



Nasal Polyps

Frequently Asked Questions

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Q 1: What are nasal polyps?

Nasal polyps are soft, jelly-like growths that hang from the lining of the nasal passage or sinuses. They occur in around one in 200 people, mostly by 40 years of age.

Q 2: What are the symptoms of nasal polyps?

Nasal polyps do not always cause symptoms. Larger polyps can block the tunnel that connects the sinuses to the nose. The result of this is often a blocked nose, but some people can also develop frequent sinus infections.

Q 3: What causes nasal polyps?

The cause of nasal polyps is unknown, but inflammation in the sinuses (from allergy or infection), may trigger polyps and make them grow faster. Sometimes other conditions such as sinus infections, asthma, and allergy to aspirin can occur more often in people with nasal polyps.

Q 4: How are nasal polyps treated?

- Nasal polyps can be surgically removed, although they regrow in around 50% of people.
- Cortisone tablets will shrink nasal polyps but cannot be taken long term due to side effects.
- Intranasal corticosteroid sprays (INCS) can slow polyp growth and are often recommended as a long-term treatment for people with recurrent polyps. INCS may also be used continually by people who have had nasal polyps regrow after surgery to remove them.
- Monoclonal antibodies (also known as biologics, biological therapies or injectables) is a treatment for adult patients with inadequately controlled or severe chronic rhinosinusitis with nasal polyposis (CRSwNP). These therapies can reduce the size of nasal polyps and improve symptoms. Monoclonal antibodies can only be prescribed by a specialist or ear, nose and throat surgeon.
- Allergen immunotherapy (AIT), also known as desensitisation, is sometimes used in people with allergic rhinitis (hay fever) who also have nasal polyps. While AIT often helps allergic rhinitis symptoms, it is not known if AIT helps shrink nasal polyps.
- Some people have nasal polyps, asthma, and an aspirin allergy. These three conditions together are often referred to as the “aspirin triad”. Treatment may include aspirin desensitisation which can reduce asthma severity, the rate of polyp regrowth, and the severity of sinusitis.

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