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CORRELATION BETWEEN SYMPTOMOLOGY, ENDOSCOPY, AND COMPUTED TOMOGRAPHY IN DIAGNOSTIC WORKUP OF CHRONIC RHINOSINUSITIS

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Background: Chronic rhinosinusitis (CRS) is a common disease that impacts a patient's quality of life. However, there is no consensus about its definitive diagnostic methods.

Objectives: This study was aimed to evaluate the correlation between the visual analogue scale (VAS) patient severity symptoms, the Lund-Kennedy scoring nasal endoscopic findings and the Lund-Mackay CT scan sinuses scoring system in CRS diagnostic set ups.

Study design: A prospective observational case series study setting ENT clinic in Baghdad, Iraq

Patients & Methods: 74 patients who met the diagnostic criteria of CRS guidelines were recruited for this prospective observational study, and their presenting clinical symptoms were collected in a proforma using the VAS questionnaire, followed with a nasal endoscopy. They then received a CT scan of their sinuses within 24-72 hours. All the above-mentioned respective data were statistically analysed using a Pearson correlation coefficient test to assess the correlation between them.

Results: The most common clinical findings were nasal obstruction (91.89%), with the highest mean VAS severity score reaching 7.439±2.456; mucosal oedema (81.08%); maxillary sinus involvement (86.48%) and abnormal osteomeatal complex (72.97%). The overall VAS severity symptom score was mild (18.91%), moderate (37.83%) and severe (43.24%); the positive Lund-Kennedy nasal endoscopic findings was 94.59% with a sensitivity of 97% (95% CI: 91% to 99%), and a positive CT scan using a Lund-Mackay sinuses staging system was 91.89%.

Conclusions: Positive correlations were found between the overall patient severity symptoms of the disease and nasal endoscopic findings and between the nasal endoscopic and sinuses-based CT findings, while there was no correlation between the overall patient severity symptoms score with both CT scan sinuses findings and different anatomical variations.

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