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 one in 200 people, mostly by 40 years of age.

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. Nasal polyps can block the tunnels connecting the nose to the sinus cavities, and 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. Sometimes other conditions such as sinus infections, asthma and allergy to aspirin can occur more often in people with nasal polyps.

Treatment of nasal polyps

Treatment options include:

- Surgical removal, although nasal polyps will eventually regrow 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 many operations are often advised to use INCS in the long-term. In people with recurrent nasal polyps, INCS should be considered for continuous use. Slower growth means fewer sinus infections, less antibiotics and less frequent surgery.
- Allergen immunotherapy (AIT) is also known as desensitisation, and is sometimes used in people with allergic rhinitis (hay fever), as well as nasal polyps. While AIT often helps allergic rhinitis, it is not known if AIT helps shrink nasal polyps.
- A condition known as the aspirin triad occurs when people have aspirin allergy, nasal polyps and asthma. People with this condition have the treatment 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.

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