Introduction

Chronic rhinosinusitis (CRS) is a widespread health problem that affects approximately 15% of the human population **(Fokkens et al., 2007).**

Inflammation of the nasal and paranasal sinus mucosa that lasts for more than 12 weeks leads to an impairment of the quality of life of affected people and causes a high financial burden to society **(Lund, 2007).**

Chronic rhinosinusitis is divided into 2 subgroups: CRS with nasal polyps (CRSwNP) and CRS without nasal polyps (CRSsNP) **(Lund, 2007).**

The outcome of endoscopic sinus surgery (ESS) depends on many factors, one of the most important being a clean surgical field during the procedure **(Nair et al., 2004).**

Excessive bleeding can severely compromise the already-restricted endoscopic view and thus lead to increased incidence of both major and minor complications **(Lund, 2007) & (Nair et al., 2004).**

Reduced visibility as a result of intraoperative bleeding is a source of increased operative time and sometimes can even cause cessation of surgery in order to avoid complications **(Nair et al., 2004).**

If significant inflammation is present within the sinuses, increased vascularity will most often contribute to notably increase bleeding. Consequently, efforts directed at reducing the inflammatory process should probably lessen bleeding **(Sieskiewicz et al., 2006).**

Thus the aim of the preoperative preparation in CRS is to reduce the mucosal inflammation and swelling, and hence, to improve the field and reduce bleeding during the surgical procedure **(Fokkens et al., 2007)**.

As it is widely recognized that topical corticosteroids (TCs) are powerful anti-inflammatory agents,so it can be used in preparation before endoscopic sinus surgery (**Albu et al., 2010).**