

| Dokumentegenskaber: | Version 2 |
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| Gældende for | Otorhinolaryngologi, hoved- og halskirurgi & audiologi |
| Udarbejdet af | Dansk Rhinologisk Selskab |
| Opdateringsdato | 01.05.15 |
| 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 spektum 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.

a. Differentialdiagnoser:

- Cancer nasi, cancer vestibuli nasi, cancer paranasalis, cancer rhinopharyngis
- Papillom
- Tandrodsabsces med penetration til sinus maxillaris
- Koanal polyp
- Meningo/encephalocele

- Fremmedlegeme

b. Symptomer:

Tilstedeværelse af to 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.

c. Objektiv undersøgelse:

- ØNH undersøgelse
- Nasal endoskopi med evt. påvisning af:
 - o Nasale polypper (CRSwNP)
 - o 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 af bihuler reserveres til patienter hvor operation planlægges, eller ved mistanke om anden sygdom

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 patiener, 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 patienter med normal serum IgE
- *FESS:* Anbefales til patienter, som ikke responderer på ovennævnte medicinske behandling

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.

f. Opfølgning:

- Planlægges lokalt
- Hvor muligt via Rhinobase.dk

5. Referenceliste

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