Comparison of Therapeutic Effects and Olfactory Function of Oral Glucocorticoid and Intranasal Glucocorticoid on Chronic Rhinosinusitis Patients with Nasal Polyps

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ABSTRACT

Objective: To compare the therapeutic effects and olfactory function of oral glucocorticoid and intranasal glucocorticoid in patients with chronic rhinosinusitis (CRS) with nasal polyps.

Study Design: Experimental study.

Place and Duration of Study: Suzhou Hospital of Integrated Traditional Chinese and Western Medicine, from January 2018 to November 2019.

Methodology: One hundred and twenty-two CRS patients with nasal polyps were randomly divided into Group A and Group B with 61 cases in each group. Group A received local application of glucocorticoid (dexamethasone) after nasal endoscopic surgery. Group B received oral glucocorticoid (prednisone) one week before operation and three weeks after operation. Clinical effects of the two groups were compared.

Results: Total effective rate of Group B was higher than that of Group A (p=0.023), recurrence rate in Group B was lower than that in Group A (p=0.015). Nasal airway resistance and olfactory function scores of Group B were lower than those of Group A at one month, three months and six months after operation (all p <0.001). There was no difference in the incidence of adverse reactions between the two groups (p=0.649).

Conclusion: Compared with intranasal glucocorticoid, oral glucocorticoid can obviously improve the therapeutic effect and olfactory function of patients, and the postoperative recurrence rate is lower.

Key Words: Sinusitis, Nasal polyps, Endoscopic sinus surgery, Glucocorticoid.

INTRODUCTION

If the symptoms of rhinosinusitis do not completely relieve for more than 12 weeks, it can be called chronic rhinosinusitis (CRS).^{1,2} CRS can be divided into without nasal polyps and with nasal polyps. The treatment of CRS with nasal polyps is more complicated, and the therapeutic effect is worse than that of CRS without nasal polyps, and the recurrence rate is higher. Most CRS patients have olfactory dysfunction.^{3} Olfactory disorders can affect people's visceral reactions, emotional activities, social functions and overall quality of life.

Glucocorticoid is the most basic medicine in the medicine treatment of chronic rhinosinusitis in adults. At present, the research on whether glucocorticoid can improve olfactory dysfunction in CRS patients is full of controversy.

Some studies have reported that short-term oral glucocorticoid can significantly improve olfactory dysfunction in CRS patients with nasal polyps.^{4,5} Late intranasal application of glucocorticoid can also improve patients' sense of smell.^{6,7} However, one meta-analysis study has pointed out that nasal glucocorticoid cannot improve subjective or objective olfaction dysfunction in CRS patients with nasal polyps.^{8}

The purpose of this study was to compare the therapeutic effects and olfactory function of oral glucocorticoid and intranasal glucocorticoid in patients with chronic rhinosinusitis with nasal polyps.

METHODOLOGY

This experimental study was conducted at Suzhou Hospital of Integrated Traditional Chinese and Western Medicine, China, from January 2018 to November 2019. This study was approved by the Hospital Ethics Committee. One hundred and twenty-two CRS patients with nasal polyps were selected as the research subjects. The inclusion criteria were that nasal endoscopy before operation, and nasal polyps and viscous or viscous purulent secretions from the middle nasal meatus and olfactory fissure area were found. CT scan of paranasal sinuses within one
month before operation had shown soft tissue density shadow in nasal cavity, inflammatory lesions in single or multiple para-
nasal sinuses, and bone thickening of some paranasal sinuses;-aged 18-70 years; olfactory dysfunction; no previous history of
endoscopic sinus surgery; standardised medicine therapy but
the therapeutic effect was not good. The exclusion criteria were
patients with a history of benign and malignant nasal tumors;
contraindications of hormone application such as diabetes,
digestive tract ulcer and glaucoma; surgical contraindications;
mental diseases; long-term use of immunosuppressive agents;
and hormone application contraindications such as diabetes,
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digestive tract ulcer and glaucoma; surgical contraindications;
and hormone application contraindications such as diabetes,
Table I: Comparison of therapeutic effect and recurrence rate between the two groups after six months of follow-up.

<table>
<thead>
<tr>
<th>Index</th>
<th>Group A (n=61)</th>
<th>Group B (n=61)</th>
<th>p-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cure [n(%)]</td>
<td>30 (49.18)</td>
<td>33 (54.10)</td>
<td></td>
</tr>
<tr>
<td>Improvement [n(%)]</td>
<td>20 (32.79)</td>
<td>25 (40.98)</td>
<td></td>
</tr>
<tr>
<td>Ineffective [n(%)]</td>
<td>11 (18.03)</td>
<td>3 (4.92)</td>
<td></td>
</tr>
<tr>
<td>Total effective [n(%)]</td>
<td>50 (81.97)</td>
<td>58 (95.08)</td>
<td>0.023</td>
</tr>
<tr>
<td>Recurrence [n(%)]</td>
<td>10 (16.39)</td>
<td>2 (3.28)</td>
<td>0.015</td>
</tr>
</tbody>
</table>

Table II: Comparison of nasal airway resistance and olfactory function scores between the two groups.

<table>
<thead>
<tr>
<th>Index</th>
<th>Group A (n=61)</th>
<th>Group B (n=61)</th>
<th>p-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preoperative nasal airway resistance (kPa/(s·L))</td>
<td>2.96 (2.77-3.09)</td>
<td>2.93 (2.61-3.20)</td>
<td>0.876</td>
</tr>
<tr>
<td>Nasal airway resistance 1 month (kPa/(s·L))</td>
<td>1.97 (1.84-2.05)</td>
<td>1.46 (1.30-1.59)</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>Nasal airway resistance 3 months (kPa/(s·L))</td>
<td>1.39 (1.30-1.45)</td>
<td>0.97 (0.86-1.06)</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>Nasal airway resistance 6 months (kPa/(s·L))</td>
<td>0.82 (0.76-0.85)</td>
<td>0.27 (0.24-0.29)</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>Preoperative olfactory function score</td>
<td>4.55±0.29</td>
<td>4.58±0.43</td>
<td>0.629</td>
</tr>
<tr>
<td>Olfactory function score 1 month</td>
<td>3.31±0.21</td>
<td>2.49±0.16</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>Olfactory function score 3 months</td>
<td>2.42±0.16</td>
<td>1.82±0.12</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>Olfactory function score 6 months</td>
<td>1.75±0.11</td>
<td>1.33±0.09</td>
<td>&lt;0.001</td>
</tr>
</tbody>
</table>

Table III: Comparison of adverse reactions between two groups.

<table>
<thead>
<tr>
<th>Index</th>
<th>Group A (n=61)</th>
<th>Group B (n=61)</th>
<th>p-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mild throat irritation and cough [n(%)]</td>
<td>2 (3.28)</td>
<td>4 (6.56)</td>
<td></td>
</tr>
<tr>
<td>Delayed morbid reaction [n(%)]</td>
<td>2 (3.28)</td>
<td>3 (4.92)</td>
<td></td>
</tr>
<tr>
<td>Burning sensation of nose [n(%)]</td>
<td>3 (4.92)</td>
<td>2 (3.28)</td>
<td></td>
</tr>
<tr>
<td>Headache [n(%)]</td>
<td>4 (6.56)</td>
<td>1 (1.64)</td>
<td></td>
</tr>
<tr>
<td>Fever [n(%)]</td>
<td>2 (3.28)</td>
<td>1 (1.64)</td>
<td></td>
</tr>
<tr>
<td>Total complications</td>
<td>13 (21.31)</td>
<td>11 (18.03)</td>
<td>0.649</td>
</tr>
</tbody>
</table>

DISCUSSION

The human olfaction mainly conducts olfactory signals through the olfactory mucosa inside the upper turbinate and nasal septum. The olfactory mucosa is divided into epithelial layer and lamina propria. Inflammatory cells often infiltrate between the two, and eosinophils are the main cells. However, patients with sinusitis and nasal polyps suffer from nasal mechanical obstruction due to high edema of nasal mucosa, which causes poor nasal ventilation and inability of external olfactory gas to reach the epithelial region of olfactory mucosa, resulting in olfactory dysfunction in patients.10

There is no uniform olfactory detection standard at present because of the complexity of olfactory generation and the great influence of psychological factors. At present, olfactory function detection can be divided into subjective detection and objective detection methods. Subjective examination of olfactory function includes subjective symptom scoring method and visual analog scale scoring method.11 Methods for objective examination of olfactory function include Japanese T&T standard olfactory test method, etc.12 Some studies have shown that glucocorticoid may improve olfactory function by inhibiting inflammatory reaction, reducing edema and promoting olfactory epithelial regeneration.13

The results of this study showed that the olfactory function scores of patients in Group B were lower than those in Group A at one month, three months and six months after operation. This showed that oral glucocorticoid therapy could significantly improve nasal obstruction; and purulent secretion increase, caused by nasal mucosal edema in patients, improve mucilia function, and be conducive to the recovery of olfactory function in patients. However, some studies have confirmed that intranasal application of glucocorticoid cannot improve olfactory function of patients with chronic rhinosinusitis with nasal polyps.14 Some studies have pointed out that short-term oral glucocorticoid can improve olfactory dysfunction in patients with chronic rhinosinusitis with nasal polyps.15 The above research conclusions are basically consistent with the research results of this study.

This study also found that the nasal airway resistance of patients in Group B was lower than that in Group A at one month, three months and 6 months after operation. This showed that endoscopic sinus surgery could remove the focus tissue in nasal cavity and paranasal sinuses. This surgery combined with oral glucocorticoid therapy can obviously reduce airway resistance and effectively protect the physiological structure and function of nasal cavity of patients.

As endoscopic sinus surgery can only correct the pathological structures such as fibrosis and polyps in the nasal cavity, and cannot completely remove inflammation in the nasal cavity, postoperative patients may suffer from nasal mucosal edema, adhesion and other symptoms, which is easy to lead to postop-
erative recurrence. This study confirmed that oral glucocorticoid had lower recurrence rate than intranasal glucocorticoid in the treatment of chronic rhinosinusitis patients with nasal polyps. It may be that endoscopic sinus surgery combined with oral glucocorticoid therapy can better play a role in resisting nasal mucosal edema, adhesion and the like, thus reducing the postoperative recurrence rate.

This study found that there was no significant difference in adverse reactions between oral glucocorticoid and intranasal glucocorticoid in the treatment of chronic rhinosinusitis patients with nasal polyps. It should be noted that the monitoring of patients’ safety indicators in this study is still insufficient, limited to conditions, bone mineral density has not been measured, and no specialized endocrinologist has been invited to participate in safety evaluation. The long-term and lasting improvement of olfactory function in patients with chronic rhinosinusitis, accompanied by nasal polyps treated by oral glucocorticoid, needs further research to confirm.

**CONCLUSION**

Compared with intranasal glucocorticoid, oral glucocorticoid can obviously improve the therapeutic effect and olfactory function of patients, and the postoperative recurrence rate becomes lower.

**ETHICAL APPROVAL:**

This study was conducted with the approval from the Ethics Committee of Suzhou Hospital of Integrated Traditional Chinese and Western Medicine, China.

**PATIENTS’ CONSENT:**

All patients signed a document of informed consent.

**CONFLICT OF INTEREST:**

The authors declared no conflict of interest.

**AUTHORS’ CONTRIBUTION:**

QY: Acquired data, drafted the manuscript and contributed substantially to its revision.

ML: Acquired data, contributed substantially to its revision and approved the final manuscript.

**REFERENCES**


