 2004; 114:811-3.
 15. Selivanova O, Kuehnemund M, Mann WJ, Amedee RG. Comparison of conventional instruments and mechanical debridors for surgery of patients with chronic sinusitis. *Am J Rhinol.* 2003; 17:197-202.