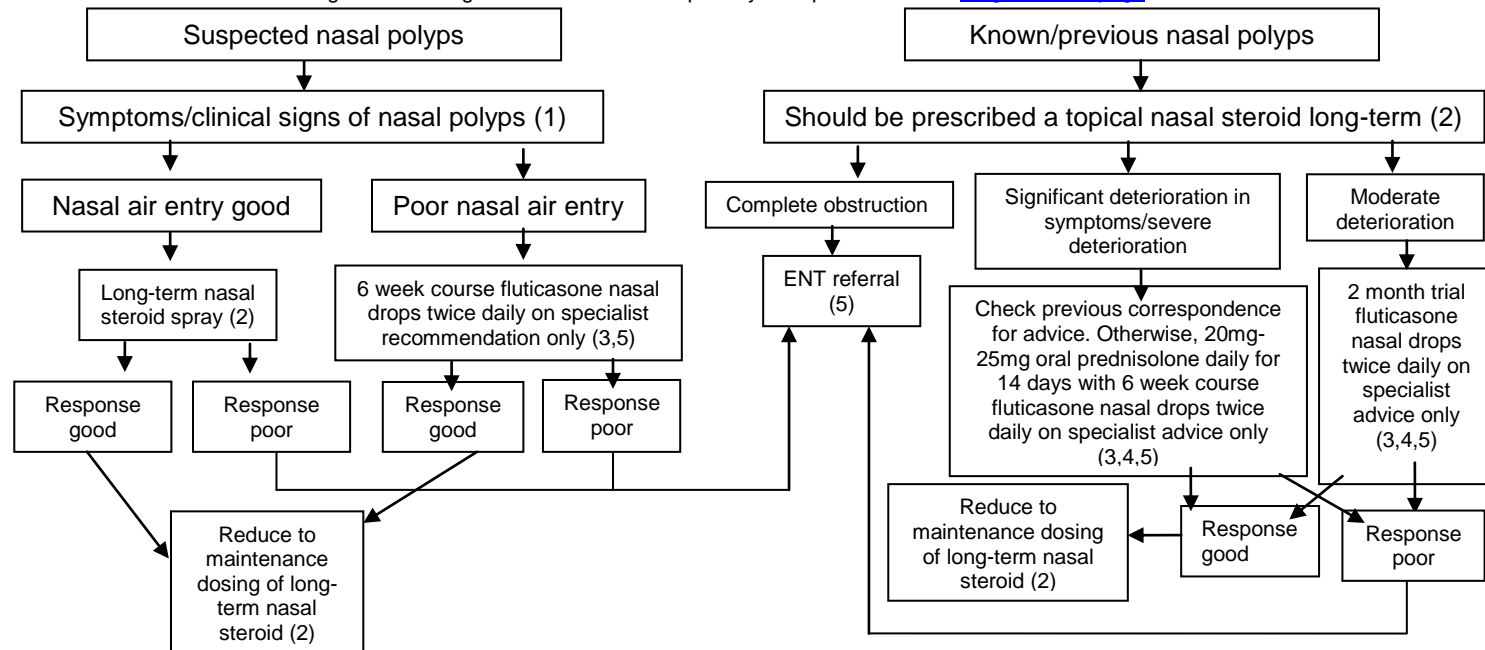


Nasal polyps are a chronic inflammatory condition of the nose and paranasal sinuses. They are characterised by slow, progressive nasal obstruction, with accompanied reduction in sense of smell. Polyps will appear generally pale (yellow-grey colour), and insensate, while the turbinates are pink / reddish and will feel light touch. At least a third of patients with nasal polyps will also have asthma. Polyps are usually bilateral, be wary of patients presenting with unilateral symptoms or a unilateral polyp, as this may herald the presence of an underlying neoplasm.

Corticosteroids remain the mainstay of treatment for this condition; care should be taken when the patient is on other corticosteroids to avoid adrenal insufficiency.

Young people with allergic rhinitis can occasionally be mis-diagnosed as having polyps. Nasal polyps are rare in the young. It is important to be confident of the diagnosis before implementing the treatment plan especially if this includes the use of systemic steroids.

For more information on the investigation and diagnosis of nasal block in primary care please visit the [ref guide ENT page](#)



Numbers within above algorithms correspond to these notes:

<p>1) Establish diagnosis</p> <ul style="list-style-type: none"> Nasal polyps represent a subgroup of chronic rhinosinusitis. Diagnosis is based primarily on assessment of signs and symptoms followed by specialised investigations if indicated. At initial presentation, all patients found to have polyps should be examined by an otolaryngologist. Further information on diagnosis can be found from BMJ Best Practice – Nasal polyps, and related guidance, NICE CKS – Sinusitis, which are based upon EPOS 2020
<p>2) Long-term nasal steroid</p> <ul style="list-style-type: none"> A long-term nasal steroid spray e.g. mometasone furoate may improve symptoms as it will deliver the steroid well around the nasal cavity. This can be given a higher doses e.g. mometasone furoate 2 sprays in each nostril twice daily for the first 6 weeks, then reduced to maintenance dosing (2 sprays in each nostril once daily) depending on response.
<p>3) Fluticasone nasal drops (fluticasone propionate nasal drops 400 micrograms/unit)</p> <ul style="list-style-type: none"> Stop maintenance nasal steroid spray if this is currently prescribed, and start fluticasone nasal drops 200 micrograms (approx 6 drops) into each nostril twice daily (the contents of one 400 microgram container should be divided between both nostrils). This should be done on specialist recommendation/advice. A 6 week course is normally recommended, however a 2 month trial may be undertaken in those with a moderate deterioration of known/previous nasal polyps on specialist advice.
<p>4) Oral steroids</p> <ul style="list-style-type: none"> If a patient has had nasal polyps previously diagnosed / treated by an Otolaryngologist, and there has been a significant deterioration in symptoms, please check previous correspondences as advice may have been given for this situation. Oral steroids are not advised unless there are obvious polyps associated with severe symptoms. If there is a severe deterioration in symptoms, 20mg-25mg daily of oral prednisolone for 14 days used (if the patient's medical condition allows) should be combined with 6 weeks of fluticasone nasal drops, twice daily. Treatment using oral steroids and fluticasone nasal drops can be repeated up to twice a year, however if it fails to control the symptoms, a referral to ENT is advised. Oral steroids (prednisolone 20mg-25mg daily for 14 days) may also be indicated in patients who have a moderate deterioration in symptoms where a 2 month trial of fluticasone nasal drops fails to control symptoms. If the diagnosis has not been confirmed by an Otolaryngologist, oral steroids are generally not recommended.
<p>5) ENT referral</p> <ul style="list-style-type: none"> For confirmation of diagnosis or if "red flags". Nasal polyps causing significant nasal obstruction. Poor response to nasal steroid spray e.g. mometasone furoate after 3 month trial (after assessing compliance and technique). Poor response to course of fluticasone nasal drops or course of oral steroids with fluticasone nasal drops. Patients with persistent symptoms despite maximum medical treatment may be referred for consideration of nasal polypectomy endoscopic sinus surgery. Budesonide respules [off-label] may be used as irrigation – 0.5mg/2mL to be diluted in 240mL NeilMed Saline Sinus Rinse twice a day – in patients with post-operative severe disease (under the assessment and direction of an ENT surgeon).

References:

1. [BMJ Publishing Group Limited 2017. BMJ Best Practice. Nasal polyps](#). Last updated October 13, 2023.
2. [NICE Clinical Knowledge Summaries Sinusitis](#). Last revised January 2024.
3. Scadding, G.K., Durham, S.R., Mirakian, R. et al. (2008) [BSACI guidelines for the management of rhinosinusitis and nasal polyposis](#). *Clinical and Experimental Allergy* **38**(2), 260-275.
4. Fokkens WJ, Lund VJ, Hopkins C, Hellings PW, Kern R, Reitsma S, Toppila-Salmi S, Bernal-Sprekelsen M, Mullol J. [Executive summary of EPOS 2020 including integrated care pathways](#). *Rhinology*. 2020 Apr 1;58(2):82-111.