

Transcript Details

This is a transcript of an educational program. Details about the program and additional media formats for the program are accessible by visiting: <https://reachmd.com/programs/clinicians-roundtable/how-nasal-polyps-influence-the-crs-disease-course/54196/>

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How Nasal Polyps Influence the CRS Disease Course

Announcer:

You're listening to *Clinician's Roundtable* on ReachMD. On this episode, we'll learn about the key differences between chronic rhinosinusitis with nasal polyps and without nasal polyps from Dr. Amber Luong. She's a Professor of Otorhinolaryngology Head and Neck Surgery at the McGovern Medical School at UTHealth Houston.

Let's hear from Dr. Luong now.

Dr. Luong:

The difference between chronic rhinosinusitis without and with nasal polyps—actually, it turns out that there are some general differences in the immunologic profile, meaning when you look at the disease sinus mucosa, without nasal polyps, it tends to have more neutrophils. It tends to be characterized by different cytokines or molecules that drive inflammation. So, without nasal polyps, those patients generally have what's known as a type 1 immune profile. That's interferons, interferon gamma, TNF beta, and IL-2.

CRS with nasal polyps is generally characterized by eosinophils, the immune cells that are associated with rhinitis and this type 2 inflamed response, which is characterized by molecules such as IL4, IL-5, and IL-13.

Other differences, in clinical presentation, is that patients with polyps tend to report more difficulty smelling and more difficulty with breathing through the nose.

It's clinically relevant in the fact that there are different treatment options when you differentiate them. So for patients with polyps, if they don't respond to steroids and surgery, then you may consider these type 2 targeted biologics, while that wouldn't be the case in chronic rhinosinusitis without nasal polyps, since their immune profile is very different.

Asthma specifically is a very common comorbid condition that is associated with chronic rhinosinusitis with nasal polyps. And that's because they share this similar type 2 immune profile. And so about 50 percent of patients with polyps also have asthma.

The aspirin-exasperated respiratory disease is a severe form of CRS with nasal polyps—chronic rhinosinusitis with nasal polyps. There, those patients a hundred percent have asthma, and the symptoms are worsened with the intake of aspirin. And those diseases are also very strong type 2 immune response, so that's how they're linked. It's by this very similar immune response characterized by IL-4, IL-5, IL-13, and eosinophils.

Announcer:

That was Dr. Amber Luong explaining how to differentiate chronic rhinosinusitis with and without nasal polyps. To access this and other episodes in our series, visit *Clinician's Roundtable* on ReachMD.com, where you can Be Part of the Knowledge. Thanks for listening!