

## **“THE ROLE OF MIDDLE TURBINATE IN ENDOSCOPIC SURGICAY OF NASAL POLYPOSIS”**

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Different endoscopic surgical techniques have been applied for the treatment of nasal polyposis. In literature, during ethmoidectomy, some authors prefer to remove the middle turbinate while others preserve this structure. The aim of our prospective study is to compare two groups of patients affected by nasal polyposis undergoing endoscopic sinus surgery with different approaches regarding the middle turbinate (preservation or resection).

In total, 56 patients were selected for our study and all were observed over a 3-year follow-up period. We identified two groups:

-group A: 34 patients (60.71%) affected by nasal polyposis who underwent endoscopic surgery with the conservation of middle turbinate;

-group B: 22 patients (39.29%) affected by nasal polyposis who underwent radical endoscopic sinus surgery (ESS).

Analyzing the entire study group, during the 3-year follow-up, 20 (35.71%) out of the 56 patients had a relapse of nasal polyposis. According to the literature, surgical treatment of nasal polyposis shows a significant increase in quality of life in all of the patients aside from surgical technique used: the comparison between pre-operative and post-operative Cologne test in the whole study group is statistically significant for a symptomatic improvement ( $p < 0.001$ ). Trends within the two groups of study were also evaluated; the comparison between the two groups showed a statistically significant difference in behavior upon time to relapse of the patients who underwent ESS versus patients who underwent functional endoscopic sinus surgery (FESS): the patients who underwent FESS developed nasal recurrence more frequently during the follow-up periods ( $p = 0.0102$ ). Evaluating the time to relapse in patients affected by allergy versus patients not affected by allergy in group A, a statistically significant difference was noted ( $p = 0.0074$ ): in that group, the allergic patients developed nasal recurrence more frequently during the follow-up period. Based on our results, asthma is not correlated with a higher risk of relapse in nasal polyposis.