

Rhinosinusitis is a heterogeneous group of diseases, with different underlying etiologies and pathomechanisms, and may indeed represent an umbrella, covering different disease entities. It is currently not understood whether acute recurrent rhinosinusitis necessarily develops into chronic rhinosinusitis, which then possibly gives rise to polyp growth, or whether these entities develop independently from each other.

Nasal polyposis is an inflammatory condition that affects from 1% to 4% of the general population. Polyposis is believed to be multifactorial disease that is frequently associated with asthma and aspirin sensitivity. The studies show that more polyps were found in nonatopic than in atopic patients.

A global evaluation of NP must include, together with nasal endoscopy, symptoms assessment, and CT-scan, the measurement of the quality of life. In my study I used the Sino nasal outcome test (SNOT-22), with 22 questions to ask the patients about the quality of life. They were asked to fill up the questionnaire before and 6 month after the surgical procedure. Twelve patients were included to this study, than they were divided into two groups, patients with and without the factors of the risk (asthma, aspirin sensitivity and allergy). I compared the scores of two groups by using an impaired Student t test.

The main findings of my study showed that the factors of risk decrease the difference of the state before the intervention and 6 month after, so decrease the improvement. In conclusions, these results suggest that the nasal polyposis has a considerable impact on quality of life and the factors of risk worsen the impact of nasal polyposis on quality of life.