

Case 10:



EDINBURGH UNIVERSITY
EAR NOSE & THROAT
SOCIETY

The Edinburgh ENT Soc cases have not been proofread by any professionals or members of the medical school. They have been made based on the guidelines available at the time.

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A 21-year old man presents to his GP with a six-month history of a blocked nose and feeling of 'fullness' in his face.

In the few months, he has noticed a reduction in his sense of smell. He also reports a constant, watery drip from his nose. He reports no epistaxis or sudden weight loss.

Question 1: What is the most likely diagnosis?



The most likely diagnosis here is **nasal polyps**. Nasal polyps are common benign lesions originating in the mucosa of the nasal sinuses or nasal cavity. They arise in up to 4% of the population.

Typically, patients present with bilateral nasal obstruction, facial congestion and nasal drip. Other common symptoms include anosmia and cough.

Nasal polyps seemingly arise due to chronic mucosal inflammation.

Question 2: Which of the following conditions is not linked to nasal polyps?

- Chronic rhinosinusitis
- Aspirin and NSAID exacerbated respiratory disease
- Allergic fungal rhinosinusitis
- Acute viral rhinitis

Question 3: Which investigations are recommended in suspected nasal polyp cases?

Question 4: What are some common red flag symptoms associated with neoplastic polyps?

Question 5: What is the first line therapy for nasal polyps?



Answers Q2-5:

Conditions associated with nasal polyps:

Nasal polyps are found commonly in patients with chronic rhinosinusitis - this combination (CRSwNP - chronic rhinosinusitis with nasal polyps), is closely associated with adult-onset eosinophilic asthma.

36-96% of patients with Aspirin and NSAID-exacerbated respiratory disease also have nasal polyps.

80% of patients with allergic fungal rhinosinusitis have nasal polyps, assumed to be due to an intense IgE-driven eosinophilic inflammatory response.

Investigations in nasal polyps:

Anterior rhinoscopy is the investigation of choice in nasal polyps. If the polyps are not seen with rhinoscopy, nasal endoscopy may be required.



In our case, the patient's lesions are bilateral, indicative of nasal polyps. If there had been a single, unilateral polyp, we may have been concerned about neoplasm and a biopsy would have been taken.

Red flags associated with malignant nasal polyps:

- Epistaxis
- Crusting
- Cacosmia (perception of foul odour)
- Periorbital oedema
- Displaced globe
- Double/ reduced vision
- Ophthalmoplegia



- Severe frontal headaches
- Frontal swelling
- Signs of meningitis or focal neurology

Treatment of nasal polyps:

Intranasal corticosteroid sprays may improve symptoms and reduce polyp size. In the instance that this treatment is unsuccessful, the dose may be increased. If there is no/minimal improvement in symptoms after 1 month of treatment, surgical polypectomy may be considered.

There is no absolute cure for nasal polyps - treatment is aimed at controlling symptoms and limiting extent of disease.

Patients are normally followed up at 6-12-month intervals.

References:

Saleh HA and Scadding G, September 2020, BMJ Best Practice Nasal Polyps. <https://bestpractice-bmj-com.ezproxy.is.ed.ac.uk/topics/en-gb/1130> Last accessed 16/10/20.

Newton JR and Wong Ah-See K (2008). A review of nasal polyposis. *Ther Clin Risk Manag.* 4, 507-512.

