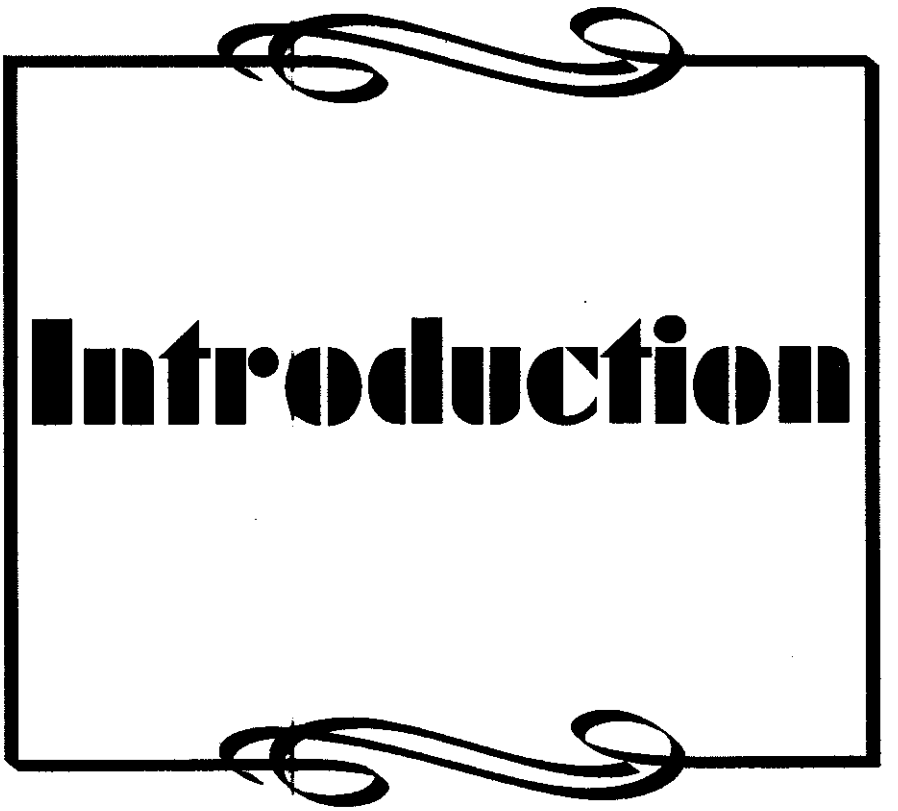
Introduction

INTRODUCTION

During the last 10 years. Functional endoscopic endonasal sinus surgery (FESS) has developed into one of the most commonly surgical methods for treatment of chronic and recurrent sinusitis ***(Stammberger and Posawetz, 1990)***.

A number of researches has been published on underlying pathophysiological aspects, diagnosis and technique of functional endoscopic sinus surgery ***(Lund et al, 1991)***.

Although nasal obstruction is one of the symptoms got by patients with chronic sinonasal diseases ***(Kennedy, 1992)***, but assessment of the out come of patients after FESS has usually been based on subjective judgement made by either the surgeon or the patients ***(Kennedy, 1992)***.

This subjective assessment had led to criticism of the successes claimed ***(Lund et al, 1991)***.

More objective measurement had been reported by ***Lund et al, (1991)*** who evaluated the degree of nasal obstruction present in patient by using rhinomanometry and visual analogue scale **(VAS)**.

In the present study rhinomanometry will be used as an objective measure for evaluation of the nasal airway to reach precise conclusion about the condition of the airway of these patients.