EPIDEMIOLOGY OF NASAL POLYPS AT AN ARMY HOSPITAL IN PAKISTAN

Zaheer Ul Hassan, Farhan Akbar*, Mian Ameer Majeed

Combined Military Hospital Peshawar Pakistan, *Combined Military Hospital Quetta Pakistan

ABSTRACT

Objective: To determine the epidemiology of nasal polyps at an Army Hospital in Pakistan. *Study Design:* Cross-sectional study.

Place and Duration of Study: This study was conducted at the department of ENT, Combined Military Hospital, Peshawar over 2 years period from Jan 2000 to Dec 2002.

Patients and Methods: A total of 80 patients who were diagnosed of nasal polyps during this period were included for analysis after taking written informed consent. A predesigned proforma was used to record patient's demographic details along with the history, physical examination, hematological and biochemical tests as well as routine radiograph of nose and paranasal sinuses.

Results: The age of the patients ranged from 15 years to 40 years with a mean of 26.13 ± 2.5 years. Majority (n=27, 33.75%) of the patients were aged between 26-30 years. There were 49 (61.25%) male and 31 (38.75%) female patients in the study group giving a male to female ratio of 1.6:1. All these patients had bilateral disease. Asthma was seen in 12 (15%) patients, drug hypersensitivity was found in 10 (12.5%) patients while 7 (8.75%) patients had aspirin hypersensitivity. Cervical lymphadenopathy was seen in 8 (10.0%) subjects. Bilateral nasal obstruction was the most frequent presenting symptom seen in all the subjects (100%) followed by postnasal drip (92.5%), excessive sneezing (72.0%), rhino rhea (67.5%) and loss of sense of smell (63.7%). Upon clinical examination bilateral nasal polypi were confirmed in all the subjects. Nasal discharge was seen in 63 (78.75%) patients. It was mucoids in 32 (40.0%) and purulent in 31 (38.75%) patients. Inferior turbinate hypertrophy was seen in 46 (57.5%) patients. It was bilateral in 38 (47.5%) and unilateral in 8 (10.0%) subjects; 4 (5.0%) on each side. Deflected nasal septum was seen in 49 (61.25%) patients. It was on the left in majority of the patients (36.25%). Hypertellurism was seen in 18 (22.5%) patients.

Conclusion: With a male predominance of 1.6:1 nasal polypi were seen in adults with a mean age of 29.2 ± 15.93 years. These were bilateral in all the patients and the most common presenting symptoms were nasal obstruction (100%), postnasal drip (92.5%), excessive sneezing (72.0%), rhinorrhea (67.5%) and loss of sense of smell (63.7%) in decreasing order of frequency. Asthma was seen in 12 (15%) patients, drug hypersensitivity was found in 10 (12.5%) patients while 7 (8.75%) patients had aspirin hypersensitivity. Upon clinical examination nasal discharge (78.75%), inferior turbinate hypertrophy (57.5%), deflected nasal septum (61.25%) and Hypertellurism (22.5%) were frequent findings.

Keywords: Clinical examination, Epidemiology, Nasal Polyp, Signs, Symptoms.

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INTRODUCTION

Nasal polyps (NP), benign lesions arising either from the mucosa of nasal cavity itself or one of its sinusesare a diagnostic and therapeutic challenge due to their unknown etiology and tendency forrecurrence¹. Historically, allergy has been implicated in the pathogenesis of NP as the symptoms of allergy; nasal drip and mucosal edema were seen in patients of nasal polyposis as well^{2,3}. However, a positive skin prick test has been found only in 1-2% of patients with NP⁴. Patient almost always presents with nasal obstruction, the extent of which varies with the site and size of the polyp along with nasal and post nasal drip. Alteration in the sense of smell and taste can also be present^{1-3,5}. The diagnosis can be made on anterior and posterior rhinoscopy which reveal nasal polyp as a pale or greyish polypoidal mass projecting into the nasal cavity most commonly from the middle meatus^{1,2}.

Correspondence: Dr Zaheer Ul Hassan, Classified ENT Specialist, Combined Military Hospital Peshawar Pakistan *Email:zaheerent@yahoo.com*

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However, the diagnosis requires high index of suspicion which involves careful history and patient's examination before moving on to more advanced and invasive procedures. This is evident from the fact that the reported prevalence of NP in general population is 4%⁶ while in cadaveric studies it is as high as 40%⁷. The present study is an analysis of 80 patients who were diagnosed with nasal polypi at combined military hospital, Peshawar to determine the demographic distribution, associated symptoms past history, personal and family history as well as the details of findings on clinical examination including ENT and systemic examination. Patients were thoroughly investigated including hematological and biochemical tests as well as routine radiograph of nose and paranasal sinuses. CT scan was reserved for patients with extensive polypoidal disease. Patients suffering from immotile cilia syndrome, cystic fibrosis and youngs syndrome were excluded. A written informed consent was obtained from every

Table-I: I	Demograt	ohic features	s of stud	v	particii	oants.
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Characteristic	Study Participant n=80			
Age(years)	26.13 ± 2.5			
Age Groups				
15-20 years	20 (25.00)			
21-25 years	14 (17.50)			
26-30 years	27 (33.75)			
31-35 years	10 (12.50)			
36-40 years	9 (11.25)			
Gender				
Male	49 (61.25)			
Female	31 (38.75)			
Side				
Bilateral	80 (100.00)			
Table-II: Diseases Associated with Nasal Polypi.				
Diseases Associated with Nasal Polypi	n (%)			
Asthma	12 (15.0)			
Drug Hypersensitivity	10 (12.5)			
Cervical Lymphadenitis	8 (10.0)			
Aspirin Hypersensitivity	7 (8.75)			
Penicillin Hypersensitivity	5 (6.25)			

and clinical findings in such patients which could help in raising suspicion in future patients increasing the likelihood of diagnosis and appropriate management.

PATIENTS AND METHODS

This was a cross sectional study conducted at the Department of ENT, Combined Military Hospital, Peshawar over 2 years period from January 2000 through December 2002. During this period, 80 patients were diagnosed of nasal polyps. Record was maintained for each patient including full history; presenting complaints, patient.

RESULTS

The age of the patients ranged from 15 years to 40 years with a mean of 26.13 ± 2.5 years. Majority (n=27, 33.75%) of the patients were aged between 26-30 years. There were 49 (61.25%) male and 31 (38.75%) female patients in the study group giving a male to female ratio of 1.6:1. All these patients had bilateral disease (table-I). Asthma was seen in 12 (15%) patients, drug hypersensitivity was found in 10 (12.5%) patients while 7 (8.75%) patients had aspirin hypersensitivity. Cervical lymphadenopathy was seen in 8 (10.0%) subjects as shown in table-II. Bilateral nasal obstruction was the most frequent presenting symptom seen in all the subjects (100%) followed by postnasal drip (92.5%), excessive sneezing (72.0%), rhinorrhea (67.5%) and loss of sense of smell (63.7%) as shown in table-III. Upon clinical examination bilateral nasal polypi were confirmed in all the subjects. notably higher recurrence rate reported in existing literature¹⁻³. It has been reported that the prevalence of NP increases with increasing age with a peakincidence in patients aged 50 years and above^{8,9}. The mean age of the patients was 26.13 ± 2.5 years in the present study. Jahromi *et al* reported a similar mean age of 29.2 ± 15.93 years in Irani such patients¹⁰. Ullah *et al* in 2010 $(35.5 \pm 8.6 \text{ years})^{11}$ and Bakari *et al* in 2010 $(35.0 \pm 1000)^{11}$

Table-III: Signs and Symptoms at Presentation.

Signs and Symptoms at Presentation	n(%)
Nasal Obstruction (Bilateral)	80 (100.0)
Exophthalmos	-
Bilateral	-
Right Side	2 (2.5)
Left Side	4 (5.0)
Bleeding from Nose	
Bilateral	14 (17.5)
Right side	2 (2.5)
Left Side	3 (3.75)
Loss of Vision	
Bilateral	1 (1.25)
Right side	2 (2.5)
Left Side	-
Postnasal Drip	74 (92.5)
Headache	64 (80.0)
Excessive Sneezing	58 (72.0)
Rhinorrhea	54 (67.5)
Loss of sense of smell	51 (63.7)
Loss of sense of taste	4 (5.0)
Associated throat problem	51 (63.7)
Associated ear problem	55 (68.75)

Nasal discharge was seen in 63 (78.75%) patients. It was mucoids in 32 (40.0%) and purulent in 31 (38.75%) patients. Inferior turbinate hypertrophy was seen in 46 (57.5%) patients. It was bilateral in 38 (47.5%) and unilateral in 8 (10.0%) subjects; 4 (5.0%) on each side. Deflected nasal septum was seen in 49 (61.25%) patients. It was on the left in majority of the patients (36.25%). Hypertellurism was seen in 18 (22.5%) patients (table-IV).

DISCUSSION

Nasal polyps are common yet difficult to diagnose and even harder to treat with

13.1 years)¹² reported a similar mean age among Pakistani and Nigerian such patients respectively. Haro *et al.* however, observed a much higher mean age of 40.8 ± 11 years in the Brazilian population¹³. There were 49 (61.25%) male and 31 (38.75%) female patients in the study group giving a male to female ratio of 1.6:1. Shaikh *et al* in another local study observed similar male predominance with a male to female ratio of 1.75:1 among patients presenting with nasal polypi at Liaquat university hospital hyderabad, sindh¹⁴. Ullah *et al* in Pakistan (1.5:1)¹¹, Ogunleye *et al* in Nigeria (1.5:1)¹⁵, Jahromi *et al.* in Iran (1.5:1)¹⁰, Haro *et al* in Brazil (1.27:1)¹³, Mahmud *et al* in Bangladesh (2:1)¹⁶ reported similar male predominance among patients of nasal polypi. Bettega *et al* (1:1.4) in Brazil¹⁷ and Bakari *et al* (1:1.2) in Nigeria¹² reported a female dominance instead. Asthma was seen in 12 (15%) patients, drug hypersensitivity was found in 10 (12.5%) patients while 7 (8.75%) patients had aspirin hyper-sensitivity. Bettega *et al* reported similar frequency of asthma (12.5%) and aspirin hypersensitivity (8.33%) in Brazilian patients¹⁷. *Hedman et al* in 1999 reported the prevalence of asthma to be 4.4% with aspirin

sneezing (58.1%) and rhinorrhea (69.0%)¹⁴. Haro et al. also reported similar frequency of nasal obstruction (100%), postnasal drip (32.0%), sneezing (60.0%) and rhinorrhea (50.0%)in Brazilian such patients¹³. Bettega et al reported most common presenting symptom to be anterior and posterior nasal drip accounting for 90% of cases followed by nasal obstruction (80.0%) and sneezing (60.0%)¹⁷. Mahmud et al in Bangladesh reported most frequent presenting symptom to be nasal obstruction (83.3%), followed by rhinorrhea (75.0%), Recurrent URTI (66.6%), Sneezing (62.5%) and Postnasal discharge (58.33%)¹⁶. Ogunleye *et al.* reported nasal

Findings on Clinical Examination	n(%)
Nasal Polypi (Bilateral)	80 (100.0)
Discharge in nose	63 (78.75)
Mucoid	32 (40.0)
Purulent	31 (38.75)
Inferior turbinate hypertrophy	46 (57.5)
Bilateral	38 (47.5)
Right side	4 (5.0)
Left Side	4 (5.0)
Deflected nasal septum	49 (61.25)
Right side	20 (25.0)
Left Side	29 (36.25)
Hypertellurism	18 (22.5)

Table-IV: Findings on Clinical Examination.

intolerance in 5.7% of such patients¹⁸. Haro et al reported similar frequency of asthma (18%) and aspirin hyper-sensitivity (6%) among Brazilian such patients¹³. Jahromi *et al* reported the frequency of asthma to be 10.4% among Irani patients of nasal polypi¹⁰. Bilateral nasal obstruction was the most frequent presenting symptom seen in all the subjects (100%) followed by postnasal drip (92.5%), excessive sneezing (72.0%), rhinorrhea (67.5%) and loss of sense of smell (63.7%). Ullah et al also reported nasal obstruction to be the most frequent presenting symptom recorded in 100% patients followed by nasal discharge (98%) and postnasal drip (98%)¹¹. Shaikh et al. also reported similar frequency of nasal obstruction (81.8%), postnasal drip (54.5%),

obstruction (95%), nasal discharge (81%) and sneezing (59%) being the common symptoms among Nigerian such patients¹⁵. Bakari et al. observed nasal blockage in 74 (97.4%) and rhinorrhea in 72 (94.7%) such patients in Nigerian population¹². Lathi et al. in India reported nasal obstruction (97.32%), rhinorrhea (49.1%), and hyposmia (31.25%) to be the most frequent presenting symptoms¹⁹. Jahromi et al reported nasal blockage (81.1%) followed by rhinorrhea (37.7%) among Irani patients of nasal polypi¹⁰. Upon clinical exami-nation bilateral nasal polypi were confirmed in all the subjects. Nasal discharge was seen in 63 (78.75%) patients. It was mucoids in 32 (40.0%) and purulent in 31 (38.75%) patients. Inferior turbinate hypertrophy

was seen in 46 (57.5%). It was bilateral in 38 (47.5%) and unilateral in 8 (10.0%) subjects. Deflected nasal septum was seen in 49 (61.25%) patients. It was on the left in majority of patients (36.25%). Hypertellurism was seen in 18 (22.5%) patients.

CONCLUSION

The epidemiology of nasal polyps at an Army Hospital in Pakistan was found a male predo-minance of 1.6:1, with 61.25% in males and 38.75% nasal polypi were seen in females' adults with a mean age of 29.2 ± 15.93 years. The most common presenting symptoms were nasal obstruction (100%), postnasal drip (92.5%), excessive sneezing (72.0%), rhinorrhea (67.5%) and loss of sense of smell (63.7%) in decreasing order of frequency. Asthma was seen in 12 (15%) patients, drug hypersensitivity was found in 10 (12.5%) patients while 7 (8.75%) patients had aspirin hypersensitivity.

CONFLICT OF INTEREST

This study has no conflict of interest to declare by any author.

REFERENCES

- 1. Georgy MS, Peters AT. Chapter 7: Nasal polyps. Allergy Asthma Proc 2012; 33(Suppl-1): S22-3.
- Newton JR, Ah-See KW. A review of nasal polyposis. TherClin Risk Manag 2008; 4(2): 507-12.
- 3. Bateman ND, Fahy C, Woolford TJ. Nasal polyps: still more questions than answers. J Laryngol Otol 2003; 117(1): 1-9.
- 4. Settipane GA, Chafee FH. Nasal polyps in asthma and rhinitis. A review of 6,037 patients. J Allergy Clin Immunol 2007; 39: 15-22.
- 5. Dietz de Loos DA, Hopkins C, Fokkens WJ. Symptoms in chronic rhinosinusitis with and without nasal polyps.

Laryngoscope 2013; 123(1): 57-63.

- Hedman J, Kaprio J, Poussa T, Nieminen MM. Prevalence of asthma, aspirin intolerance, nasal polyposis and chronic obstructive pulmonary disease in a population-based study. Int J Epidemiol 2001; 18(4): 217-12.
- 7. Larsen PL, Tos M. Site of origin of nasal polyps. Transcranially removed naso-ethmoidal blocks as a screening method for nasal polyps in autopsy material Rhinology 2005; 13(4): 18-5.
- Grigoreas C, Vourdas D, Petalas K, Simeonidis G, Demeroutis I, Tsioulos T. Nasal polyps in patients with rhinitis and asthma. Allergy Asthma Proc 2002; 23(3): 169-74.
- 9. Settipane GA. Epidemiology of nasal polyps. Allergy Asthma Proc 2006; 10(6): 31-6.
- Jahromi AM, Shahabi Pour A. The Epidemiological and Clinical Aspects of Nasal Polyps that Require Surgery. Iran J Otorhinolaryngol 2012; 24(67): 75-8.
- 11. Ullah N, Malik TL, Pal MB. Surgical management of massive nasal polyps. Annals KEMU 2010; 16(1): 77-80.
- Bakari A, Afolabi OA, Adoga AA, Kodiya AM, Ahmad BM. Clinico-pathological profile of sinonasal masses: an experience in national ear care center Kaduna, Nigeria. BMC Res Notes 2010; 3(1): 1-5.
- Haro JI, Gavioli F, Melo Junior V, Crespo CC. Clinical aspects of patients with nasal polyposis. Intl Arch Otorhinolaryngol 2009; 13(3): 259-63.
- 14. Shaikh AA, Rafique M, Farrukh MS. An experience of steroid in recurrent ethmoidal nasal polyps at tertiary care hospital. J Liaquat Uni Med Health Sci 2014; 13(1): 9-12.
- Ogunleye AOA, Fasunla AJ. Nasal polyps clinical profile and management in Ibadan, Nigeria. NigerJ Surg Res 2005; 7: 164-7.
- Mahmud K, Faruque MN, Faisal KA. The effect of preoperative short course of oral steroids followed by postoperative topical nasal steroids sprays on nasal polyp recurrence after endoscopic nasal polypectomy. J Dhaka National Med Coll Hos 2011; 17(2): 40-3.
- Bettega S, Soccol AT, Koerner HN, Mocellin M. Epidemiological analysis in patients with nasal polyposis. Intl Arch Otorhinolaryngol 2007; 11(3): 243-7.
- Hedman J, Kaprio J, Poussa T, Nieminen MM. Prevalence of asthma, aspirin intolerance, nasal polyposis and chronic obstructive pulmonary disease in a population-based study. Int J Epidemiol 1999; 28(4): 717-22.
- 19. Lathi AA, Devckar YP, Anand C, Choudhari VC. Study of clinical profile of nasal masses with special reference to clinical presentation. Int J App Basic Med Res 2015; 5(1): 409-13.

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