

## Letters to the Editor

Dear Sir,

In their paper entitled 'Objective assessment of endoscopic sinus surgery in the management of chronic rhinosinusitis: an update' (*Journal of Laryngology and Otology* 108: 749–753), Lund and Scadding (1994) showed patients with chronic sinusitis improved with endoscopic sinus surgery (ESS), both subjectively (including individual symptoms) and objectively. They pointed out many other authors who focused on the subjective improvement of symptoms without objective tests in the reporting of their results after ESS, consistently obtaining symptomatic improvement in more than 80 per cent of patients.

In recent years, ESS has become popular in the surgical management of chronic sinusitis at the expense of the more traditional Caldwell-Luc operation. One reason for this was due to more recent studies showing that the ostio-meatal complex was the primary focus of disease with the major sinuses being only secondarily involved (Messerlinger, 1994). Functional ESS, involving surgical manipulation directed at the root of the disease, may seem to be more effective than the Caldwell-Luc operation which is directed mainly at the antrum itself. This, together with the frequently quoted anecdotal cases of patients with failed Caldwell-Luc procedures (CWL) who were successfully treated with ESS, may lead to the conclusion by many that patients with chronic sinusitis do not improve after the Caldwell-Luc procedure in practice.

Just before the passing of the era when the CWL procedure was commonly used to treat chronic sinusitis, I had the opportunity to study 55 patients at 12 to 55 months (mean 34 months) after the CWL operation for chronic sinusitis (without associated nasal polyposis) who had failed medical therapy. Of the patients studied, 85.5 per cent reported an overall improvement or cure of their symptoms as a result of the operation. Yarrington (1984) also found most patients had overall symptomatic relief after the CWL operation for chronic sinusitis. The success of the CWL procedure in achieving an overall relief of the symptoms of chronic sinusitis in the majority of patients might have been the justification for its continued use to treat this condition for decades until the development of ESS in recent years.

Although the CWL procedure could lead to overall symptomatic relief in most patients with chronic sinusitis in practise, it is not the intention of this letter to advocate the continued use of the CWL procedure for the surgical treatment for this

condition. This operation, in most hands, carries a high complication rate (Stefanson *et al.*, 1988). Furthermore, individual symptoms such as post-nasal drip may be better relieved by ESS than the more traditional operations for chronic sinusitis (Lund *et al.*, 1991).

The aim of this letter however, is to caution against claiming for presuming that the ESS is more effective than the CWL procedure for treating chronic sinusitis, based solely on the ability to achieve overall symptomatic relief in more than 80 per cent of patients after ESS. Such claims must be substantiated by more quantitative assessments of individual symptoms and by objective tests in controlled studies.

Yours sincerely,

W. K. Low, F.R.C.S.(Ed), F.R.C.S. (Glas),  
Department of Otolaryngology,  
Singapore General Hospital,  
Singapore 0316,  
Republic of Singapore.

Fax: 65-2262079

### References

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Dear Sir

We agree with the point made by Mr Low in his final paragraph in that overall symptomatic relief represents only one parameter of success. Notwithstanding any physiological consideration, 84 per cent of patients undergoing inferior meatal antrostomy also consider the operation successful. However, when the results of individual symptoms are considered, following both inferior meatal antrostomy and Caldwell Luc, a significant proportion are either not improved or actually made worse by the procedure (Lund, 1988; Pettila *et al.*, 1994). This has not been our experience with endoscopic surgery in the middle meatus.