TOPYCAL HYALURONIC ACID IN RHINITIS MEDICAMENTOSA: COULD OUR PROSPECTIVES BE CHANGED?

Vella, Paola. MD, Unit of Otolaryngology, University Campus Bio-Medico, Rome, Italy.

Casale, Manuele. MD, PhD, Associate Professor, Unit of Otolaryngology, University Campus Bio-Medico, Rome, Italy.

Moffa, Antonio. MD, Unit of Otolaryngology, University Campus Bio-Medico, Rome, Italy

Sabatino, Lorenzo. MD, Unit of Otolaryngology, University Campus Bio-Medico, Rome, Italy.

Iannella ,Raffaella. MD, Area of Otolaryngology University Campus Bio-Medico, Rome, Italy

Lopez, Michele Antonio. MD, Dentist, Private Practitioner, Rome, Italy

Oliveto, Giuseppe. MS, Unit of Otolaryngology, University Campus Bio-Medico, Rome, Italy.

Baptista, Peter. MD, Unit of Otolaryngology, University of Navarra, Campus Universitario, Pamplona, Spain.

Salvinelli, Fabrizio. MD, Full Professor, Unit of Otolaryngology, University Campus Bio-Medico, Rome, Italy.

Unit of Otolaryngology, Campus Bio-Medico University, School of Medicine, Via Alvaro del Portillo 21, 00128 Rome, Italy, Tel.: +39 06 22541522

Background

This study was designed to prospectively evaluate the role of nebulized hyaluronic acid (HA) given for 10 days as treatment for rhinitis medicamentosa (RM).

Methods

Twenty-five patients have been treated with HA nebulized through spray-sol twice a day (morning and evening) for 10-days (T1) (HA spray-sol tp). Subsequently, after three days of wash-out, patients were treated with physiological saline nebulized through spray-sol twice a day (morning and evening) for 10 days. (T2) (Saline spray-sol tp). During the recruitment (T0), at T1 and T2, each patient underwent a subjective evaluation (Global Rhinitis Score, VAS questionnaire) and objective evaluation (endoscopic evaluation, anterior active rhinomanometry: RAA).

Results

HA spray-sol tp significantly improved VAS score (T0 = 6.25 ± 1.64 vs T1 = 3.91 ± 1.30; p <0.05), whereas there was no statistically significant difference in the Saline spray-sol tp (T0 =6.25 ± 1.64 vs T2 = 5.062 ± 1.45; p > 0.05), results confirmed by the RAA data (HA spray-sol tp T0 = 1.193 ± 0.83 vs T1 = 0.44 ± 0.25, p <0.05 ; Saline spray-sol tp T0 = 1.193 ± 0.83 vs T2 = 0.80 ± 0.45, p> 0.05). An improvement in the GRS questionnaire score was recorded in both groups (T0 = 15.37 ± 5.16 vs T1 = 5.54 ± 3.23, p <0.05; Saline spray-sol tp T0 = 15.37 ± 5.16 vs T2 = 10, 7 ± 5.43; p <0.05). Both groups showed significantly reduction of mucosal edema and nasal secretions. Patients treated with HA spray-sol have reduced or even eliminated (11\25 patients) the use of topical decongestant within 10 days of treatment with HA (T0 = 4 ± 1.53 vs T1 = 0.958 ± 0.806, p <0.05).

Conclusion : The results of this study suggested that Hyaluronic acid administered with Spray-sol should stop the use of nasal decongestants, reduce the nasal obstructive syndrome and improve the quality of life of patients, so plays a pivotal role in the management of RM.