

Bölüm 47

NAZAL POLİPOZİS

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GİRİŞ

Nazal polipozis, genel popülasyonda görülme sıklığı yaklaşık %4 olan ve etyopatogenezi henüz tam olarak aydınlatılmamış bir kronik rinosinüzit (KRS) fenotipi olup, tanısı kronik sinonazal inflamasyonun semptomlara yönelik subjektif ve endoskopik ve/veya bilgisayarlı tomografi (BT) aracılığı ile objektif olarak tespitine dayanır (1-4). Nazal polipozise özgü kronik inflamasyon eozinofilik infiltrasyon, T helper 2 (Th2) sitokin hakimiyeti ve IgE yüksekliği ile karakterize bir inflamasyondur (5-8). Nazal polipozis, klinik özellikler temelinde klasik bir KRS fenotipi olarak tanımlanmakla birlikte, endotip-bazlı değerlendirme temelinde hastalığın farklı patofizyolojik alt tiplerinin ve buna yönelik immunohistolojik biobelirteçlerinin tanımlanması mümkün olmuştur (9-11).

Mevcut medikal ve cerrahi tedavi seçeneklerine rağmen, yüksek rekürrens oranları nedeniyle nazal polipozis otolaringoloji pratiğinde tedavisi zorlu kabul edilen ve yaşam kalitesinin fiziksel sağlık, genel sağlık, sosyal fonksiyon, uyku ve mental sağlık bileşenleri üzerine olumsuz etkisi gösterilmiş bir klinik sendromdur (2,12,13). Nazal polipozis tedavisi, gözlem, medikal ve cerrahi tedavilerin hasta bazlı değerlendirmeye göre seçilen bir kombinasyonu olup, temel hedef klinik kontrolün sağlanması ve sürdürülmesidir (9). Ancak, mevcut seçenekler intranazal veya oral kortikosteroidler, antibiyotikler ve cerrahi ile sınırlı olup, patofizyolojik heterojeniteyi temel alan en-

dotip-bazlı hedefe yönelik tedavi yaklaşımlarının geliştirilmesi, güncel farmakoterapinin sınırlılıklarının aşılarak hastalık yönetiminin iyileştirilmesi açısından önem taşımaktadır (9,11,14-16).

Bu bölümde, nazal polipozis hastalığının tanı ve tedavisinde mevcut güncel yaklaşımlar, geçerli tanım ve sınıflandırma kriterleri, epidemiyoloji ve etyopatogenez, klinik prezentasyon, tanı kriterleri, medikal ve cerrahi tedavi seçenekleri ve prognoz ışığında sunulmaktadır.

TANIM- FENOTİP VE ENDOTİP BAZLI SINIFLANDIRMA

Nazal polipozis, sinonazal mukozanın bilateral etmoid ve nazal kavite tutulumlu benign polipleri ile karakterize, kronik inflamasyonu olarak KRS'in iki major fenotipinden biridir (3,9). Güncel kılavuzlarda KRS (polipli veya polipsiz); nazal blokaj/obstrüksiyon/konjesyon, nazal akıntı, faşiyal ağrı/basınç hissi ve koku duyusunda kayıp/azalma semptomlarından iki veya daha fazlasının 12 haftadan uzun süre eşlik ettiği ve varlığı nazal endoskopi (bilateral ödematöz polipler) ve/veya BT (etmoidal opasite) aracılığı ile gösterilmiş bir sinonazal inflamasyon ile karakterize kronik olfaktör rinit olarak tanımlanmaktadır (4,9,17).

Nazal endoskopi ve sinüs BT taraması yolu ile yapılan objektif tanısal doğrulama aynı zamanda hastalığın fenotipinin de belirlenmesini sağlar (3). KRS'in poliplerin eşlik ettiği (polipli KRS) ve eşlik etmediği (polipsiz KRS) iki major fenotipi olup,

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rostomisi, orta turbinat rezeksiyonu, mometazon salınlı biyo-bozunur Propel™ implant, intrakranial kompikasyonlar, orbital kompikasyonlar, rekürrens, revizyon cerrahisi

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