# **SUMMARY AND CONCLUSION**

#### **Summary:**

This study was planned to include 30 patients with rhinosinusitis and nasal polyposis. Those patients were classified into two groups

- \* The 1 st group " 22 patients " had rhinosinusitis alone.
- \* The 2 nd group " 8 patients " had nasal polyposis.

The aim of the work is to evaluate objectively the nasal airway patency of patients undergoing EFSS.

### Pre - operatively, all patients were subjected to the following:-

- \* History taking
- \* Clinical examination
- \* Routine pre- operative investigations for endoscopic intranasal surgery.
- \* C.T paranasal sinuses
- \* Active anterior rhinomanometry by using the mercury electronic (Scotland) Ltd rhinomanometer nr 7d and the same fixed protocol for all patients.

## Post - operatively, all patients were subjected to the following:-

- \* Follow up which include subjective component as asking about nasal obstruction and any other symptomatology, and by serial clinical and endoscopic examination for patency of nasal airway.
- \* Rhinomanometric measurements of nasal resistance to airflow were done 3 months after the operation .

### Surgical technique:

in our study we used the technique of Messerklinger which start with uncinectomy, anterior ethmoidectomy, middle meatal antrostomy and posterior ethmoidectomy when needed.

Our study showed that in spite of the fact that there is significant improvement in subjective sensation of nasal airflow in patients with rhinosinusitis undergoing FESS, but rhinomanometric measurements show no significant lowering of nasal resistance in patients without polyposis and significant results in patients with nasal polyposis.