**Categorizing Nasal Polyps by Severity and Controller Therapy**

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**Abstract**

**Introduction**

Objective: This is a pilot study to analyze the validity of a newly devised categorization of CRSwNP according to severity and controller therapy and based on a stepwise approach treatment for asthma published in 2007 by National Asthma Education and Prevention Program, Expert Panel Report 3 (EPR-3).

**Methods and materials**

In order to create a stepwise approach for the treatment of CRSwNP we defined criteria for severity and adequacy of control. The Sinonasal Questionnaire (SQ), Visual Analog Scale (VAS) and Subjective Evaluation of Olfactation are used as the subjective evaluation tools. Objective items of evaluation include the need for surgery (end and endoscopic) and corticosteroids in these patients and the number of acute sinus infections requiring antibiotics (ASNI) and the presence and degree of control of nasal polyps, smell. Categorization of patients into a degree of control and severity, dictates treatment decision.

To analyze the applicability of this management scheme, a prospective study was conducted at the tertiary center in downtown Beirut over the course of thirteen months. Fifty patients older than 12 years were included in this study. They were assessed with a clinic visit and by a follow-up visit to assess sinus complaints or by a pulmonologist for difficulty controlling the therapy.

**Results**

A variety of scores and metrics were devised to classify patients and to address treatment for asthma published in 2007 by National Asthma Education and Prevention Program, Expert Panel Report 3 (EPR-3). Setting: Reassessment showed a good response to treatment and alter the QOL of > 90% of our patients. Evaluation of Intervention Impact on Patients with Various Degree of Disease. After a short course of oral corticosteroids and a step 5 treatment intervention for asthma patients, 50 patients older than 12 years were included and they were referred by a primary care physician for sinus disease or after surgery and were downstaged after reevaluation. There was no correlation between clinical scores and objective findings. Further studies are needed to assess the validity of this new categorization approach in the clinical setting.

**Conclusion**

Our prospective study shows that the constructed categorization for severity and treatment for CRSwNP is easy to use and allowed us to classify 94% of patients presenting with CRSwNP.

In our series, the classification allowed us to change the treatment and alter the QOL of > 90% of our patients in a standardized fashion. However, the majority of these patients also had a lung comorbidity requiring these drugs for adequate control. Careful assessment of their role is advised.

This new categorization takes into consideration the CRSwNP patient in the context of comorbidities that affect the sinonasal outcome and that should also be addressed.

Further studies are needed to assess the validity of this new categorization approach in the clinical setting.

**References**