

# Nasal polyps and chronic rhinosinusitis: Differentiating symptoms and treatments.

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## Introduction

Nasal polyps and Chronic Rhinosinusitis (CRS) are two distinct but often interrelated conditions affecting the nasal and sinus passages. While they share some symptoms, they are fundamentally different in their presentation and treatment approaches. In this article, we will explore the key differences between nasal polyps and CRS, including their symptoms and available treatment options. Nasal polyps are non-cancerous growths that form inside the nasal passages or sinuses. They are teardrop-shaped and typically occur due to chronic inflammation of the mucous membranes lining the nasal and sinus cavities. Although the exact cause is not always clear, factors such as allergies, asthma, infections, and aspirin sensitivity may contribute to their development [1].

### Symptoms of nasal polyps:

- **Nasal Congestion:** Nasal polyps can obstruct the nasal passages, leading to persistent nasal congestion or a blocked feeling.
- **Reduced Sense of Smell:** The presence of nasal polyps can diminish the sense of smell (hyposmia) or even cause complete loss of smell (anosmia) [2].
- **Runny Nose:** Chronic and persistent rhinorrhoea (runny nose) is a common symptom of nasal polyps.
- **Facial Pain and Pressure:** Some individuals with nasal polyps may experience facial pain and pressure, particularly in the areas around the nose and eyes.
- **Snoring and Sleep Difficulties:** Nasal polyps can obstruct airflow, leading to snoring and difficulty sleeping [3].

### Treatment of nasal polyps:

- **Nasal Corticosteroids:** Intranasal corticosteroids are the first-line treatment for nasal polyps, helping to reduce inflammation and shrink the polyps.
- **Oral Corticosteroids:** In severe cases, oral corticosteroids may be prescribed for a short period to rapidly reduce inflammation and polyp size.
- **Surgery:** If medical treatments fail to provide relief, endoscopic sinus surgery may be considered to remove the polyps and open up the nasal passages.

Chronic rhinosinusitis is a persistent inflammation of the nasal and sinus cavities, lasting for at least 12 weeks. It is often associated with other inflammatory conditions such as allergies, asthma, or respiratory tract infections. The exact cause of CRS is multifactorial and can involve various triggers, including bacterial or fungal infections and environmental irritants [4].

### Symptoms of chronic rhinosinusitis:

- **Nasal Congestion:** Similar to nasal polyps, CRS can cause nasal congestion and a feeling of blockage.
- **Facial Pain and Pressure:** Individuals with CRS may experience facial pain and pressure, especially around the cheeks, eyes, and forehead.
- **Thick Nasal Discharge:** Unlike the clear runny nose seen in nasal polyps, CRS often results in thick, discoloured nasal discharge.
- **Reduced Sense of Smell:** Like nasal polyps, CRS can lead to a diminished sense of smell.
- **Coughing and Postnasal Drip:** CRS can trigger a persistent cough and postnasal drip.

### Treatment of chronic rhinosinusitis:

- **Nasal Irrigation:** Regular saline nasal irrigation helps clear mucus and reduces inflammation.
- **Nasal Corticosteroids:** Intranasal corticosteroids are also used to manage CRS symptoms by reducing inflammation.
- **Antibiotics:** If bacterial infection is present, antibiotics may be prescribed to target the underlying cause.
- **Immunotherapy:** For cases with allergic triggers, immunotherapy (allergy shots) may help desensitize the immune system to specific allergens [5].

## Conclusion

Nasal polyps and chronic rhinosinusitis share some symptoms, such as nasal congestion and a reduced sense of smell, but they are fundamentally different conditions. Nasal polyps are non-cancerous growths that form within the nasal passages or sinuses, while chronic rhinosinusitis is characterized by persistent inflammation of the nasal and sinus cavities. The treatment for both conditions involves various approaches,

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including nasal corticosteroids, but may differ depending on the severity and specific symptoms. If you suspect you have either of these conditions, it's crucial to seek medical advice from an otolaryngologist (ear, nose and throat specialist) for proper diagnosis and personalized treatment.

## References

1. Ahern S, Cervin A. Inflammation and endotyping in chronic rhinosinusitis—a paradigm shift. *Med.* 2019;55(4):95.
2. Cervin A. The anti-inflammatory effect of erythromycin and its derivatives, with special reference to nasal polyposis and chronic sinusitis. *Acta Otolaryngol.* 2001;121(1):83-92.
3. Fokkens WJ, Lund VJ, Mullol J, et al. EPOS 2012: European position paper on rhinosinusitis and nasal polyps 2012. A summary for otorhinolaryngologists. *Rhinol.* 2012;50(1):1-2.
4. Liang Z, Yan B, Liu C, et al. Predictive significance of arachidonate 15-lipoxygenase for eosinophilic chronic rhinosinusitis with nasal polyps. *J Allergy Clin Immunol.* 2020;16:1-3.
5. Lund VJ, Black JH, Szabo LZ, et al. Efficacy and tolerability of budesonide aqueous nasal spray in chronic rhinosinusitis patients. *Rhinol.* 2004;42(2):57-62.