

Available online on 15.05.2023 at http://jddtonline.info

Journal of Drug Delivery and Therapeutics

Open Access to Pharmaceutical and Medical Research

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Case Report

An Unusual Presentation of Nasal Polyp: A Case Report on Ethmoid Polyposis

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Article Info:

Article History:

Received 09 March 2023 Reviewed 11 April 2023 Accepted 20 April 2023 Published 15 May 2023

Cite this article as:

Ranjana SR, Sreelekshmy BS, Dhanya D, Shaiju SD, Nayanthara R, An Unusual Presentation of Nasal Polyp: A Case Report on Ethmoid Polyposis, Journal of Drug Delivery and Therapeutics. 2023; 13(5):1-2

DOI: http://dx.doi.org/10.22270/jddt.v13i5.6044

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Abstract

Ethmoid polyposis are the nasal polyps which are developed from ethmoidal sinuses located between the nose and eyes. Usually it is allergic in nature and can be multiple, grape like masses. The estimated ethmoid polyposis prevalence in India is 4%. In this case study, a 61 year old female patient was admitted with complaints of severe nasal block since approximately 6 months.

Keywords: Ethmoid polyposis, Nasal polyp, Antro-choanal polyp, Choana, Polypectomy

INTRODUCTION:

Nasal polyposis is an unpleasant inflammatory disease severely affects breathing. The estimated ethmoid polyposis prevalence in India is 4%. There are two different types of nasal polyps; ethmoid polyposis and antro choanal polyps. Ethmoidal polyps which are developed from ethmoidal sinuses located between the nose and eyes. Antro choanal polyps are developed in maxillary sinus located above the teeth and below cheeks and nose. If any infection or irritation experiences for too long polyps can form. Clinical manifestations include chronic nasal congestion, reduces sense of smell, sinus pain and headache.

CASE REPORT:

A 61 year old female patient was admitted with complaints of severe nasal block since approximately 6 months. She had past medical history of on and off nasal block (more at night) since 5 year, type 2 diabetes mellitus for 7 year, dyslipidemia and hypertension approximately for 10 years.

She didn't take any medication for polyposis. Patient had history of multiple drug allergy includes; diclofenac, atracurium, lignocaine, glycopyrrolate and doubtful to drugs such as paracetamol, pyroxicam, bupivacin. General examination revealed bilateral pale pink polyps arising from middle meatus more on right, blocking choana on right side. Her laboratory investigation showed a variation in blood urea (12mg/dl), blood sugar level (173mg/dl), HbA1C (11.9) and total cholesterol (223 mg/dl).

CT of paranasal sinuses findings revealed content sclerotic walls- chronic sinusitis-Fungal, Right antro-choanal polyp and bilateral nasal polyp, complete opacification of bilateral frontal sinuses, near total opacification of bilateral ethmoid and left maxillary sinuses, and mucosal thickening in right sphenoid sinus- sinusitis, deviation of nasal septum to right side. Its impression stated that complete opacification of left sphenoid with hyper dense (Figure: 1&2). Other investigations like cardiac evaluation, echo summary and ECG was found to be normal.

ISSN: 2250-1177 [1] CODEN (USA): JDDTA0

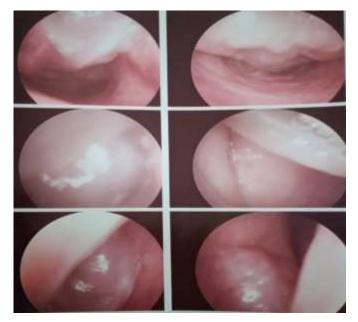


Figure 1: polyps arising from right middle meatus filling nose and choana

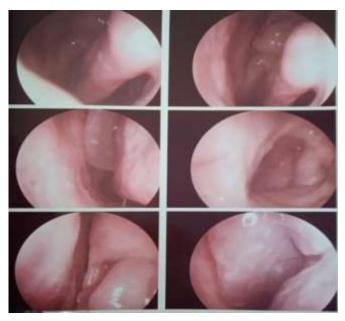


Figure 2: polyps from left middle meatus

Initially patient was started with antibiotic (Inj.ceftriaxone 1g), PPI (Esomeprazole), antihistamines (Levocetirizine 5 mg),

Multivitamin tablet, nasal drop, nasal clear wash and own medication (Glimepiride + Metformin, Teneligliptin + Diltiazem). On second day she was posted for polypectomy, after local anesthesia procedure was done. During surgery the bilateral polyps debulking down with debrides, uncenectomy done then polypoid mucosa was removed. After the surgery she was treated with antihistamine, nasal drops and naso clear wash.

Post-operative period was tedious and the patient was discharged. There was no reoccurrence of the polyp after the surgery.

DISCUSSION

The patient presented with symptoms of severe nasal block since approximately 6 months and further investigations showed complete opacification of left sphenoid with hyper dense. Initially the patient was started with antibiotic, PPI and own medication. On second day she was posted for polypectomy. After the surgery she was treated with antihistamine, nasal drops and naso clear wash.

CONCLUSION

Edematous pedunculated mucosa of the paranasal sinuses in the nasal cavity. Here the patient presented with symptoms of severe nasal block since approximately 6 months. The CT of paranasal sinuses findings revealed complete opacification of left sphenoid with hyper dense. Initially the patient was started with antibiotic, PPI and own medication. On second day she was posted for polypectomy. After the surgery she was treated with antihistamine, nasal drops and naso clear wash.

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