

Dokumentegenskaber:	
Gældende for	Otorhinolaryngologi, hoved- og halskirurgi & audiologi
Udarbejdet af	Dansk Rhinologisk Selskab
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Faglig ansvarlig	Dansk Selskab for Otolaryngologi, Hoved og Halskirurgi
Nøgleord	Kronisk rhinosinuitis med og uden polypper, CRS, CRSwP, CRSsP

1. Titel:

Kronisk rhinosinuitis med og uden nasal polypose.

2. Formål:

At sikre korrekt diagnosticering og behandling af kronisk rhinosinuitis med og uden polypper.

3. Definition:

Kronisk rhinosinuitis (CRS) omfatter et spektrum af sygdomme, der er kendetegnet ved samtidig inflammation i cavum nasi og sinus paranasales. CRS findes med (CRSwNP) og uden (CRSsNP) nasal polypose. I 2005 udkom European Position Paper on Rhinosinusitis and Nasal Polyps (EPOS) første gang. I EPOS defineres CRS ud fra symptomer samt objektive fund.

4. Baggrund:

Et dansk studie har netop vist en CRSwNP prævalens på 4%. CRSsNP findes hyppigere. Årsagen bag kronisk betændelse i slimhindedækket i næse-bihuler anses for multifaktoriel

Differentialdiagnoser:

- Cancer nasi, cancer vestibuli nasi, cancer paranasalis, cancer rhinopharyngis
- Papillom
- Tandrosabsces med penetration til sinus maxillaris
- Choanal polyp
- Meningo/encephalocele
- Fremmedlegeme

5.A Symptomer:

Tilstedeværelse af 2 eller flere af følgende symptomer i > 3 måneder:

- Anterior el. posterior nasal sekretion
- Nasalstenose
- Hyp- eller anosmi
- Trykken/smerter omkring pande, næse eller øjne

Mindst ét af symptomerne skal være sekret eller nasalstenose.

5.B Objektiv undersøgelse:

- ØNH undersøgelse
- Nasal endoskopi med evt. påvisning af
 - Nasale polypper (CRSwNP)
 - Ødem i meatus medius og/eller sekretion fra en eller flere bihuler (CRSsNP)
- Ved første kontakt bør patienter med polypper biopteres mhp. at udelukke anden ætiologi, også ved bilateral sygdom.
- CT bihuler reserveres til patienter hvor operation planlægges, eller ved mistanke om anden sygdom.

5.D Behandling:

CRSwNP

- *Steroid*: Der foreligger god evidens for behandling med steroid (lokalt og systemisk)
- *Nasal lavage*: Symptomlindrende og som adjuverende behandling til topisk steroid
- *Antibiotika*: Anbefales ikke
- *FESS*: Anbefales til ptt, som ikke responderer på ovennævnte medicinske behandling

CRSsNP

- *Steroid*: Lokalt steroid anbefales. Der foreligger ikke evidens for behandling med systemisk steroid
- *Nasal lavage*: Symptomlindrende og som adjuverende behandling til topisk steroid
- *Antibiotika*: Makrolidbehandling i 2-3 måneder kan forsøges, specielt hos ptt med normal serum IgE
- *FESS*: Anbefales til ptt, som ikke responderer på ovennævnte medicinske behandling

5.E Komplikationer til kirurgi:

- Blødning, infektion, gennembrud til periorbita, skade på m. rectus medialis, skade på n. opticus, intraorbital blødning ved læsion af a ethmoidalis ant./post., CSF lækage, skade på a. carotis interna, skade på tåreveje, læsion af septum/collumella.

5.F Opfølgning:

- Planlægges lokalt.
- Hvor muligt via Rhinobase.dk

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