

## Referral Support Service

ENT

### ENT14 Nasal Polyps

#### Definition

Benign growth of yellowish, grey, pedunculated tissue in the nose, mostly from the ethmoid sinuses. The aetiology is not entirely clear, but there is a significantly higher prevalence in asthmatics.

#### Exclude Red Flag Symptoms

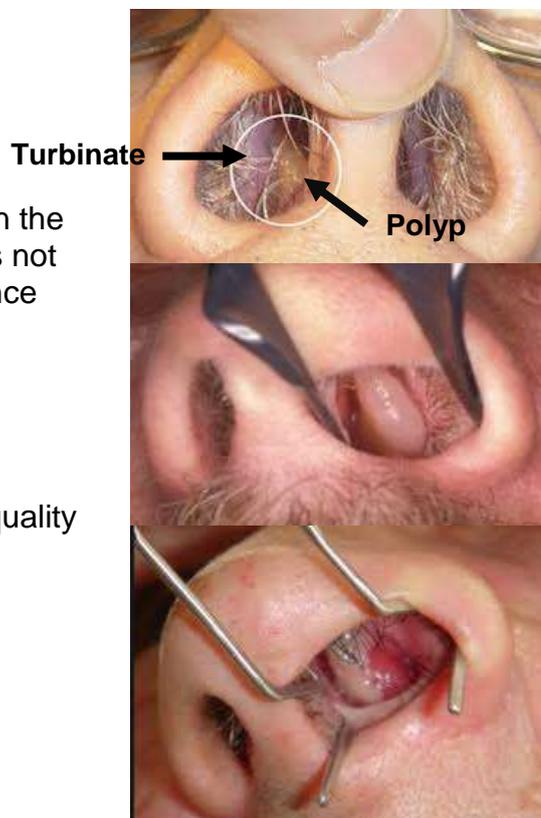
- Unilateral growth
- Unclear aetiology and doubts regarding benign quality
- Associated facial swelling
- Bloody discharge
- Nasal polyps in children (think cystic fibrosis)

#### General Points

- Nasal polyps can be difficult to manage long-term, because they tend to recur
- Beware of any unusual features (e.g. unilateral growth), which may need a review to exclude possible malignancy

#### Management

- Enquire about allergies (specifically aspirin sensitivity), history of lung disease, asthma, chronic cough or sneezing, smoking, trauma to nose, snoring, sense of smell, post-nasal drip or discharge.
- Establish actions taken by patient so far.
- Examination of external nose (any bulging, asymmetry, skin changes) and internal nose (signs for inflammation, infection, foreign body, perforation) and test both nostrils for degree of obstruction. Polyps typically have a grey, smooth, slightly shiny appearance, are mobile and not tender to touch. Don't confuse septal haematomas after head / nose injury with possible polyps!



- Consider a check for any cervical or facial lymphadenopathy or abnormal findings in the oral cavity.
- Advise patient that a cure may be difficult or impossible, but control can be achieved.
- Topical nasal steroids are and remain the mainstay of treatment. Drop formulations, e.g. **betamethasone 0.1% nasal drops**, are more concentrated than sprays and therefore not recommended for long-term maintenance, but for e.g. 6 week cycles, followed by topical spray. The intranasal corticosteroids that are available in the UK are equally effective and therefore choice should be based on cost-effectiveness (first line: **beclometasone 50mcg spray**, second line: **budesonide 64mcg spray**, third line: **fluticasone furoate 27.5mcg spray**). Ensure correct application (ask a pharmacist; get a leaflet)
- Advise patients who are paying for prescriptions that several steroid nasal sprays are available over the counter e.g. **beclometasone as Beconase®** and **fluticasone as Flixonase®**
- A course of oral **prednisolone** (20-30mg once daily for up to two weeks) may control severe symptomatic polyposis quickly – but probably only temporarily
- Use of a regular oral (or topical) antihistamine may reduce a possible allergic element – see [medal ranking for antihistamines](#) for preferred choices
- Non-medical option to relieve symptoms of post-nasal drip: regular nasal saline douches over the counter. The solution can be easily and cheaply made up by patients by mixing some sodium bicarbonate and a pinch of salt into moderately warm water (more specific measurements can be found online). Ready-made sachets are available but expensive.
- Surgical treatments are possible but potentially risky and not at all guaranteed to be curative

## Outcome

A cure can be difficult, but reasonable management and control is usually possible within the primary care setting for the majority of patients.

## Referral Information

### Indications for referral

- Deforming or functionally disabling nasal polyps with no apparent realistic scope of response to topical treatment in primary care.
- Failed topical treatment with **betamethasone 0.1% drops** for six weeks, followed by nasal spray for another four weeks + additional advice and interventions outlined above.
- Concerns about benign quality of polyps or nasal polyps in children.

- Persistent blood stained nasal discharge.
- Please allow sufficient time for topical treatments to take effect

#### **Information to include in referral letter**

- Time line, possible triggers and impact on daily function.
- Exclusion of suspicious features.
- Allergy and smoking history; Aspirin sensitivity; PMH asthma.
- Medical and non-medical treatments attempted so far.
- Patient's understanding and expectation of possible options available to the specialist.

#### **Investigations prior to referral**

- usually none needed

#### **Patient information leaflets/ PDAs**

<http://www.nhs.uk/conditions/polyps-nose/Pages/Introduction.aspx>

<http://www.patient.info/health/nasal-polyps-leaflet>

#### **References**

- Kalish L, Snidvongs K, Sivasubramaniam R, Cope D, Harvey RJ. Topical steroids for nasal polyps. Cochrane Database Syst Rev. 2012 Dec 12;12:CD006549.
- [NICE CKS Corticosteroids – topical \(skin\), nose and eyes](#)