Introduction—“Paranasal sinus abnormalities” are commonly reported in granulomatosis with polyangiitis (EGPA) representing one of the six 1990 ARA classification criteria for the disease. Although frequently encountered, the definition of “paranasal sinus abnormalities” in EGPA has been based on a number of often-vague patients’ symptoms making it uncertain to assess the real prevalence, the presentation pattern and the clinical course of ENT involvement in EGPA. The purpose of this study was to describe the frequency and the clinical presentation of ENT involvement in a series EGPA patients. We focused on sinonasal involvement and on cytological analysis, as a tool to better-diagnosed sinonasal inflammatory diseases.

Methods—Thirty-seven EGPA pts (20F; mean age 57.7 ± 14 yrs) were enrolled in this cross-sectional study. Fiber-optic nasal endoscopy was performed in all cases leading to the following diagnosis:

- normal;
- allergic (AR) or non allergic rhinitis (NAR);
- CRSwNP or CRSSNP. In all cases, nasal cytologic analysis was performed.

NAR, CRSwNP and CRSSNP pts were further subclassified accordingly to predominant nasal cellular population. The impact of sinonasal involvement on QoL was evaluated by the SF-36 and the Sino-Nasal Outcome Test-22. Correlations between the different variables were analyzed using linear regression and the Spearman coefficient (P < 0.05).

Results—AR was diagnosed in five, CRSSNP in nine, CRSwNP in 13, NAR in eight patients [of which five with eosinophils (NARES), two with neutrophils (NARNE), and one without any cytological alteration], and normal in only two patients. Health-related QoL was deeply impacted by sinonasal involvement (mean SNOT22: 26.9; mean ISF-36: 42.2; mean ISM-36: 49.8).

Conclusion—CRS represents the “clinical prototype” of ENT involvement in EGPA. Sinonasal involvement greatly affects patients’ QoL, therefore, multidisciplinary efforts are required in order to optimize nasal symptoms treatment and to improve the management of EGPA patients in clinical practice.

http://dx.doi.org/10.1016/j.lpm.2013.02.116