Functional endoscopic surgery to the sinuses

A minimally invasive treatment for sinusitis

Endoscopy is now being used for both diagnosis and surgical treatment of disorders of the nose and paranasal sinuses. Endoscopic examination has improved our understanding of the pathological basis of chronic and recurrent sinusitis.

Direct observations of mucociliary clearance patterns have shown that there are clear cut pathways in the sinuses, with secretions always trying to leave through the natural ostia.¹ The maxillary and frontal sinuses both drain into the nose through narrow channels in the ethmoids, an area subject to frequent anatomical variations and known as the “ostiomeatal complex.”² In health these narrow clefts convey mucus into the nose with no difficulties. But if the mucosa becomes inflamed these pathways in the ethmoids will become obstructed and impede normal sinusonal drainage, possibly acting as a focus for recurrent or persistent inflammation, producing the clinical picture of “maxillary” or “frontal” sinusitis. This condition can now be treated by endoscopic functional surgery, which relies on the ability of diseased sinus mucosa to recover when the source of inflammation has been removed. Clinical reports suggest that this potential reversibility may have been underestimated.³⁴

The concept that the ethmoid sinuses might influence inflammatory disease in adjacent sinuses is not new,⁵ but our ability to visualise directly areas of mucosa and accurately image the deeper recesses of the sinuses has allowed direct confirmation of the association.⁶ This evidence gave a logical basis for a direct surgical approach to the ethmoids as an alternative to and possibly a replacement for the traditional radical procedures such as the Caldwell-Luc operation—at least until disease in the ostiomeatal complex area has been assessed and treated.⁷

Outpatient diagnosis in adults and children is made using 4 mm and 2-7 mm telescopes in the nose.⁸⁹ Surgery is performed under either local or general anaesthesia and differs from other types of ethmoidectomy in that the procedure is carried out entirely under direct vision and an external incision is avoided. The technique is demanding and requires a detailed knowledge of ethmoid anatomy. Careful endoscopic follow up is required, but there is less of a need for x-ray examinations as the sinuses can be inspected directly if symptoms of disease recur.

Endoscopic sinus surgery remains a limited specialised procedure in Britain. The lack of disease classification and long term follow up has meant that there have been no controlled studies, but clinical reports of several thousand procedures from Europe and the United States show results when performed by an experienced endonasal surgeon similar to the older approaches.¹⁰ The main benefits of the technique comes from the accurate diagnosis of early disease, particularly when there is a localised cause for widespread sinus inflammatory changes. In these circumstances endoscopic surgery can be effective without the morbidity associated with traditional approaches.

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Adult consequences of early parental loss

Quality of care matters more than the loss itself

Many studies show an increased risk of adult affective disorder after loss in early childhood. The studies support theories that link depression with the quality of the child’s psychological response to the death or other loss of a person who is important to them.¹² But the degree of risk varies from study to study, and much effort has been made to explain these variations and to decide whether it is the loss itself that constitutes the risk. It may not be.

The childhood experiences that precede depression or anxiety in adulthood¹³ have been identified mainly for women,¹⁴ but associations have also been found for men.¹⁵ Loss results not only from the death of a parent¹⁶ but also from separation caused, for example, by marital breakdown, hospitalisation, and wartime evacuation.¹⁷ The term “early” has been used in the studies to cover the whole of childhood up to the age of 17. Studies have nearly always been retrospective, with possibly inaccurate data about early separations and the domestic circumstances at the time being recalled by the subjects. Adult subjects have been drawn from a wide age range (18 to over 50) of people from outpatient clinics and the general population and have shown varying degrees of

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