



# Management of Chronic Rhinosinusitis with Polyps and without Polyps

ANH/ENT/PRT/02/Vers.01  
Effective Date: June/ 2022  
Review Date: June/ 2025



**Institution Name: Al- Nahda Hospital**

**Document Title: Management of Chronic Rhinosinusitis with Polyps and without Polyps**

## Approval Process

	Name	Title	Institution	Date	Signature
Written by	Dr. Rabaa Al- Kalbani	ENT specialist	Al- Nahdha Hospital	June 2022	
Reviewed by	Dr. Janan Al- Abduwani	ENT consultant	Al- Nahdha Hospital	June 2022	
	Dr. Siham Al- Majrafi	ENT Resident	Al- Nahdha Hospital	June 2022	
	Dr. Hamdoon Al- Naamani	Head of ENT Department	Al- Nahdha Hospital	June 2022	
Validated by	Quality Management & Patient Safety Department	Quality Management & Patient Safety Department	Al- Nahdha Hospital	June 2022	
Approved by	Dr. Hamad Al- Harthi	Hospital Director	Al- Nahdha Hospital	June 2022	 



# Management of Chronic Rhinosinusitis with Polyps and without Polyps

ANH/ENT/PRT/02/Vers.01  
Effective Date: June/ 2022  
Review Date: June/ 2025



## Contents Table:

Acronyms:.....	1
.1 Introduction .....	2
2. Scope .....	2
3. Purpose .....	2
4. Definitions .....	2
5. Procedure .....	3-7
6. Document History and Version Control .....	8
7. References:.....	9



## Management of Chronic Rhinosinusitis with Polyps and without Polyps

ANH/ENT/PRT/02/Vers.01  
Effective Date: June/ 2022  
Review Date: June/ 2025



### Acronyms:

AR	Allergic rhinitis
CRS	Chronic Rhinosinusitis
CRSwNP	Chronic rhinosinusitis with nasal polyps
CRSsNP	Chronic Rhinosinusitis without nasal polyps



## Management of Chronic Rhinosinusitis with Polyps and without Polyps

ANH/ENT/PRT/02/Vers.01  
Effective Date: June/ 2022  
Review Date: June/ 2025



### 1. Introduction

Chronic Rhinosinusitis (with or without NP) in adults is defined as the presence of two or more symptoms one of which should be either nasal blockage/obstruction/congestion or nasal discharge (anterior/posterior nasal drip) with or without facial pain/pressure and with or without reduction or loss of smell for  $\geq 12$  weeks.

Questions on allergic symptoms: sneezing, watery rhinorrhea, nasal itching, and itchy watery eyes should be included.

Chronic Rhinosinusitis with nasal polyps (CRSwNP): as defined above and bilateral, endoscopically visualized polyps in middle meatus.

Chronic Rhinosinusitis without nasal polyps (CRSsNP): as defined above and no visible polyps in middle meatus, if necessary following decongestant.

### 2. Scope

ENT Specialists dealing with chronic rhinosinusitis patients in secondary and tertiary care set up.

### 3. Purpose

The aim of this protocol is to identify patients with chronic rhinosinusitis and to treat the minor disorder to control their symptoms and avoid complications.

### 4. Definitions

Chronic Rhinosinusitis (with or without NP) in adults is defined as the presence of two or more symptoms one of which should be either nasal blockage/obstruction/congestion or nasal discharge (anterior/posterior nasal drip) with or without facial pain/pressure and with or without reduction or loss of smell for  $\geq 12$  weeks.

Questions on allergic symptoms: sneezing, watery rhinorrhea, nasal itching, and itchy watery eyes should be included. May fill SNOT 22 form to grade patient symptoms and repeat it after treatment to measure improvement.

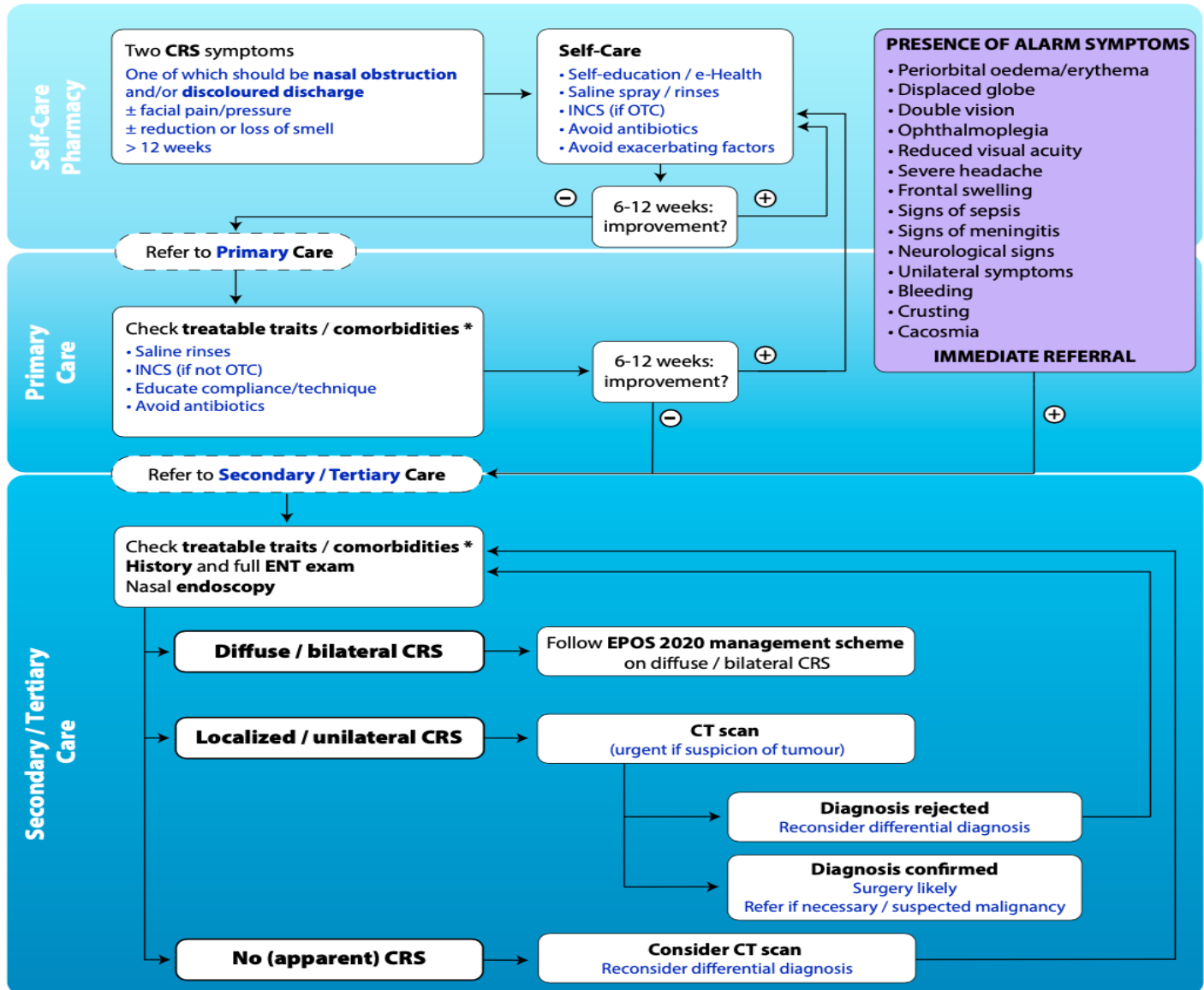


## 5. Procedure:

### 5.1 Treatment evidence and recommendations for adults with chronic rhinosinusitis (according to EPOS 2020)



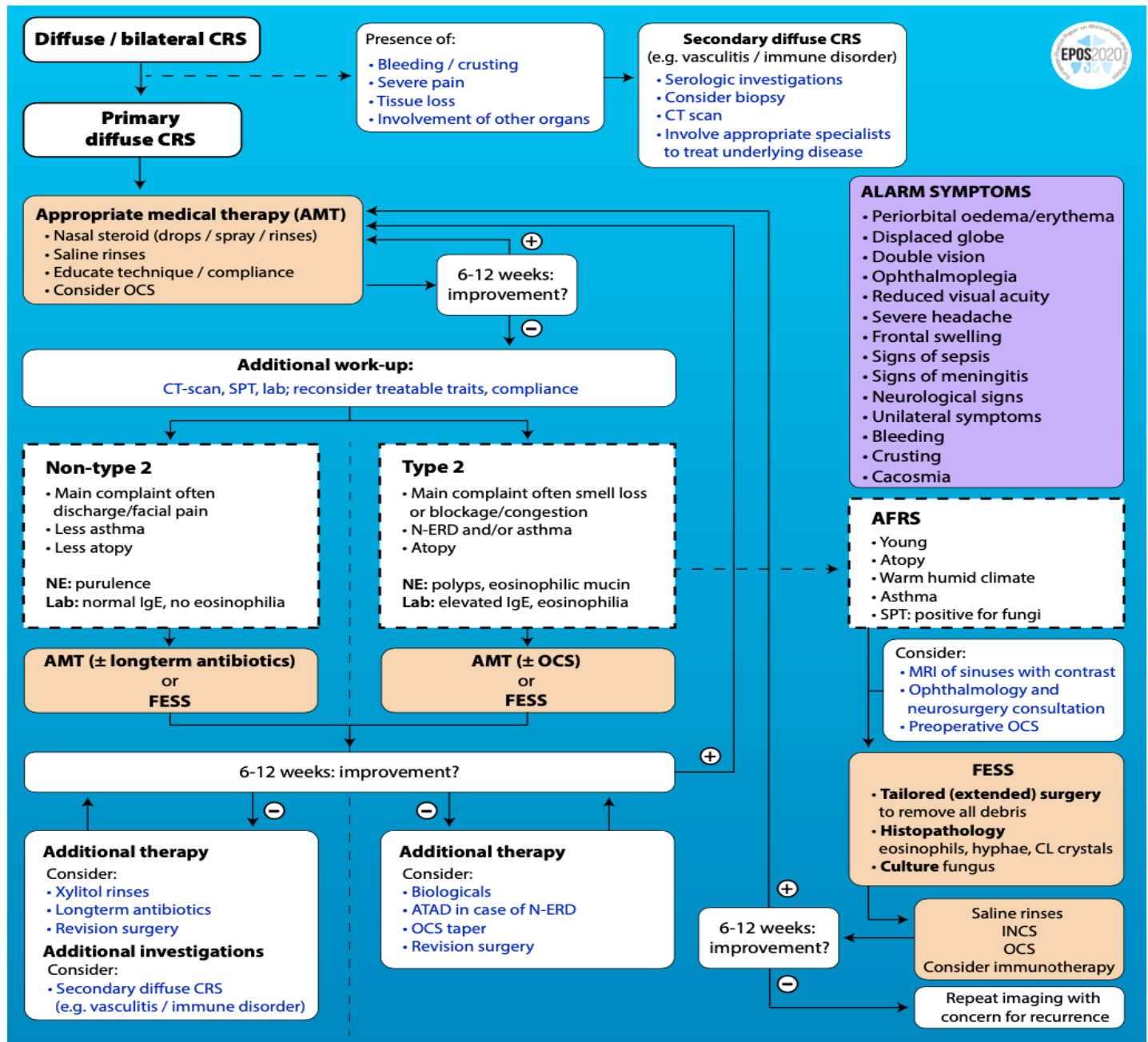
#### EPOS 2020: Care pathways for CRS



CRS: chronic rhinosinusitis; CT, computed tomography; INCS, intranasal corticosteroids spray; OTC, over-the-counter.



## 5.2 Management of diffuse CRS according to EPOS2020



For explanation of (primary and secondary) diffuse CRS see 1.2.3.

AMT, appropriate medical therapy; ATAD, Aspirin treatment after desensitisation; CRS, chronic rhinosinusitis; CT, computed tomography; FESS, functional endoscopic sinus surgery; INCS, intranasal corticosteroid spray; MRI, magnetic resonance imaging; NE, nasal endoscopy; N-ERD, NSAID-exacerbated respiratory disease; OCS, Oral corticosteroids; SPT, Skin prick test.





### 5.3 Choice of Antibiotics:

#### 5.3.1 Macrolides: Clarithromycin For CRSsNP.

5.3.1.1 Short term: 500mg BID for 2-4 weeks during exacerbations

5.3.1.2 Long term: 250mg BID for 4-12 weeks (to be consider for IgE negative cases and moderate to sever).

\*\* Should be avoided in patient with COP and Cardiac Disease.

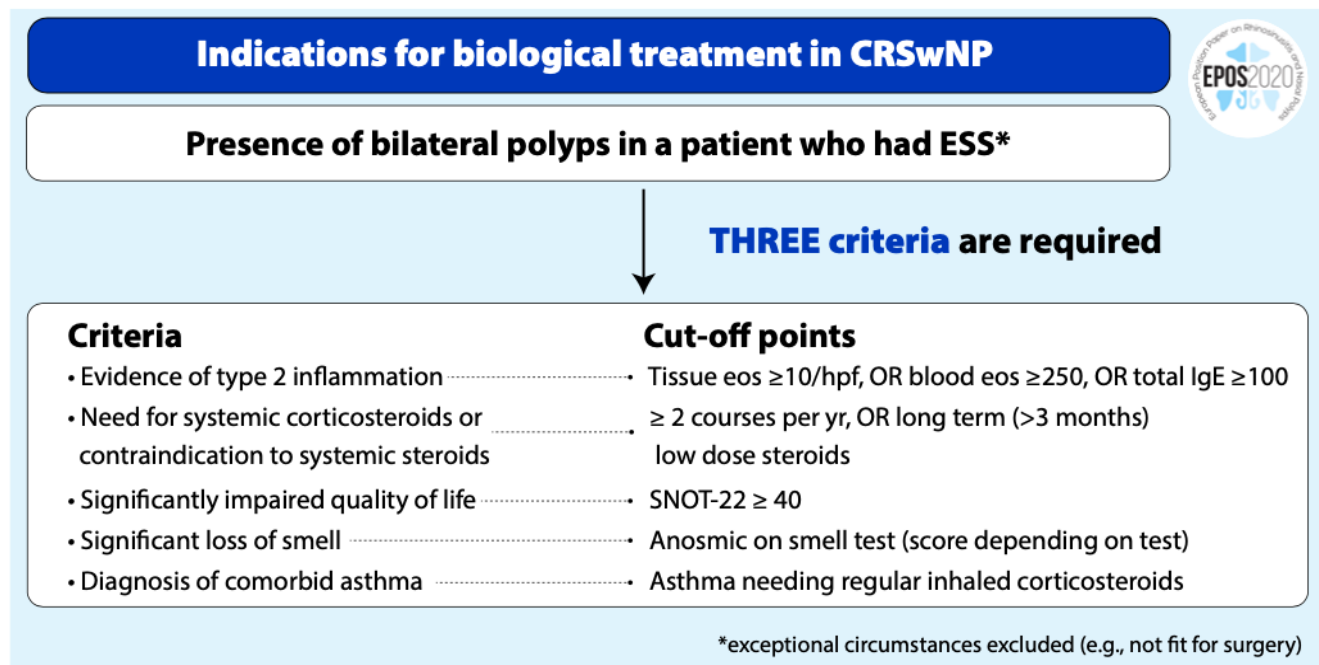
#### 5.3.2 Doxycycline for CRSwNP

5.3.2.1(100mg) OD for 22 DAYS(Loading dose 200mg once a day then 100mg once daily for 21 days).

5.3.2.2 Used to decrease the size of the polyps and reduced inflammation process.

### 5.4 New treatment options with biologicals (monoclonal antibodies)

The acceptance of dupilumab (anti IL-4R $\alpha$ ) for the treatment of CRSwNP by the US Food and Drug Administration (FDA) and European Medicines Agency (EMA) in 2019 has significantly changed the treatment options in type 2 type CRS and itis expected that other monoclonal antibodies will follow.



CRS, chronic rhinosinusitis; CRSwNP: chronic rhinosinusitis with nasal polyps; ESS, endoscopic sinus surgery; hpf: high power field (x400); SNOT-22, sino-nasal outcome test-22.



## Defining response to biological treatment in CRSwNP



### Evaluation of 5 criteria

- Reduced nasal polyp size
- Reduced need for systemic corticosteroids
- Improved quality of life
- Improved sense of smell
- Reduced impact of co-morbidities

**Excellent response**  
5 criteria

**Moderate response**  
3-4 criteria

**Poor response**  
1-2 criteria

**No response**  
0 criteria



Evaluate treatment response **after 16 weeks**



**Discontinue  
treatment**  
if no response  
in any  
of the criteria



Evaluate treatment response **after 1 year**



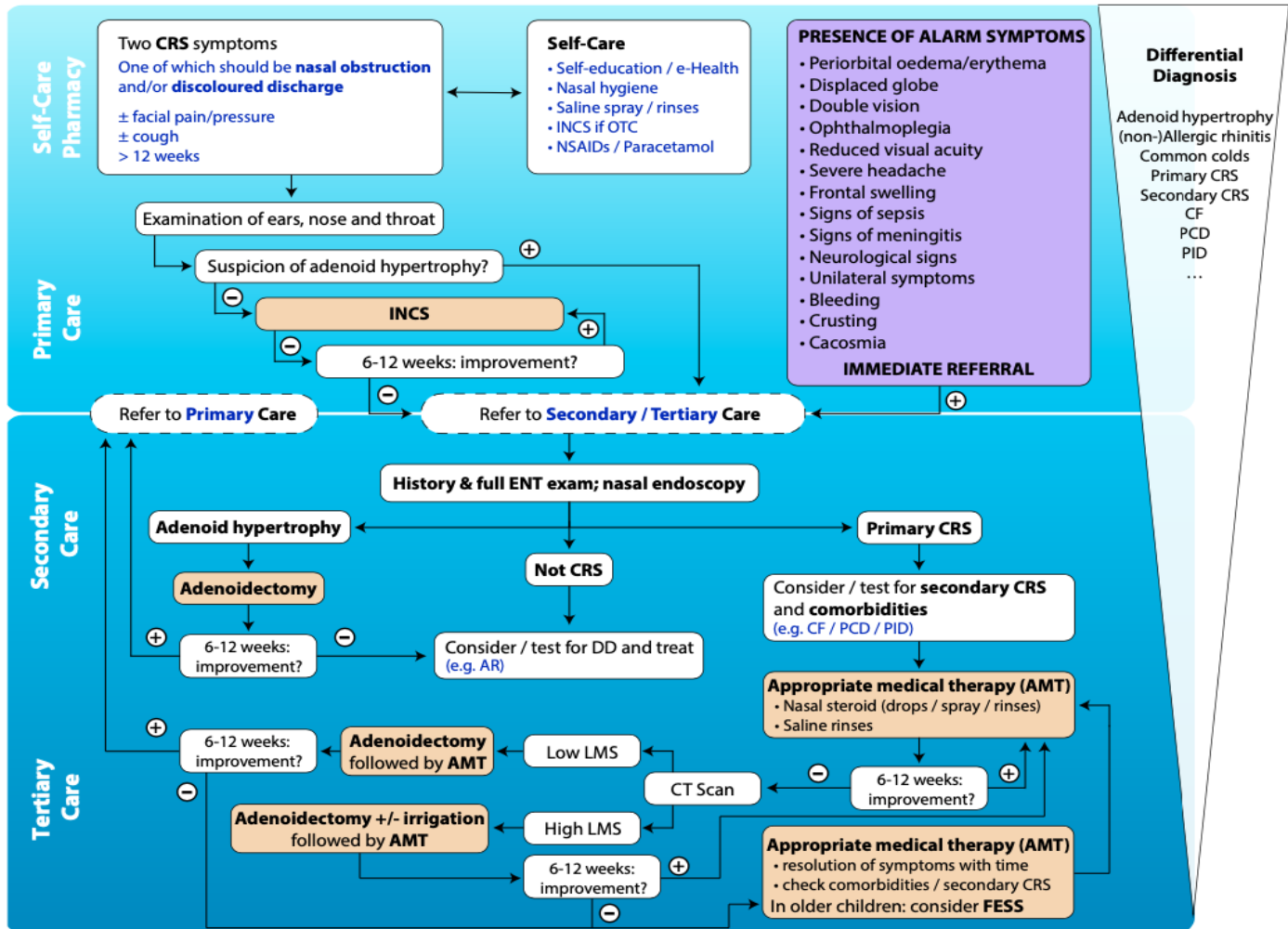




## 5.5 Integrated care pathway in paediatric CRS (according to EPOS 2020)



### EPOS 2020: Care pathways for Paediatric CRS



AMT, appropriate medical treatment; CF, cystic fibrosis; CRS, chronic rhinosinusitis; CT, computed tomography; DD, differential diagnosis; INCS, intranasal corticosteroids; LMS, Lund-Mackay score; NSAIDs, non-steroidal anti-inflammatory drugs; OTC, over the counter; PCD, primary ciliary dyskinesia; PID, primary immune deficiencies.



## Management of Chronic Rhinosinusitis with Polyps and without Polyps

ANH/ENT/PRT/02/Vers.01  
Effective Date: June/ 2022  
Review Date: June/ 2025



### 6. Document History and Version Control

Document History and Version Control			
Version	Description of Amendment	Author	Review Date
01	Initial Release	Dr. Rabaa Al- Kalbani	June/2025
02			
03			
04			
05			
Written by		Reviewed by	Approved by
Dr. Rabaa Al- Kalbani		Dr. Janan Al- Abdwani	Hospital Director
		Dr. Siham Al- Majrafi	
		Head of ENT Department	



## 7. References:

<b>Title of book/ journal/ articles/ Website</b>	<b>Author</b>	<b>Year of publication</b>	<b>Page</b>
European Position Paper on Rhinosinusitis and Nasal Polyps 2020 (EPOS 2020)	W.J. Fokkens, et al	2020	
American Academy of Otolaryngology—Head and Neck Surgery Foundation Clinical Practice Guideline: chronic rhinosinusitis	RM Rosenfeld, et al	2015	