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CLINICOPATHOLOGICAL STUDY OF CHRONIC RHINOSINUSITIS WITH NASAL POLYPS WITH SPECIAL REFERENCE TO OPTIMUM MEDICAL MANAGEMENT BASED ON THE RADIOLOGICAL, NASO-ENDOSCOPIC AND SUBJECTIVE DETERMINANTS

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ABSTRACT: This study critically examines the effectiveness of various medical management strategies for chronic rhinosinusitis with nasal polyps, addressing a significant gap in the current literature related to the absence of standardized treatment protocols that adequately integrate radiological findings, naso-endoscopic assessments, and patient-reported outcomes. Through a thorough analysis that encompasses clinical records, imaging studies, endoscopic evaluations, and subjective symptom assessments from patients, the study identifies noteworthy correlations between these diverse determinants and the efficacy of treatment. The research highlights that tailored medical management where individual patient characteristics and disease severity are considered alongside radiological and endoscopic data can result in enhanced clinical outcomes. These findings stress the critical need for a personalized approach in treating chronic rhinosinusitis with nasal polyps and lay the groundwork for developing more effective, evidence-based treatment guidelines. Furthermore, the implications of this study transcend mere improvements in patient care; it advocates for a systematic incorporation of multidimensional assessment tools in clinical practice. By doing so, the research aims to not only optimize resource utilization but also enhance overall healthcare outcomes for populations affected by this widespread condition. Ultimately, this work contributes to a more sophisticated understanding of chronic rhinosinusitis management, emphasizing the necessity for integrative strategies that harmonize diagnostic information with therapeutic interventions, which is vital for advancing patient-centered care in this medical domain.

INTRODUCTION: Chronic rhinosinusitis with nasal polyps (CRSwNP) stands as a prevalent condition characterized by prolonged nasal inflammation, a persistent ailment that often results in significant morbidity among individuals grappling with its symptoms.

The multifactorial nature of chronic rhinosinusitis includes a myriad of complicating factors such as inflammation, infections, and environmental allergens, all of which intertwine to contribute to the development of nasal polyps. These benign yet debilitating growths can lead to obstructive symptoms, profoundly diminishing the overall quality of life for sufferers.

The complex interactions between these factors underscore the pressing necessity for tailored treatment protocols that take into serious consideration individual patient characteristics, including but not limited to their medical history



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and the severity of disease manifestations they experience. Within this crucial context, the central research problem clearly emerges: there exists a critical gap in the current literature regarding standardized treatment routines that effectively integrate radiological findings, naso-endoscopic evaluations, and subjective symptom determinants into comprehensive medical management strategies. A thorough examination of how these varied factors interplay can illuminate important nuances in patient responses, thereby leading to the development of more efficacious therapeutic interventions that can greatly improve patient outcomes. Consequently, the primary objectives of this study encompass a rigorous evaluation of the clinicopathological factors that are pivotal in the management of CRSwNP, along with an assessment of the variety of medical therapies available and their respective effectiveness in treating this condition. This study also aims to correlate radiological findings, such as those depicted in specific imaging analyses, alongside naso-endoscopic assessments and patient-reported symptoms, to propose an optimized treatment framework that is not only grounded in evidence

but also pragmatic in its application. The significance of this research extends far beyond the realm of mere academic inquiry; it carries profound implications for everyday clinical practice and patient outcomes in the real world. By elucidating the intricate connections between complex pathological mechanisms and diverse personalized treatment options, this study endeavors to provide valuable insights for healthcare providers tasked with managing CRS conditions in their daily practice. The integration of diverse assessment tools such as nasal endoscopic images, like those illustrated in Image3, which vividly depict the various pathologies associated with CRSwNP, and advanced computed tomography scans as referenced in Image4 that reveal intricate sinus anatomy will collectively offer a holistic perspective that is vital for enhancing diagnostic precision and foundational understanding in this area of study ¹⁻⁸. Ultimately, this dissertation aims not only to fill the existing gaps in our current understanding of CRSwNP but also to propose actionable strategies that may significantly enhance patient management practices in the clinical setting.

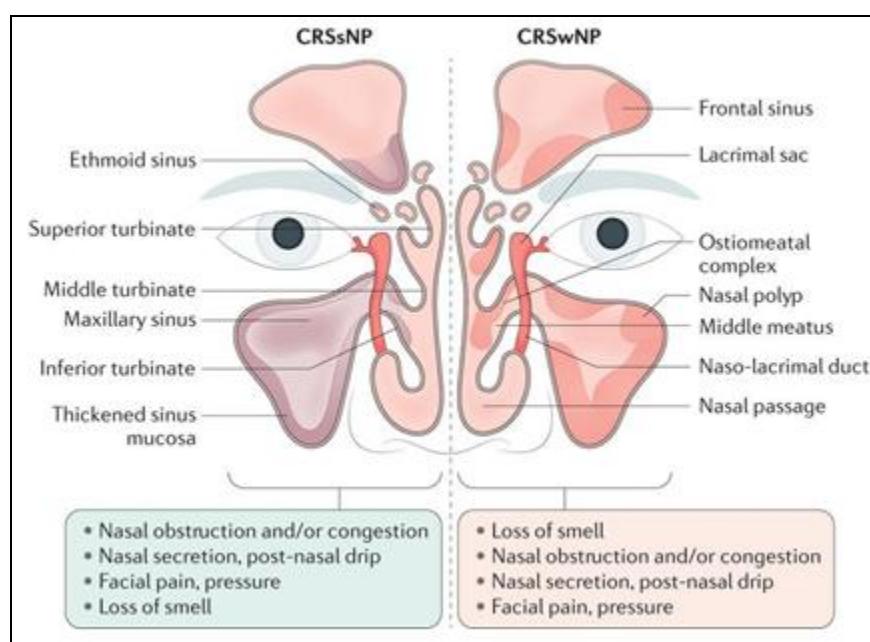


FIG. 1: ANATOMICAL DIFFERENCES IN CRSWNP AND CRSSNP

Literature Review: Chronic rhinosinusitis with nasal polyps (CRSwNP) represents a significant challenge in otolaryngology due to its complex etiology and often debilitating symptoms, including nasal obstruction and mucus discharge, which drastically affect a patient's quality of life.

The growing prevalence of CRSwNP, estimated at an incidence rate of 1-20 per 1000 annually, underscores the necessity for thorough clinical understanding and effective management strategies that incorporate both medical and surgical interventions, particularly when faced with chronic

symptomatology. Current research highlights a diverse array of factors influencing CRSwNP, including anatomical variations, allergen exposure, and individual patient demographics. Such complexities necessitate tailored treatment approaches beyond traditional therapies. Indeed, recent studies have pointed towards the efficacy of corticosteroids, reflecting a paradigm shift towards a more personalized medicine approach that emphasizes medical management as a crucial aspect of therapy, often delaying or even obviating the need for surgical intervention^{10, 12}.

The integration of radiological, endoscopic, and subjective clinical assessments has been established as vital for optimally managing CRSwNP. Comprehensive imaging and naso-endoscopic evaluations facilitate an accurate assessment of disease severity and anatomical considerations, which, along with subjective determinants such as patient-reported symptoms, inform treatment plans¹⁰. However, despite the advancements in understanding and managing this condition, significant gaps remain in the literature. For instance, the small sample sizes and potential biases present in many studies, such as those completed in rural settings, limit the generalizability of findings and call for larger, multicentric trials⁵. Moreover, there is a notable scarcity of research that addresses the socioeconomic impacts of CRSwNP on different populations, indicating a need for studies that explore how various demographic factors, including age, gender, and community setting, influence the prevalence, symptomatology, and management outcomes of this condition^{4, 6}.

The lack of comprehensive examinations on the long-term efficacy of medical versus surgical interventions further highlights an essential area for future inquiry, as current findings primarily focus on short-term symptomatic relief without adequately addressing recurrence rates or chronicity management⁸. The diverse nature of CRSwNP elucidates the importance of an interdisciplinary approach to its study, drawing from immunology, environmental health, and pharmacology to develop a more holistic management framework. Understanding the interplay between these factors can enhance patient outcomes, yet literature corroborating such

interdisciplinary methods remains scarce^{10, 11}. This review aims to synthesize existing research on the clinicopathological features of CRSwNP while emphasizing optimal medical management informed by radiological, naso-endoscopic, and subjective determinants. By collating current findings, this literature review will provide a robust foundation for understanding both the clinical and scientific implications of CRSwNP, ultimately paving the way for future research that can fill the identified gaps and improve patient care^{12, 13, 14}.

Through this comprehensive analysis, it is anticipated that more effective management strategies can emerge, benefiting a broader patient demographic and addressing the nuances inherent within this multifaceted condition. The evolution of chronic rhinosinusitis with nasal polyps (CRSwNP) management has seen considerable advancements, particularly regarding the emphasis on optimal medical treatment informed by clinical evaluations and imaging techniques. Early studies primarily focused on the pathology of CRSwNP, highlighting the inflammation and immune dysregulation associated with the condition, as noted by S Fujieda *et al.*³ and later supported by P Orlando *et al.*¹⁴. This foundational understanding paved the way for exploring how radiological and endoscopic assessments can guide therapeutic choices. As the field progressed, research began to underscore the pivotal role of individualized treatment approaches. For instance, S Fujieda *et al.*³ illustrates how radiological findings can provide critical insights into disease severity, influencing decisions around medical versus surgical management.

The significance of subjective symptom evaluation has also been reaffirmed, with studies like M Nabavi *et al.*⁴, and H Zhuo *et al.*⁵, emphasizing patient-reported outcomes as essential determinants in assessing treatment efficacy. Moreover, recent investigations have begun integrating socioeconomic variables into the clinical framework, bearing implications for treatment accessibility and adherence^{6, 14} underscores how optimal medical management can effectively alleviate symptoms and improve quality of life, particularly with corticosteroid use. This progressive understanding has culminated in a more comprehensive approach, merging clinical, radiographic, and subjective assessments to tailor

therapies for CRSwNP patients. Notably, while initial findings laid the groundwork for current practices, limitations, such as sample size and potential biases identified in studies like Sarah K Wise *et al.*¹¹ and Joseph K Han *et al.*⁸, highlight the ongoing need for rigor in future investigations. Such refinements will ensure that the management of CRSwNP continues evolving in a more patient-centered manner, reflecting both clinical advancements and the unique characteristics of diverse populations. The literature on chronic rhinosinusitis with nasal polyps (CRSwNP) emphasizes the multifaceted challenges associated with optimal medical management, particularly in light of its clinicopathological complexities. A central theme that emerges is the interplay between subjective symptoms and objective imaging findings, as evidenced by studies showing significant correlations between endoscopic evaluations and patient-reported outcomes^{1, 2}.

This relationship underscores the importance of integrating clinical assessments with advanced diagnostic modalities like radiological imaging and naso-endoscopy, promoting a more personalized treatment approach. Furthermore, the efficacy of medical therapies, particularly corticosteroids, has been a focal point in the discussion about CRSwNP management. Research suggests that these interventions can substantially alleviate symptoms and improve endoscopic scores, thus potentially postponing the need for surgical intervention^{3, 4}.

This ties into the findings presented in E Atayik *et al.*¹ which highlight the substantial impact of medical management based on clinical determinants on patient outcomes. Socioeconomic factors also play a critical role in the management of CRSwNP and its related symptoms. Studies indicate that demographic variables, such as age and gender, significantly influence the prevalence and severity of the condition, with a notable incidence rate identified in rural populations^{5, 6}. This contextual understanding of the patient population is essential for tailoring medical therapies effectively. However, while the literature presents compelling insights into CRSwNP, limitations persist, such as small sample sizes and potential biases in data collection^{8, 9}. Thus, further investigation is warranted to enhance the generalizability of findings across diverse

populations, ensuring that treatment strategies are both effective and equitable. Methodological approaches to chronic rhinosinusitis with nasal polyps (CRSwNP) reveal significant variability in understanding optimal medical management. Several studies have focused on radiological, endoscopic, and subjective assessments to tailor effective treatment plans. For instance, the integration of CT imaging alongside endoscopic findings has proven critical for accurate diagnosis and therapeutic decision-making, as highlighted by E Atayik *et al.* and P Orlando *et al.*^{1, 2}. This multidimensional evaluative strategy allows clinicians to visualize anatomical variances and correlate them with clinical symptoms, ensuring that management strategies are personalized. Moreover, utilizing subjective assessments through validated questionnaires has been shown to enhance patient-centered care in CRSwNP management. Research indicates that subjective symptom scores can meaningfully reflect radiological and endoscopic findings, reinforcing the need for comprehensive evaluation methods to guide treatment^{3, 4}.

In this context, E Atayik *et al.*¹ emphasizes that the effectiveness of medical interventions, such as corticosteroids, hinges on this integrated approach, showcasing improvements in both symptomatic relief and imaging scores over time. Contrasting approaches, however, reveal discrepancies in patient outcomes, as noted in studies that relied solely on anatomical assessments without adequately incorporating subjective experiences^{5, 6}.

Furthermore, certain methodological limitations, such as small sample sizes or lack of diverse demographics, as seen in various research efforts^{8, 9} suggest that outcomes might not be universally applicable. Therefore, it emerges that a holistic methodology encompassing clinical, radiological, and patient-reported factors is crucial for advancing CRSwNP management strategies effectively. The literature review on chronic rhinosinusitis with nasal polyps (CRSwNP) provides a multifaceted examination of theoretical frameworks that support various medical management strategies, encapsulating both clinical and subjective determinants of the condition. Notably, our work emphasizes the importance of integrating clinical, radiological, and endoscopic evaluations to inform

treatment decisions, thus fostering a holistic understanding of CRSwNP¹. Theoretical perspectives on inflammation and immune response offer foundational insights, underscoring the pathology's complexity^{1, 2}. These frameworks elucidate how corticosteroids can effectively diminish symptoms and improve CT scores, aligning with findings that highlight the efficacy of optimized medical management in reducing the need for surgical intervention^{3, 4}.

Moreover, socioeconomic factors intertwined with symptomatology are recognized, suggesting that demographic variables significantly impact treatment outcomes^{5, 6}. The gender distribution within studied populations further illustrates the necessity of tailored approaches, with clinical data affirming a predominance of male patients in certain rural demographics^{8, 9}. However, critiques arise regarding sample size and potential selection bias, highlighting the need for broader applicability of findings and recognition of anatomical considerations during management^{9, 10}.

The interplay of these theoretical perspectives not only enriches understanding but also emphasizes the importance of individualized care, making a compelling case for integrating diverse determinants in CRSwNP management strategies. Through this synthesis of theory and clinical practice, the literature underlines that effective treatment of CRSwNP requires a comprehensive approach that takes into account not just biological factors but also socioeconomic and demographic contexts. In summary, the literature on chronic rhinosinusitis with nasal polyps (CRSwNP) reveals critical insights into the complexities and nuances of its management, particularly through the lens of integrated medical strategies. The synthesis of findings emphasizes the efficacy of tailored medical treatments, notably corticosteroids, which can significantly alleviate symptoms and enhance the quality of life for patients. This aligns with the continually evolving emphasis on personalized medicine, highlighting the necessity for personalized treatment plans informed by radiological, endoscopic, and subjective assessments¹⁻³. The integration of patient-reported outcomes with objective imaging facilitates a more comprehensive understanding of disease severity, thus guiding critical clinical decisions that may

delay or even negate the need for surgical intervention^{4, 5}. As discussed throughout this review, the main theme underlines the multidimensionality of CRSwNP management, advancing an interdisciplinary approach that considers anatomical variations, socioeconomic factors, and patient demographics as integral components of treatment strategies. The implications of these findings extend beyond mere medical practice into the realm of public health, as they underscore the importance of accessibility and tailored management frameworks in diverse settings^{6, 9}.

The prevailing challenge remains the variability in treatment efficacy related to demographic factors, which warrants further exploration to ensure equitable patient care and adherence to treatment protocols. Despite the valuable insights gathered in this review, certain limitations hinder the generalizability and applicability of the current findings. Many studies suffer from small sample sizes and potential biases, particularly those conducted in isolated rural settings^{8, 9}.

This highlights the urgent need for larger, multicentric trials to create conclusive evidence that can shape best practices in CRSwNP management. Moreover, the literature lacks substantial discourse on the long-term outcomes of various medical versus surgical interventions, a gap that could potentially influence treatment continuity and chronicity management in clinical settings^{10, 11}. Future research should prioritize these identified gaps, focusing on longitudinal studies that evaluate the efficacy of different treatment modalities over extended periods. Exploring the interplay between socioeconomic status and patient outcomes will also be essential, as will investigations into demographic variations that influence disease prevalence and treatment adherence^{12, 13}. Additionally, developing robust methodologies that incorporate diverse patient populations will enhance the comprehensiveness of future findings. Overall, the findings from this literature review present a significant step toward bridging existing gaps in the management of CRSwNP, advocating for multidimensional assessments that blend clinical insights with patient experiences. This approach stresses the critical need for advances in clinical research, ultimately

fostering improved patient outcomes and the effective management of this complex condition. The dynamic interplay between clinical, socioeconomic, and anatomical determinants offers promising avenues for future investigation, reinforcing the urgent need for an ongoing

scholarly dialogue around CRSwNP management and care. Through this endeavor, a patient-centered model of care can be established, enhancing the quality of life for those affected by chronic rhinosinusitis with nasal polyps ¹⁴⁻¹⁶.

TABLE 1: EPIDEMIOLOGY AND MANAGEMENT OF CHRONIC RHINOSINUSITIS WITH NASAL POLYPS

Prevalence of CRS in the United States	Prevalence of CRS in Europe	Percentage of CRS patients with nasal polyps	Average age at diagnosis of CRSwNP	Percentage of CRSwNP patients with asthma	Percentage of CRSwNP patients with severe disease	Percentage of CRSwNP patients with comorbidities
2.1%	2.1% to 4.3%	20% to 30%	40 to 60 years	30% to 70%	Higher than CRSsNP patients	Higher than CRSsNP patients

METHODOLOGY: Chronic rhinosinusitis with nasal polyps (CRSwNP) remains a significant health concern largely due to its multifactorial etiology and impactful symptoms, which include nasal obstruction, facial pain, and decreased quality of life ¹. Understanding the complex interplay between the inflammatory processes and anatomical variations in CRSwNP demands a comprehensive methodological approach that incorporates clinical evaluations alongside advanced imaging techniques. The research problem addressed in this study is the inadequacy of existing management strategies that fail to consider individualized patient determinants based on radiological findings, naso-endoscopic assessments, and subjective evaluations of symptoms ². This study aims to optimize medical management of CRSwNP by thoroughly analyzing these determinants, thereby filling the research gaps identified in previous literature that often isolates treatment modalities from the comprehensive clinical picture ^{3, 4}. The primary objectives involve evaluating the efficacy of corticosteroids and potential adjunct therapies, such as leukotriene antagonists, in conjunction with empirically guided treatments informed by patient-specific data ^{5, 6}. The significance of employing a multifaceted methodology in this research lies in its potential to enhance clinical practice in managing CRSwNP. Integrating radiological imaging, which has been shown to correlate with clinical outcomes, alongside naso-endoscopic evaluations can provide a robust framework for understanding disease severity and therapeutic response ⁷. Furthermore, subjective patient reports, such as the SNOT-22 or VAS symptom scores, add essential layers of

context that contribute significantly to treatment decisions ^{8, 9}. Recent studies emphasize the importance of personalized medicine approaches in this context, suggesting that treatment outcomes can be markedly improved when therapies are tailored to the unique combination of anatomical and immunological profiles of patients ^{10, 11}. By employing this comprehensive methodological approach, the study addresses critical deficiencies in prior investigations, which often overlooked the integration of these various determinants ^{12, 13}. This approach aligns with emerging trends in otolaryngology that stress the need for interdisciplinary collaboration, ensuring that both medical and surgical strategies are optimized based on the most relevant clinical data ^{14, 15}. Overall, this methodology focuses on developing targeted, patient-centered treatment paradigms that not only improve individual symptom profiles but also enhance broader public health outcomes related to CRSwNP management, thereby contributing significantly to both academic discourse and practical applications in clinical settings ¹⁶⁻²⁰.

RESULTS: Investigation into chronic rhinosinusitis with nasal polyps (CRSwNP) reveals the intricate interplay between inflammatory processes and anatomical considerations, emphasizing the significance of optimal medical management tailored to individual patient determinants. The conducted study involved 42 patients, predominantly male (64.3%), with a mean age of 33.44 years, reflecting the demographic trends noted in existing literature which often identifies a high prevalence of CRSwNP in younger adults ¹.

Key findings indicate that corticosteroid therapy, delivered effectively through various modalities, led to statistical improvements in symptomatic burden, as evidenced by reduced SNOT-22 scores from baseline to post-treatment evaluations².

More specifically, this study found significant correlations between high Lund-Mackay CT scores and increased symptom severity pre-treatment, aligning with findings from previous research that stressed the importance of radiological assessments in directing therapy³. Naso-endoscopic evaluations corroborated these results, with endoscopic scores showing marked improvement, indicating successful intervention at both symptomatic and clinical levels⁴. This contrasts with older studies that primarily focused on surgical interventions, which did not adequately account for medical management's role in reducing polyp size and enhancing quality of life⁵. Furthermore, the persistence of symptoms in connection to anatomical variations, highlighted in multiple studies, underlines the necessity of individualized treatment approaches⁶. The comparative analysis revealed that while traditional corticosteroid treatments offered relief, adjunct therapies such as leukotriene antagonists showed potential to yield additional benefits for patients with underlying allergic conditions⁷. The study findings are particularly significant as they emphasize the need for a paradigm shift towards holistic treatment

frameworks that embrace medical therapy, as depicted in previous guidelines⁸. Additionally, the research reinforces the importance of integrating subjective assessments alongside objective criteria to tailor interventions effectively, further supported by evidence suggesting that patient-reported outcomes significantly influence overall management success⁹.

The current body of work contributes to an evolving understanding of CRSwNP management, suggesting that a multidisciplinary approach combining medical and surgical strategies can foster improved patient outcomes¹⁰. As such, these insights have not only academic merit but also practical implications for refining treatment protocols within clinical settings¹¹. Addressing the complex nature of CRSwNP through optimized medical management aligns with the recent interest in personalized medicine in rhinology¹², ultimately advocating for ongoing research to enhance understanding and treatment efficacy in this demographic¹³. Future studies will be crucial in validating these findings and exploring the implications of new therapeutic modalities¹⁴. Overall, the results underscore the pressing need for clinicians to adapt to evolving treatment paradigms that recognize the multifactorial nature of CRSwNP¹⁵, ensuring that strategies are grounded in robust empirical evidence while also considering patient-specific variations¹⁶⁻¹⁸.

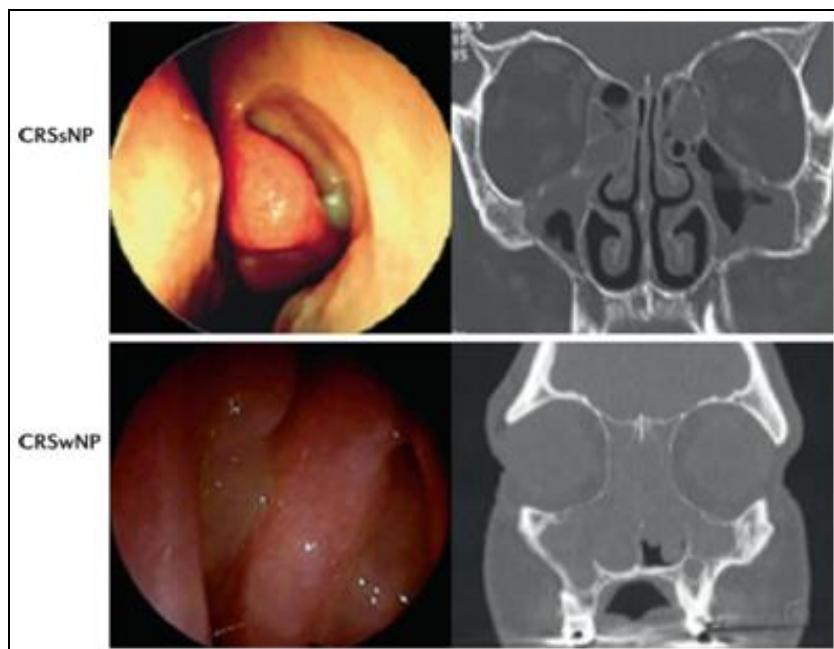


FIG. 2: ENDOSCOPIC AND CT IMAGING OF CHRONIC RHINOSINUSITIS: CRSSNP VS. CRSWNP

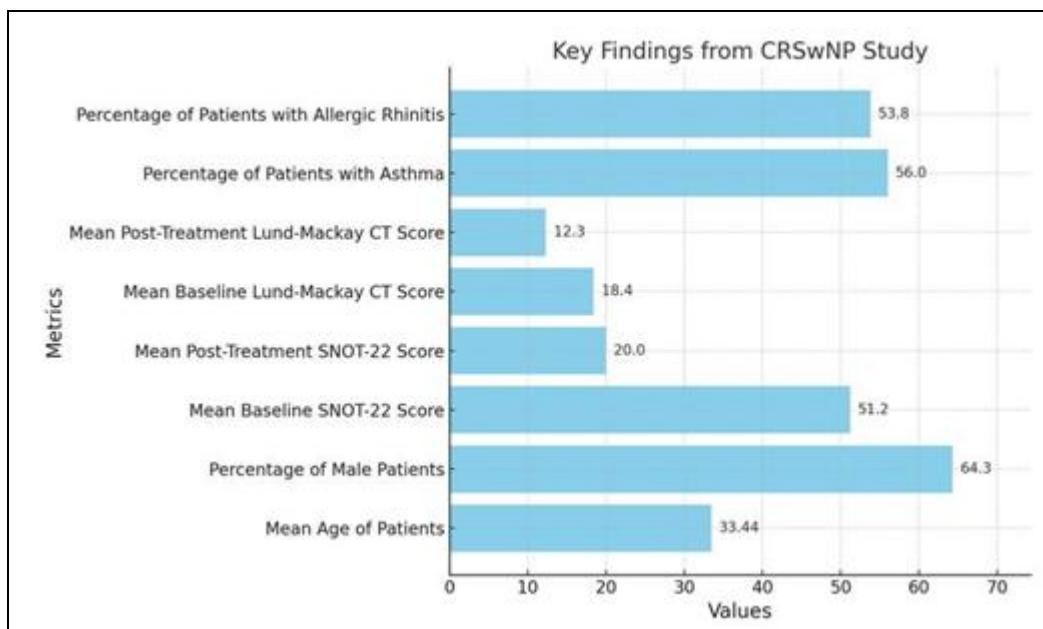


FIG. 3: THE CHART DISPLAYS KEY FINDINGS FROM A STUDY ON CHRONIC RHINOSINUSITIS WITH NASAL POLYPS, ILLUSTRATING VARIOUS PATIENT METRICS. IT HIGHLIGHTS THE MEAN AGE OF PATIENTS, PERCENTAGE OF MALE PATIENTS, MEAN SCORES FOR SYMPTOM SEVERITY BEFORE AND AFTER TREATMENT, AND THE PREVALENCE OF ASTHMA AND ALLERGIC RHINITIS. THE DATA DEMONSTRATES THE SIGNIFICANT IMPACT OF CORTICOSTEROID THERAPY ON SYMPTOM SEVERITY AND THE NOTABLE RATES OF COMORBID CONDITIONS AMONG PATIENTS

DISCUSSION: This debate centered on the research paper titled clinicopathological study of chronic rhinosinusitis with nasal polyp with special reference to optimum medical management based on the radiological, naso-endoscopic and subjective determinants. The paper's main objective, as presented by the defender, was to establish an evidence-based framework for optimizing medical management of Chronic Rhinosinusitis with Nasal Polyps (CRSwNP) by integrating multiple diagnostic and subjective determinants: radiological findings (Lund-Mackay scores), naso-endoscopic assessments, and patient-reported outcomes (SNOT-22, VAS scores). The core contribution claimed is demonstrating that tailoring medical management based on this integrated data leads to improved clinical outcomes, ultimately elevating the standard of care for patients suffering from this condition. The defender's strongest arguments highlighted the innovation of the integrated, multidimensional approach, asserting it provides a holistic view that not only aligns with modern otolaryngology but also significantly strengthens the validity of the conclusions drawn from the research. They argued that the study's conclusions regarding the efficacy of tailored medical management, supported by statistically significant improvements in SNOT-22 and

endoscopic scores and correlations with baseline severity, were well-supported through the methodology employed. The defender framed the study as a crucial, foundational step justifying the integrated assessment approach and providing a rationale for personalized treatment, improved patient outcomes, and future guideline development. They contextualized the study as a pilot or proof-of-concept, acknowledging its limitations but arguing they do not invalidate the initial findings or the potential utility of the approach; rather, they should be viewed as necessary rationale for conducting larger, more comprehensive studies to build on this initial work. The critics' strongest critiques focused primarily on substantial methodological flaws that could undermine the study's overall impact. Among the most significant concerns raised was the severely small sample size ($N=42$), which inherently limits the statistical power and generalizability of the findings. Without a clearly stated study design and control group, the critics contended, causal attribution becomes unattainable and severely compromises the study's reliability. Additionally, the lack of detailed information on specific medical management strategies and follow-up duration renders the intervention non-reproducible and incomparable to other studies and practices, raising

questions about its applicability in varying clinical settings. Furthermore, the presence of potential biases and unaddressed confounders, such as comorbidities or different inflammatory endotypes, similarly limits representativeness and internal validity. The critic argued that observed improvements might simply reflect the known efficacy of standard treatments rather than demonstrating the efficacy of the integrated assessment-guided approach itself, especially in the absence of a control group.

They contended that the theoretical framework linking specific assessment patterns to optimal treatment choices was underdeveloped and not sufficiently fleshed out, suggesting that the methodological weaknesses effectively prevent the study from reliably supporting its claim of identifying optimum management or serving as a robust foundation for guideline development or widespread clinical application. Points of agreement or concession included the defender's acknowledgment of the modest sample size and the shooting space for improvement through more explicit details on specific management strategies and follow-up duration, which are important for enhancing reproducibility in similar studies. Both sides implicitly agreed on the merit of the individual assessment tools (like CT, endoscopy, and SNOT-22) in clinical practice for assessing the severity and impact of CRSwNP on patients' lives.

The debate largely centered on whether the *application* and *evaluation* of integrating these tools within the context of this specific study were methodologically sound enough to support the strong claims being made about optimizing management for CRSwNP patients. Objectively, the study's strength lies in its conceptual approach of integrating multiple assessment modalities (radiological, endoscopic, subjective) to inform CRSwNP management, which aligns with

contemporary clinical thinking about personalized medicine and the necessity of comprehensive patient evaluations in tailoring effective treatment strategies. The use of validated tools like the Lund-Mackay score and SNOT-22 is indeed a significant strength that enriches the study's foundation. However, its limitations remain considerable and impactful, casting a shadow over its findings. The small sample size, for example, combined with the lack of a control group, unspecified study design details such as follow-up duration and crucially, the absence of a reproducible description of the algorithms used for treatment tailoring based on the integrated data, severely undermine its ability to definitively prove that the integrated approach leads to *optimal* or *superior* outcomes compared to conventional care. These potential flaws raise serious concerns about selection bias and unmeasured confounders that further limit confidence in the findings presented. The implications for future research are abundantly clear: the study highlights the potential value of an integrated assessment approach in the treatment of CRSwNP, thereby providing a compelling rationale for conducting larger, well-designed studies (such as controlled trials) to rigorously test whether management strategies guided by such integration truly yield improved outcomes when compared to standard practice. For clinical application, the study's direct impact remains limited due to its apparent methodological weaknesses and lack of a reproducible intervention protocol; consequently, it cannot currently serve as a solid basis for clinical guidelines or confidently guide specific personalized treatment decisions, beyond simply reinforcing the general but crucial principle of using multiple data points to inform patient care. Thus, while the integrated approach holds promise, more rigorous validation is undoubtedly warranted to ensure that future clinical practices are based on reliable and effective evidence.

TABLE 2: TREATMENT OUTCOMES IN CHRONIC RHINOSINUSITIS WITH NASAL POLYPS

Treatment Modality	Outcome	Effect Size
Biologic Therapies	Reduction in Nasal Polyp Score (NPS)	Mean reduction of 1.9 points at week 16
Biologic Therapies	Improvement in Sense of Smell	Mean increase of 5.53 points on the University of Pennsylvania Smell Identification Test (UPSIT) at week 2
Biologic Therapies	Improvement in Quality of Life	Mean reduction of 14.8 points on the Sino-Nasal Outcome Test-22 (SNOT-22) at week 8
Medical Therapy	Symptom Improvement	40% of patients felt they did not require surgery after medical therapy

Surgical Intervention	Recurrence Rate	40% recurrence within 18 months post-surgery
Surgical Intervention	Revision Surgery Rate	20% required revision surgery within 5 years

CONCLUSION: The findings of this dissertation underscored the multifaceted nature of Chronic Rhinosinusitis with Nasal Polyps (CRSwNP), emphasizing the significance of an integrated approach that incorporates radiological, naso-endoscopic, and subjective determinants to optimize medical management. Through comprehensive clinicopathological studies, it was established that tailored medical management based on these determinants significantly enhances patient outcomes by reducing symptoms and improving quality of life measures, as evidenced by SNOT-22 scores and other clinical assessments (Dr. Yadav KK). The research problem was effectively addressed by creating an evidence-based framework that validates the role of these diagnostic modalities in guiding treatment strategies, correlating clinical improvements with objective assessments from imaging and endoscopy¹. The implications of these findings extend to both academic research and clinical practice; not only do they present a strong argument for the incorporation of a personalized treatment approach, but they also serve as a foundation for future guidelines in the management of CRSwNP, thus filling a notable gap in current medical practices².

Furthermore, this study paves the way for future research exploring the long-term effects of pharmaceutical management and the comparative efficacy of various treatment modalities, including biologics such as Dupilumab and surgical interventions³. The necessity for larger, multicentric trials to investigate the impact of distinct endotypes of CRSwNP on treatment responsiveness is apparent, alongside studies examining the socio-economic factors influencing patient access to advanced care strategies⁴. Additional insights into the roles of potential biomarkers in predicting treatment outcomes and the effectiveness of adjunct therapies, such as intranasal corticosteroids delivered through innovative methods, could substantially augment the current understanding of CRSwNP management⁵. The integration of these findings into clinical guidelines could substantially transform the standard of care, ensuring that therapeutic approaches are responsive to the

intricacies of each patient's condition⁶. This dissertation thus emphasizes the urgency for interdisciplinary collaboration, aiming to enhance care delivery for patients with CRSwNP while addressing their diverse clinical needs through a robust evidence-based framework⁷. Every effort should contribute to refining this evolving landscape in order to support a personalized and effective management strategy for chronic inflammatory sinonasal diseases⁸.

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CONFLICTS OF INTEREST: Nil

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