

## Patient information

# Nasal polyps

**Disclaimer:** *The details in this section are for general information only. Always check with your own doctor.*

A polyp is a swelling of the lining of the nose, which is usually due to inflammation of the lining of the nose.

## Causes

Nasal polyps come from the lining of the nose and often originate from the ethmoid sinuses, which drain into the side wall of the nasal cavity. Nasal polyps contain inflammatory fluid and, while they can be associated with allergy and infection, the exact reason why some people get them and not others is not known.

## Conditions associated with polyps

They commonly occur in more general diseases such as late onset asthma in an adult patient, aspirin intolerance or cystic fibrosis.

Late onset asthma rather than childhood asthma is associated with nasal polyps. Of the patients with polyps 20% to 40% will have coexisting asthma. Although nasal allergy is present in some cases, more than two thirds of the patients show no evidence of systemic allergic disease. However, 90% of nasal polyps have eosinophilia (inflammatory cells present which are associated with allergy).

Aspirin hypersensitivity is not an allergic reaction but an alteration in prostaglandin production. Asthma, aspirin sensitivity and nasal polyps together are a well-recognised subgroup in 8% of polyp patients. These polyps tend to recur more than in other conditions.

Nasal polyps are rare in children between the ages of two and 10 years. If found in children cystic fibrosis should be excluded.

## **What are the symptoms?**

Nasal polyps are more common in men (up to 4:1) yet in those who have late onset asthma, it can also occur in women. The chance of developing nasal polyps is between one and 20 for every 1,000 people and after the age of 60 the chance of developing polyps declines.

Of the 15% of the population suffering from hay fever and the 3% who suffer from symptoms all the year round, only a proportion of these would develop nasal polyps.

One-sided nasal polyps are rare and associated with a range of conditions and need further investigations both in adults and children.

Polyps look like small grapes and can appear singly or in clusters in the nasal cavity. They can cause:

- Blocked nose
- Runny nose and / or sneezing are seen in about half of patients
- A poor sense of smell and taste which may not always return after treating the polyps
- Catarrh

## **Treatment**

There are no specific treatments for nasal polyps. Endoscopy, where a small illuminated endoscope is used to see up the nose will exclude any infection or any unusual feature.

## **Is surgery needed?**

### **Medical treatment**

Nasal polyps are known to shrink when nasal sprays or drops containing nasal steroids are used. Stronger steroids in drop form can be used but should only be used with care and limited to short courses because some is absorbed into the body.

Polyps respond and shrink using drops or sprays in up to 80% of people. New nasal steroid sprays can be taken to control symptoms for many years as very little is

absorbed into the body and they can work well, but many take up to six weeks of treatment before their full effect can be felt.

Steroids in tablet form can provide good relief of symptoms but the effects are short-lived and they are used sparingly because of concerns about side effects. If medicines don't work then surgery is needed.

## **Surgical treatment**

Nasal polyps blocking the nose can be removed surgically and this often helps the patient to breathe better. In three out of four patients the polyps come back after an average period of four years.

If they return repeatedly the sinuses can be cleaned out and opened up and it is thought that this gives a longer period before they return. Local medical treatment is often still needed using anti-inflammatory sprays or drops.

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