

Nasal polyps

Nasal polyps are soft, jelly-like overgrowths of the lining of the sinuses. They look like grapes on the end of a stalk. They occur in around 1 in 200 people, mostly by the age of 40 years.

Symptoms of nasal polyps

Nasal polyps do not always cause symptoms. As they usually grow through the tunnel that connects the sinuses to the nose, the result is often a blocked nose. More importantly, they can block the tunnels connecting the nose to the sinus cavities. Like water in a stagnant pond, this can lead to sinus infections.

Causes of nasal polyps

The cause of nasal polyps is unknown, but inflammation in the sinuses (from allergy or infection) may trigger polyps and make them grow faster. They may even come back faster after sinus operations. Sometimes other conditions can occur with greater frequency in people with nasal polyps. These include sinus infections, asthma and allergy to aspirin.

Treatment of nasal polyps

Treatment options include:

- Surgical removal, although they will regrow eventually in around 50% of people.
- Cortisone tablets will shrink nasal polyps temporarily, but cannot be taken long term due to side effects.
- Intranasal corticosteroid sprays (INCS) can slow polyp growth and people with recurrent polyps who have had multiple operations are often advised to use INCS in the long term. In people with recurrent disease, INCS should be considered as "weed killers", which need to be used continuously. Slower growth means fewer sinus infections, less antibiotics and less frequent surgery.
- Allergen immunotherapy (desensitisation) is sometimes used in allergic people with allergic rhinitis (hay fever) as well as polyps. While this often helps allergic rhinitis, it is not known for certain whether allergen immunotherapy helps shrink nasal polyps.
- People with aspirin allergy, nasal polyps and asthma (a condition known as the aspirin triad) have the option of aspirin desensitisation, which can reduce asthma severity, the rate of polyp regrowth and the severity of sinusitis. The decision to undertake aspirin desensitisation should be made by a clinical immunology/allergy specialist.

There is currently no evidence that altering the diet will help in the management of nasal polyps.

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Website: www.allergy.org.au

Email: info@allergy.org.au

Postal address: PO Box 450 Balgowlah, NSW Australia 2093

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