Rhinosinusitis with Nasal Polyposis
Advances in Oto-Rhino-Laryngology

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Rhinosinusitis with Nasal Polyposis

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With a foreword by David W. Kennedy, Philadelphia, Pa.
I dedicate this book to my wife and children whose love and support have provided me a constant source of inspiration.

*Bradford A. Woodworth, MD*

I dedicate this book to my parents for giving me the foundation I needed, to my wife for her constant love and support, and to my trainees for helping me continue to learn.

*David M. Poetker, MD*

I would like to dedicate this book to my father, David, who taught me the value of hard work, to my mentors for their training and constant guidance, to my residents and fellows who continue to help me discover and grow, and to my wife for her constant support.

*Douglas D. Reh, MD*
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Foreword

We are all aware that chronic rhinosinusitis (CRS) is not a disease but rather a pantheon of disorders that present with symptoms and signs, which fulfill a broad set of diagnostic criteria. In this book, the authors focus on one important, currently acknowledged phenotype with which we all wrestle in day-to-day patient management, namely, nasal polyposis. It is said that if you had only a limited number of nasal polyp patients in an otolaryngology practice, then the practice would continue to be busy as a result of the need for repeated surgeries. We are now beginning to be able to classify the disorders in this phenotype and to improve our understanding of it. It has been recognized for long now that eosinophilic polyposis responds better to steroids than neutrophilic polyps respond. However, as our knowledge of the nasal polyposis phenotype and many subtypes keeps evolving, we continue to learn that different subtypes of nasal polyposis benefit from varied therapeutic approaches and that armed with such knowledge, we can significantly improve patient outcomes. Endoscopic evaluation has enabled us to follow the disease, even when it is asymptomatic or minimally symptomatic, and manage polyposis with a variety of therapeutic options, without the need for frequent revision surgical interventions.

In this book, the authors provide important practical knowledge for treating physicians. This book also serves as an important academic update reference on nasal polyposis. Divided into three sections, the book covers differential diagnosis, new discoveries in etiology and advances in medical and surgical therapy. In the interest of focusing primarily on new knowledge, the authors elected not to include more established theories regarding polyp formation, such as the role of staphylococcal endotoxins, but do include newer areas such as the influence of P-Glycoprotein function, local immunity, vitamin D deficiency and acquired cystic fibrosis transmembrane conductance regulator deficiency, to name but a few. Sections on differential diagnosis, allergic fungal rhinosinusitis, AERD and cystic fibrosis sinusitis are of particular value to the practicing otolaryngologist, as will be the chapters on immunomodulators, topical therapies and advances in surgery. Sections covering the new discoveries in etiology are invaluable to the subspecialist, a resident preparing for the boards and academic otolaryngologists.

Nasal polyposis is at the forefront of a new era in which the many different manifestations of CRS and of nasal polyposis are appropriately classified and differentially managed. I congratulate the authors in compiling this informative volume and look forward to additional editions as our knowledge and our therapeutic options continue to further evolve.

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