

Navigating CRSsNP: A Comprehensive Guide for Healthcare Providers



Chronic Rhinosinusitis (CRS) Diagnosis:

- ≥ 12 weeks duration (continuous)
- Symptoms (must have 2)

Nasal obstruction/congestion

Thick/colored drainage

Facial pain/pressure/fullness

Decreased sense of smell

- Objective signs of inflammation

Edema/purulence

Polyps

Radiographic changes

Classification of CRS

CRS With Polyps (CRSwNP)

- Chronic inflammatory condition with occasional bacterial exacerbation
 - Th-2-skewed inflammatory profile
- Less common type of CRS
- More mucosal eosinophilia
- Higher association with asthma/atopy
- Common symptoms: nasal obstruction and loss of sense of smell

CRS Without Polyps (CRSsNP)

- Chronic inflammatory condition with more frequent bacterial contribution
 - Mixed Th-1/Th-2/Th-3 inflammatory profile
- Most common type of CRS
- Less mucosal eosinophilia
- Less association with asthma/atopy
- Common symptoms: pressure/fullness and discharge common

CRSsNP Treatment Strategies:

Use shared decision-making to discuss treatment options with patients.

INITIAL REGIMEN



Topical steroid sprays
(low evidence but cheap and safe)



Saline irrigations
(good evidence and cheap/safe)

THEN...

Consider short course of oral antibiotic

- Particularly if purulence or antibiotic naïve
- Evidence is poor so avoid extended/repeated courses

Consider short courses of oral steroid

- Evidence is limited and risks exist
- Avoid extended/repeated courses

If symptoms persist despite standard sprays, consider switching to **fluticasone propionate nasal spray exhalation delivery system (EDS-FLU)**

When to Refer to ENT

- Red flag symptoms
 - Unilateral or very asymmetric symptoms
 - Swelling of face or any vision changes
 - Bleeding, particularly if unilateral
- Medical comorbidity
 - Immunosuppression
 - Poorly controlled diabetes
- Ongoing symptoms despite initial attempts at medical treatment



When to Consider Surgery

- Meets criteria for CRS
- Failed trial(s) of appropriate medical therapy
- Symptoms bothersome enough to the patient to warrant surgery
- The decision to pursue surgery most often based on symptoms and QOL from the patient's perspective