

OTORHINOLARYNGOLOGY



Armin Moniri

WHAT IS CHRONIC RHINOSINUSITIS?

THE Paranasal Sinuses (PNS) consist of a group of four paired air-filled spaces that surround the nasal cavity located within the bones of the skull and the facial bones. They are known as maxillary, ethmoidal, frontal and sphenoidal sinuses.

The maxillary sinuses are located under the eyes; the frontal sinuses are above the eyes; the ethmoidal sinuses are between the eyes and the sphenoidal sinuses are behind the eyes. The sinuses are named for the facial bones in which they are located.

Like the nasal cavity, the sinuses are lined by the respiratory epithelium (ciliated pseudostratified columnar epithelium).

The normal function of PNS is to ensure a normal connection between the ostium (orifices that connect the paranasal sinuses to the nasal passages) and the nasal cavity, in combination with a normal ciliary

function, allowing drainage of mucus.

The terminology rhinosinusitis (RS) refers to inflammation of the nasal mucosa. RS is caused by several factors that compromise normal mucosal function and/or drainage and ventilation of PNS and the nasal cavity. Several specific factors such as allergens, bacteria, fungi, viruses, irritants and structural changes are known to be responsible.

Chronic RS is a common condition, with a prevalence of 10-15% in the adult population, yet controversial from a pathophysiological and therapeutic point of view.

Recent studies focus on the important role of biofilms (biological communities with a high degree of organisation, where bacteria form structured, coordinated and functional communities) in the pathophysiology of chronic RS. Frequently used subdivisions are RS with or without

nasal polyposis, and allergic and non-allergic RS.

A correct diagnosis is essential in order to choose the correct treatment. In addition to a medical evaluation, complementary diagnostic exams are necessary. The most important exams include X-ray, ultrasound, CT scan, nasal endoscopy, nasal cultures, blood and allergy tests, all available at the HPA Health Group.

The typical symptoms of non-allergic RS are transparent rhinorrhea and nasal obstruction, with no allergic symptoms such as sneezing, pruritus and conjunctivitis. With age, there is an increase in the incidence of non-allergic RS. Patients with typical symptoms should be questioned as to which factors trigger the symptoms. For example, nasal decongestants, previous facial trauma, exposure to chemical irritants, smoking, drug abuse, odour

hyperactivity or changes in temperature, pregnancy and systemic diseases.

Despite the existing controversy as to the treatment of chronic RS, the general goal is to restore breathing, drainage and function of the PNS and nasal cavity. In non-allergic RS, once the triggering factor is identified, the main treatment is removing the cause or reducing exposure.

The treatment for chronic RS is mainly local and consists of nasal irrigation with saline water and nasal corticosteroid. If the cause is confirmed to be an allergy, antihistamine and anti-leukotriene may be added together reducing exposure.

Surgical treatment is also possible and aims to improve breathing in PNS and in the nasal cavity, correcting alterations of the bone while preserving the mucosa.

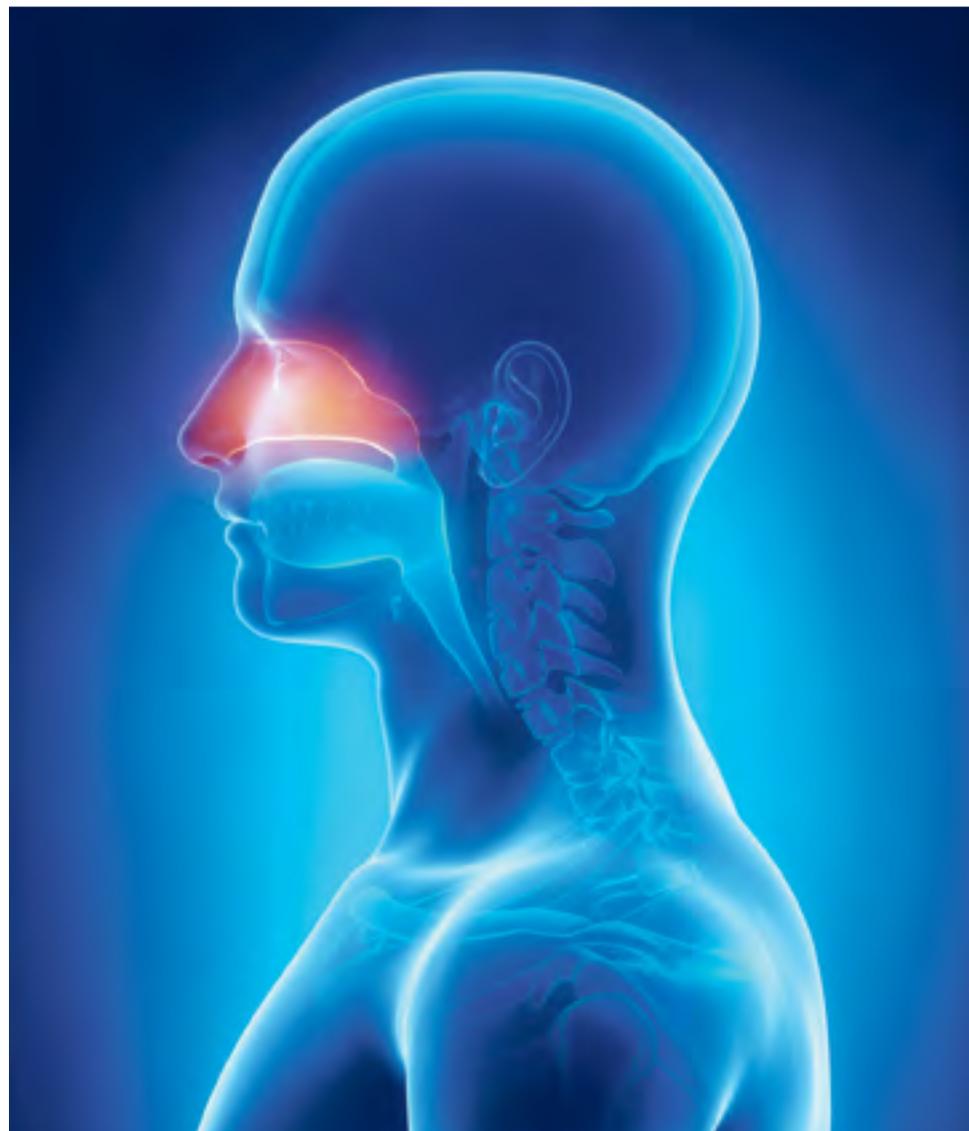
For example, septoplasty refers to the reduction of a septum deviation, turbino-plasty means reducing the size of the inferior turbinate and endoscopic nasal sinus surgery consists in restoring communication between the PNS and the nasal cavity.

With the use of new minimally invasive equipment and techniques, surgical treatment offers a considerable reduction in the discomfort associated with a rapid post-surgical recovery.

These new techniques are often used by the specialists in rhinology working at the HPA Health Group.

|| features@algarveresident.com
Armin Moniri is an ORL specialist at the Hospital Particular in Alvor and at the Hospital São Gonçalo in Lagos. Swedish-born, Armin has trained in rhinology at Sahlgrenska University Hospital in Gothenburg. He is a professor at the Algarve University.

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