

Zastosowanie bipolarnej termoterapii śródmiąższowej w leczeniu przerostów małżowin nosowych

Submucosal bipolar radiofrequency therapy for treatment of turbinate hypertrophy

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Summary

Disturbance of nasal airflow occurs in about 30% of human population. Turbinate hypertrophy is frequently the base of many nasal obturative diseases. The aim of this study was to determine short- term and long term effects of the radiofrequency therapy (RFT) for patients with turbinate hypertrophy. Forty- one patients with inferior turbinate hypertrophy (19 females and 22 males) were enrolled in this study prospectively. The examination included: rhinoscopy, subjective visual analogue scale (VAS) score, in which a patient described his symptoms in points from 0, (always very good nasal airflow) to 10 points (always total obstruction) and anterior rhinomanometry. The clinical assessment was before radiofrequency-turbinectomy and within the days 7 to 25 after this therapy (follow-up 1) and 12 months later (follow-up 2). RFT was performed in local anesthesia (1% Lidocain) by means of CELON. Rhinoscopy before RFT revealed turbinate hypertrophy, which was decreased in the follow-up examination. Subjective improvement of nasal airflow was felt by 39 patients (95%) at follow-up 1. At follow-up 2 fifteen patients (37%) reported a decreased nasal airflow when compared with the follow-up 1. Rhinomanometric results were better at follow-up 1 for the left side ($p = 0,0003$), the right side ($p = 0,0002$) and both sides altogether ($p = 0,0001$). The improvement continued at follow-up 2 for the left side ($p = 0,0004$), the right side ($p = 0,001$) and both sides ($p = 0,001$) when compared with rhinomanometry before RFT. There were not statistically significant differences between the rhinomanometric results at follow-up 1 and follow-up 2. Bipolar radiofrequency thermal ablation is an effective method for the therapy of turbinate hypertrophy.