

Table 1. Summarized information of different studies on recurrent nasal polyposis

Author Year (Reference)	Patients	Medical intervention	Follow-up duration	Recurrence rate of Nasal polyposis (NP)
Dingsør 1985 (27)	Total: 37	Flunisolide 2 × 25 mcg in each nostril twice daily	1 year after the surgery	Reduction of NP number (0.05) and size (0.03) in treatment group
Gulati 2001 (29)	Treatment gr:38 Placebo gr:25 Age: 18-65	Budesonide nasal spray two puffs of 50 mg twice a day each nostril	9 months after the surgery	Recurrent observed in 25% of treatment gr. and in 80% of placebo group
Dijkstra 2004 (31)	Total: 162 Men: 92 Female:70 Age: 18-78	Fluticasone propionate aqueous nasal spray (FPANS) Group1: 400mg Group2:800mg Group 3: placebo	1 year after FESS	Recurrence rate: Gr1/Gr3:1.22 (95% CI :0.70–2.13) Gr2/Gr3:1.48 (95% CI :0.86–2.66)
Hashemi 2011 (32)	Total: 50 Age: 17-64 years Treatment (gr1):25 Placebo (gr2):25	Amphotericine B (50 mg in 500 still water twice daily)	6 months follow- up after FESS	Gr1:84% of patients improved 14% unchanged Gr2:88% improved 12% unchanged No significant relation was observed between gr1 and gr2
Hoseini 2012 (23)	Total: 100	No medical interven- tion	2 years after meticulous endoscopic surgery	Recurrence rate: 8% P-value: 0.014

and infiltration (33). According to studies, applying antibiotics, local or systemic corticosteroids after the surgery are considered to be influential in controlling and reducing the incidence of recurrent NP and also would increase the efficacy of polyposis surgery (34).

In conclusion, based on the articles studied in this review, the incidence of polyposis recurrence after the surgical intervention is known to be common but several conditions can increase this recurrence. Although the surgical tools have shown considerable success in diminishing the sinonasal polyposis, history of previous Surgeries and the severity of polyposis before the surgery, the presence of diseases such as asthma, aspirin intolerance and etc., are factors which increase the recurrent polyposis rate or the requirement for revision

surgery. Severe and accurate postoperative control of any slight recurrency should be intensively evaluated. To reduce the requirement for revision surgery or the incidence of recurrent polyposis, severe medical regimens are suggested pre and postsurgical interventions.

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Conflict of Interest

The authors declare no conflict of interest.