



Simple Endonasal Polypectomy in the Office, When to Perform it?

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Editorial

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Editorial

Nasosinus polyposis is a chronic inflammatory disease that affects the mucosa of the nose and paranasal sinuses, leading to the formation of polyps. The pathophysiology of the disease originates in the ethmoid, where dysbiosis and dysregulation have been evidenced of the immune response in patients diagnosed with sinonasal polyposis. These are made up of loose connective tissue, edema, inflammatory cells, glands, capillaries, and are covered by an epithelium, in most cases, respiratory pseudostratified with ciliated, goblet cells and show an infiltrate of predominantly eosinophils, in addition to neutrophils, mast cells, plasma cells, lymphocytes, monocytes and fibroblasts, adding the presence of IL-5 as the predominant cytokine [1].

Patients present a clinical picture characterized by the existence of two or more symptoms that persist for a period greater than 12 weeks, these symptoms can be: nasal obstruction, rhinorrhea, facial pain or tightness and alteration of smell. The pathology is confirmed by the visualization of the polyps in the nasal endoscopy and by the findings in the computed tomography of the nose and paranasal sinuses [2]. Pharmacological treatment is based on therapy with topical intranasal corticosteroids, short courses of oral steroids, in addition to other medical treatments in individual cases such as monoclonal antibodies and the last step is surgical treatment: endoscopic sinus surgery, the most used in news [3].

Within endoscopic surgery, there are supporters of resection of polyps using the classical instrumental approach (Blakesley-Weil forceps) and others who defend the exclusive use of the microdebrider, but today it is accepted that the combined use of these two techniques allows obtaining best results, under general anesthesia.

But we must not forget that there is the option of simple endonasal polypectomy with local anesthesia, which is the initial indication in patients:

1 with contraindication for procedures with general anesthesia, 2 recently re-operated and showed residual polyposis, 3 with the presence of large and translucent polyps (not hemorrhagic macroscopically), 4 who underwent surgery and presented polypoid recurrence.

We must remember that in all these cases, we must avoid or limit the resection of soft tissues and bone plates, having previously documented the patient's anatomy with a computed tomography of the nose and paranasal sinuses, in order to perform a safe procedure [4].

References

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