

# Ocena wpływu leczenia farmakologicznego przewlekłego alergicznego nieżytu nosa na wielkość migdałka gardłowego u dzieci

The influence of medical treatment of the perennial allergic rhinitis on the adenoid size in children

*Marek Modrzyński, Edward Zawisza, Henryk Mazurek<sup>3</sup>*

## Summary

**Background:** Allergic sensitization of the airways occurs not only in the mucosa of the shock organ, but also in the lymphatic stations draining these structures. The lymphatic structure closest to the nasal mucosa in humans is the adenoid. Many researches show that in part of children allergic rhinitis can be a risk factor for adenoid hypertrophy. **Material and methods:** We examined changes in clinical symptoms score, and used acoustic rhinometry and endoscopy to evaluate the influence of three months anti-allergic treatment (topical nasal steroid and antihistaminic) on the adenoid size in children with adenoid hypertrophy. Three separate groups of children were examined. The study group consisted of 31 children with adenoid hypertrophy and perennial allergic rhinitis (interview, positive skin-prick test results, presence of sIgE in the serum and positive nasal provocation test with dust allergens). The first control group consisted of 23 atopic children hypersensitive to dust allergens (positive skin-prick test results, presence of sIgE in the serum) with adenoid hypertrophy but without signs of perennial allergic rhinitis and with negative nasal provocation test. This group was not treated. The second control group consisted of 20 non-allergic children with adenoid hypertrophy. The children were treated similar to the children from the study group. **Results:** In children from the study group we observed the most significant decrease of clinical symptoms and endoscopic adenoid size and increase of nasopharyngeal cavity in acoustics rhinometry after the treatment. In the first control group there were almost no changes and in the second control group, the improvement concern only 25% of children. The medical treatment had however no statistical important influence on the tympanometry results in all the examined groups. **Conclusion:** Properly administered nasal glucocorticoid spray together with antihistaminic in standard doses can significantly reduce adenoidal hypertrophy and considerably eliminate airway obstructive symptoms in children with allergic rhinitis. Likely only in this children the antiallergic treatment can be a useful alternative to surgery.

