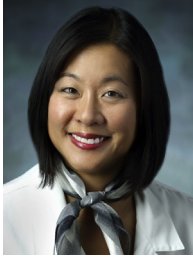




Preface

Chronic Rhinosinusitis: An Evolution of Knowledge



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Editor

Chronic rhinosinusitis (CRS) is a common medical problem, frequently seen by those in primary care, allergy, and otolaryngology. Our understanding of chronic sinusitis is continuously evolving, with some recent substantial advancements in the knowledge of the pathophysiology of CRS and new treatment options. For example, there is a greater understanding of how the environment, through allergic rhinitis, air pollution, and the patient's own microbiome, may play a role in the development of CRS. The recognition of CRS as an inflammatory disease state has been further refined, but trying to define the disease in terms of phenotype, endotype, and biomarkers (a better understanding particularly of endotypes and biomarkers) will, it is hoped, allow for future refinement of treatment into a personalized approach for each patient. One of the newest breakthroughs in CRS treatment is the recent Food and Drug Administration approval of a biologic agent specifically indicated for the treatment of nasal polyps (dupilumab), but questions remain about what roles biologics should play in the treatment algorithm and which are the ideal patients to be treated with a biologic for nasal polyps. The understanding of different types of CRS inflammation has led to the recognition that certain patients with non-steroid-responsive inflammation may benefit from the anti-inflammatory effects of macrolides or doxycycline as a treatment regimen. There is continued interest in how to deliver treatment for CRS topically, with topical steroid irrigations becoming a mainstay of treatment prescribed by many physicians. There are also several subsets of chronic sinusitis patients that present unique diagnostic and treatment challenges that are discussed in this issue. Patients with nasal polyps and aspirin-exacerbated respiratory disease frequently have difficult-to-control asthma and nasal polyps that often recur quickly after surgery, a frustrating situation for both the patient and the physician. Similarly, patients with allergic fungal sinusitis may present with massive polyposis and must be correctly diagnosed and managed to optimize the chance for resolution of the disease. The authors of the articles in

this issue present the most up-to-date concepts on the above topics (and more!), touching on recent interesting topics and developments in our understanding of CRS.

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