Dear Editor:

Dr. Smith and his colleagues have again presented a comprehensive review of a subset of patients with chronic rhinosinusitis (CRS) undergoing endoscopic sinus surgery (ESS) and show that even patients with minimal sinus computed tomography (CT) abnormalities appear to benefit for at least 6 months across multiple quality-of-life domains. Only 6% of the patients (n = 17) undergoing ESS represent low-stage CT of ≤3 by Lund-Mackay, and the results hold when two of the 17 patients with opacified sinuses (a Lund-Mackay score of 2) are excluded from analysis.1

The authors failed to mention whether patients underwent concomitant septoplasty or turbinate reduction. Inclusion of this information is important, because intranasal contact points and obstruction can trigger some headache patterns independent of presence or absence of mucosal disease in the sinuses. If the majority of symptoms leading to the diagnosis of CRS were nasal blockage and facial pain/pressure, then it is conceivable that intranasal surgery alone may be responsible for the improvement independent of sinus surgery. The results are even more remarkable if septoplasty or turbinate reduction was an exclusion from enrollment in this study, but without this information it is not clear if it was the nasal or the sinus surgery that led to patients’ improvement.

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