

Paving the future of rhinosinusitis care

Novel insights into the pathophysiology of chronic rhinosinusitis (CRS) will lead to endo-type driven treatment and reduce the prescription of oral corticosteroids. Interestingly, CRS severity is associated with the need for asthma-related systemic corticosteroid treatment⁽¹⁾, and underscores once more the need for a global airways disease approach in patients with CRS and asthma. The risk of osteoporosis by oral corticosteroid treatment for CRSwNP is reviewed by Winblad et al.⁽²⁾, and should not be neglected. Local corticosteroid treatment could be applied under different formulations. In this Rhinology issue, Taulu et al.⁽³⁾ could however not demonstrate superiority of a steroid-eluting stent over nasal steroid spray in patients with CRS. From an immunologic point of view, better understanding of the interaction between the microbial host and anti-inflammatory cytokines like IL-10, might shed new light on better understanding of the pathophysiology⁽⁴⁾. Periostin expression in CRS tissue correlated with tissue remodeling and eosinophilia, representing one disease endotype that may prove to be relevant in the future⁽⁵⁾. Interestingly, the diagnostic accuracy of nasal swabs for cellular analysis is inferior to nasal scraping⁽⁶⁾.

Endoscopic sinus surgery remains the cornerstone of treatment for CRS, given the major benefit of surgery on patient-related and socio-economic factors. Sahlstrand-Johnson et al.⁽⁷⁾ demonstrate a reduction in CRS-related absenteeism from 8-14 d to 1-7d besides major effects on CRS-related symptoms. In addition, sleep-related CRS symptoms seem to respond very well to sinus surgery⁽⁸⁾. In line with the benefits of sinus

surgery, Tagaya et al. report on the improvement of quality of sleep by nasal surgery⁽⁹⁾. Prediction of the therapeutic success is interesting for both patients as well as surgeons. Gengler et al.⁽¹⁰⁾ report on the predictors of an unanticipated admission after sinus surgery. Despite the low percentage of readmissions, i.e. only 5%, anticipation of the risk and adequate scheduling may represent a significant step forward to personalized care. The consequences of surgical sponge left in the sinus cavity after sinus surgery should not be overlooked and correctly taken care of during diagnosis and endoscopic revision surgery⁽¹¹⁾.

Prediction of disease development and therapeutic successes of medical and surgical treatment are interesting novel concepts. Gengler et al.⁽¹⁰⁾ report on the predictors of an unanticipated admission after sinus surgery. Despite the low percentage of readmissions (only 5%), anticipation of the risk and adequate scheduling may represent a significant step forward to personalized care.

During the 2016 European Rhinology Research Forum, the strengths, the shortcomings and the research needs in the field of rhinitis and rhinosinusitis have been subject to brainstorming during panel discussions⁽¹²⁾. Given the multiple research needs and priorities highlighted during the Research Forum⁽¹²⁾, the future of Rhinology seems guaranteed! The time has come to join forces to fill the gaps in our understanding of the development and chronicity of the disease, without neglecting the preventive capacity of optimal treatment of the upper airways!

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