The treatment of chronic sinusitis in Japan

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The therapeutic goal of chronic sinusitis treatment is to promote sinus secretion and improve ventilation. There are two pillars of conservative medical and surgical treatment in the cure for chronic sinusitis. At the clinical spot, first of all, conservative medical treatment is performed from the viewpoint of medical expenses, and then surgical treatment is performed to resistant cases. The spread of the endoscopic sinus surgery has given many patients with chronic sinusitis remarkable improvement for the past 20 years. However, even if surgical treatment achieves initial improvement, we sometimes experience recurrent cases recently.

In Europe and America, the guideline for the management of chronic sinusitis has become widespread. This guideline has classified sinusitis cases according to the existence of nasal polyps. In this guideline, Chronic Rhino Sinusits with Nasal Polyp (CRSwNP) is what is called eosinophilic sinusitis that is easy to recur. The polyp is known to have pathologically strong eosinophil infiltration. However, in Japan, many non-eosinophilic (purulence) sinusitis is also included in the category of CRSwNP.

Therefore, neither diagnosis nor treatment can be performed in accordance with the European and American guideline. Although Japanese guideline of chronic sinusitis has not worked out yet, treatment of chronic sinusitis is performed every day. What is called eosinophilic sinusitis is considered to be intractable to both medical and surgical treatment. Recently, however, surgical treatment tends to try to intractable sinusitis cases. When we make surgical planning to these sinusitis patients with high possibility of recurrence, we have to accurately grasp their condition of disease before operation. For example we carry out peak flow management to patients with asthmatic complication in collaboration with respiratory medicine department.

This time, we introduce the chronic sinusitis treatment currently performed by our department that is one of municipal hospitals, and demonstrate several problems of the chronic sinusitis treatment in Japan. We would like to utilize this discussion for a testing material that compares difference of chronic sinusitis treatment between Japan and South Korea.
Treatment of Rhinosinusitis

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Rhinosinusitis is defined as an inflammation of the mucosa of the nose and the paranasal sinuses. Based on the duration of disease, rhinosinusitis is classified as acute, subacute, and chronic. In this presentation, I will focus on the chronic rhinosinusitis. Before dealing with treatment of chronic rhinosinusitis (CRS), pathophysiology of CRS should be understood. Historically, ostial blockage leading to bacterial infection is believed to be a main cause of CRS. Since endoscopic examination improved our understanding of sinus physiology, any pathological lesions which hinder sinus ventilation and drainage are considered to develop rhinosinusitis. Predisposing factors of persistent mucosal inflammation which blocks normal physiology of the sinuses can be classified as environmental factors (pollution, allergens, bacteria, viruses, smoke, fume), general host factors (immune deficiency, mucociliary dysfunction), local host factors (polyps, tumor, anatomical variance). Therefore, treatment of RS should cover all of these predisposing factors. It includes reducing mucosal inflammation, controlling infection, restoring ventilation and mucociliary function. Early era of endoscopic sinus surgery, treatment of CRS was focused on the surgical removal of pathologic lesions which disrupt ventilation and drainage. However, it has been proved to be insufficient to restore normal physiology. Eosinophilic inflammation is one of the important features of CRS. To decrease eosinophilic inflammation is considered to be the key issue of the treatment of CRS. There is no one regimen for the management of CRS. Medical treatments such as steroid, antibiotics, antifungals, anti-allergy, supportive cares, environmental controls, surgical procedures should be tailored for each individual.