

Nasze doświadczenia w czynnościowej endoskopowej chirurgii zatok przynosowych u dzieci

Functional endoscopic sinus surgery in children - our experience

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Summary

Introduction: Pediatric functional endoscopic sinus surgery (FESS) is now commonly performed for chronic rhinosinusitis therapy. The surgery is necessary when symptoms of sinusitis persist after maximal medical treatment. Apart from anatomic and technical issues the main difference between adult and pediatric FESS is related to postoperative care. In earlier reports a second-look endoscopy in general anaesthesia was recommended to inspect, debride and clean the operative site in young patients. **Material and methods:** The aim of the study was to estimate the results of FESS surgery in children and to propose a relevant way for postoperative care. FESS surgery was performed in 64 children (mean age 13,2 years) and postoperative follow-up was available in 47 children (33 girls, 14 boys). The protocol for postoperative follow-up based on our notes and literature is suggested. All patients after surgery were instructed to use saline solution or Ringer solution for nose cleaning. Seven days after surgery nasal steroids were implemented. Second look endoscopy with wound debridement in general anaesthesia was necessary in 8 children (13%) after major procedures, where a lot of crust and blood clots in postoperative site were noted. **Results:** It is suggested that formation of synechi-ae and granulation tissue in the early postoperative period is one of the adverse prognostic factors in FESS outcome. In spite of not aggressive approach to follow-up, wound inspection and postoperative site cleaning the synechiae were found in 2 (3%) patients only. 30 children (64%) were symptoms - free after surgery. **Conclusions:** Functional endoscopic sinus surgery (FESS) is efficient treatment for chronic rhinosinusitis in children. Aggressive post operative site debridement is rarely necessary. Postoperative general anaesthesia „second-look procedure" is indispensable in a few patients only but it needs an individual approach for each child.