

The use of Anti-Reflux therapy in patients with chronic rhinosinusitis associated with Laryngopharyngeal Reflux

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Abstract: chronic rhinosinusitis is a persistent inflammatory condition of the nasal cavity and paranasal sinuses that lasts for at least three months and affects millions of individuals worldwide, representing a significant clinical and socioeconomic challenge due to its prolonged course, high symptom burden, and substantial recurrence rates even after optimized medical and surgical therapy. Although the disorder is widely recognized as multifactorial, with contributing elements such as impaired epithelial barrier function, altered microbiota composition, genetic susceptibility, environmental exposure, and dysregulated local and systemic immune responses, increasing attention has been directed toward the potential impact of laryngopharyngeal reflux as an overlooked but clinically important factor capable of sustaining inflammation in the upper aerodigestive tract. Experimental and clinical studies have demonstrated that refluxate containing pepsin and other gastric components may reach the nasopharynx and sinonasal mucosa, where it induces epithelial injury, promotes mucous hypersecretion, alters local microbial ecology, and triggers neurogenic inflammatory pathways, ultimately impairing mucociliary transport and facilitating bacterial colonization and secondary infection. Given that unsatisfactory postoperative outcomes remain a considerable problem and that reflux-related mucosal irritation has been implicated in delayed healing and disease persistence, the present study aimed to investigate whether postoperative antireflux treatment may influence symptom dynamics and recurrence rates in patients with chronic rhinosinusitis with or without nasal polyps who also exhibit signs of laryngopharyngeal reflux. A prospective clinical study included 52 patients examined at the Kolomyychenko Institute of Otolaryngology between 2023 and 2024. Patients were divided into two groups: 26 received proton pump inhibitor therapy with antacids in the postoperative period, while 26 did not. All underwent videoendoscopic rhinoscopy, laryngoscopy, and computed tomography of the paranasal sinuses. Symptoms were assessed by the Sino-Nasal Outcome Test-22, endoscopic manifestations by the Lund-Kennedy scoring system, and reflux status by the Reflux Symptom Index and Reflux Finding Score. Preoperatively, groups showed no significant differences. Three months after surgery, patients who received anti-reflux therapy had a significantly lower mean Sino-Nasal Outcome Test-22 score compared with controls, indicating greater symptom reduction, although endoscopic improvements were similar in both groups. During follow-up, recurrence was observed in 19.2% of treated patients and 30.8% of untreated patients, with a trend toward fewer recurrences under therapy, but without statistical significance due to limited sample size and short observation. The results confirm that signs of laryngopharyngeal reflux are common in

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patients with chronic rhinosinusitis and suggest that anti-reflux therapy may enhance symptom control and possibly reduce recurrence risk after surgery. Larger, long-term studies are needed to clarify the role of reflux management in comprehensive treatment strategies.

Keywords: [Rhinosinusitis](#), [Nasal Polyps](#), [Laryngopharyngeal Reflux](#), [Proton Pump Inhibitors](#), [Surgical Endoscopy](#), [Treatment Outcome](#).

Introduction

Chronic rhinosinusitis (CRS) is a symptomatic inflammation of the nasal cavity and paranasal sinuses that lasts for at least 3 months [1, 2, 3]. CRS is a heterogeneous disease in which inflammation, mucociliary dysfunction, and changes in the microbial microenvironment interact with various influences that ultimately cause the disease [4]. Rhinosinusitis is a common disease in most parts of the world, leading to a significant burden on society in terms of healthcare service utilization and loss of productivity [5]. Chronic rhinosinusitis is an important medical problem and affects 5–12% of the general population [1, 6].

The cause of chronic rhinosinusitis has not yet been fully studied. Contributing factors likely include genetic predisposition, microbial pathogens, environmental influences, and allergy, although none of these factors alone is exclusively causal. The prevalence of asthma among people with chronic rhinosinusitis is estimated at 25%, which is 5 times higher than in the general population. The unified airway theory suggests that these two conditions share many etiological factors, given their similar cellular biology and known triggers [3].

The etiology of CRS is multifactorial and is likely influenced by numerous genetic and environmental factors. Some literature sources suggest that laryngopharyngeal reflux is a major factor contributing to chronic inflammation of both the upper and lower airways, and several recent studies have reported an association between laryngopharyngeal reflux and CRS [7, 8, 9, 10].

Laryngopharyngeal reflux (LPR) is a pathological condition in which regurgitation and the impact of gastric refluxate affect extraesophageal structures [11]. LPR is a syndrome associated with a set of symptoms, including hoarseness, chronic cough, dysphagia, and other complaints [12, 13].

The term "laryngopharyngeal reflux" describes both the anatomical location of the disease and its cause. This term was adopted by the American Academy of Otolaryngology – Head and Neck Surgery in 2002 and is currently widely accepted [14].

Although chronic rhinosinusitis and laryngopharyngeal reflux have different clinical manifestations and courses, they may coexist in the same

patient. Current clinical studies indicate the existence of an association between LPR and CRS. Case–control studies have shown that patients with LPR are at risk of developing sinusitis within a year after diagnosis [8, 15, 16, 17]. A group of authors, including DelGaudio et al. [9], found that patients with recurrent chronic rhinosinusitis had a higher incidence of LPR compared to the control group. The pathogenesis of CRS in the context of LPR has not yet been fully elucidated, but most researchers believe that it is related to mucosal damage caused by direct stimulation, the action of pepsin, and autonomic hyperreactivity induced by reflux. All these factors cause swelling and retention of secretions in the nasal and sinus mucosa, leading to secondary infection [18].

Current treatment for CRS consists of intranasal topical steroids [19, 2]. For patients who do not respond to topical steroids, endoscopic sinus surgery is recommended [20]. The reasons for surgical failure, prognostic factors, prevention strategies, and management options after ineffective surgery have become the subject of recent research. Many different causes, including incomplete removal of polypoid tissue, aggressive disease course unresponsive to surgery, and impaired ciliary motility, have been recognized as major factors contributing to CRS recurrence after surgical treatment [21, 20, 22]. In addition, a number of studies indicate the important role of gastric acid reflux as a factor in the recurrence of the disease after surgical treatment [7, 8, 22, 13].

Aim

The aim of the study was to investigate the effect of anti-reflux therapy on the frequency of recurrence of chronic rhinosinusitis (with and without nasal polyps) associated with laryngopharyngeal reflux.

Materials and Methods

At the Clinic of the State Institution "O.S. Koliomychenko Institute of Otolaryngology of the National Academy of Medical Sciences of Ukraine," during the period from 2023 to 2024, 52 patients with chronic rhinosinusitis associated with laryngopharyngeal reflux were examined. Among them, there were 25 men (48.1%) and 27 women (51.9%). Chronic rhinosinusitis with nasal polyps was diagnosed in 42 (80.8%) patients, while chronic rhinosinusitis without nasal polyps was identified

in 10 (19.2%) patients. All patients underwent videoendoscopic rhinoscopy, videoendoscopic laryngoscopy, and multislice computed tomography of the paranasal sinuses.

For the diagnosis of laryngopharyngeal reflux, we used the "Reflux Symptom Index" (RSI) [23]. Objectification of the laryngoscopic picture and dynamic monitoring were carried out using the Reflux Finding Score (RFS) [23, 24].

As postoperative anti-reflux therapy, we used a proton pump inhibitor (omeprazole), prescribed at 20 mg twice daily, 30–60 minutes before meals. In order to protect the mucosa of the upper respiratory tract, antacid preparations (magnesium hydroxide, aluminum phosphate) were prescribed. Antacids were generally taken before bedtime when the patient assumed a horizontal position.

To study the effect of anti-reflux therapy on the frequency of recurrence (exacerbations) of chronic rhinosinusitis (with and without nasal polyps) associated with laryngopharyngeal reflux, 52 patients were divided into 2 groups: the main group (Group I) included 26 patients with chronic rhinosinusitis associated with laryngopharyngeal reflux who received anti-reflux therapy in the postoperative period, while the comparison group (Group II) consisted of 26 patients with chronic rhinosinusitis associated with laryngopharyngeal reflux who did not receive anti-reflux therapy after surgical treatment.

Symptoms of all patients were evaluated using the Sino-Nasal Outcome Test-22 (SNOT-22) [25]. Endoscopic manifestations of chronic rhinosinusitis were quantitatively assessed using the Lund-Kennedy endoscopic scoring system [26].

Follow-up protocol

All patients were examined at 1 month, 3 months, and every 3 months thereafter for a minimum of 12 months. Recurrence (exacerbation) was defined as increase in SNOT-22 score by ≥ 10 points from the 3-month postoperative level or return to preoperative values, AND/OR increase in Lund-Kennedy score by ≥ 2 points, confirmed by the treating otolaryngologist at visit.

Statistical data analysis

Continuous data are presented as mean \pm standard deviation. Normality was assessed with the Shapiro-Wilk test. Between-group comparisons of continuous variables were performed with the independent samples t-test (if normally distributed) or Mann-Whitney U test (if non-normal). Within-group pre- vs post-operative changes were analyzed with paired t-test or Wilcoxon signed-rank test. Categorical variables (recurrence rates) were compared using chi-square test or Fisher's exact test. 95% confidence

intervals (CI) were calculated for differences in means or proportions. No adjustment for multiple comparisons was applied due to the exploratory nature of the study. Sample size was not formally calculated a priori (pilot study); post-hoc power analysis was not performed. A p-value < 0.05 was considered statistically significant.

Results

The mean total preoperative SNOT-22 score (for all 22 items) in patients of Group I was 38.3 points, while in Group II it was 37.5 points.

The mean SNOT-22 score at follow-up examination (after completion of anti-reflux therapy, three months after surgical treatment) in Group I patients was 20.1 points, while in Group II patients it was 28.6 points. A comparative analysis of the mean SNOT-22 scores in both study groups is presented in Table 1.

Table 1. Comparative characteristics of mean SNOT-22 scores in study groups

	Groups	
	Main group	Comparison group
Preoperative	38,3	37,5
Postoperative	20,1	28,6

As seen in Table 1, no statistically significant difference was observed between the pre-treatment mean SNOT-22 scores in both groups. However, three months after surgical treatment, the mean score in the main group was significantly lower than in the comparison group (95% CI = 24.56–32.64, $p = 0.0035$).

When analyzing the endoscopic manifestations of chronic rhinosinusitis, the following results were obtained: no statistically significant difference was found between the Lund-Kennedy endoscopic scores before surgical treatment in both groups. The mean preoperative Lund-Kennedy score in Group I patients was 4.8 points, while in Group II patients it was 4.7 points. A comparative analysis of mean Lund-Kennedy scores in both study groups is presented in Table 2.

Table 2. Comparative characteristics of mean Lund-Kennedy scores in study groups

	Groups	
	Main group	Main group
Preoperative	4,8	4,7
Postoperative	3,8	3,9

As shown in Table 2, there was significant improvement between preoperative and three-month postoperative Lund-Kennedy scores in both groups. However, no statistically significant difference was found between the postoperative scores of the main group (3.8 points) and the comparison group (3.9 points) (95% CI = 3.50–4.30, $p = 0.720$).

When evaluating the frequency of recurrences depending on the study group, the following results were obtained: in Group I, 5 recurrences (19.2%) were recorded, of which 3 (11.5%) occurred during the first year of follow-up. In Group II, 8 recurrences (30.8%) were registered, of which 5 (19.2%) occurred within the first year. Although the recurrence rate was lower in the group receiving anti-reflux therapy, no statistically significant difference was established (95% CI = 8.6–37.9, $p = 0.361$). The recurrence frequency depending on the study group is shown in Figure 1.

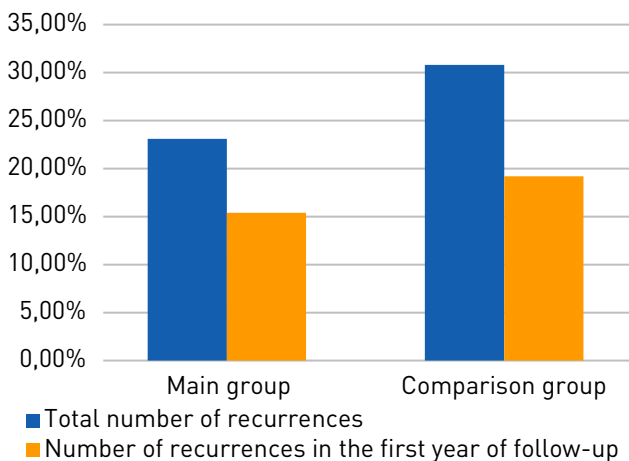


Fig. 1. Recurrence frequency depending on the study group.

Discussion

The findings of this study demonstrate that postoperative antireflux therapy may play a beneficial role in improving symptom control in patients with chronic rhinosinusitis associated with

laryngopharyngeal reflux. Patients receiving proton pump inhibitors and antacid therapy showed a more pronounced reduction in sinonasal symptoms three months after endoscopic sinus surgery, as measured by the Sino-Nasal Outcome Test-22. This suggests that reducing exposure to gastric refluxate may support postoperative mucosal healing and symptom improvement. However, endoscopic findings did not significantly differ between groups, indicating that symptomatic improvement may precede visible structural changes or that endoscopic markers may be less sensitive to early postoperative effects of reflux management. The lower recurrence rate observed in the treated group, although not statistically significant, aligns with published literature suggesting a link between laryngopharyngeal reflux and persistent sinonasal inflammation. The lack of statistical significance is likely related to the modest sample size and relatively short follow-up period, which limit the ability to detect differences in disease recurrence. Nonetheless, the observed trend emphasizes the potential clinical relevance of antireflux therapy as an adjunctive measure after sinus surgery. Future studies with larger cohorts and longer follow-up durations are warranted to clarify the impact of reflux control on surgical outcomes, recurrence risk, and long-term disease progression in chronic rhinosinusitis.

Conclusions

1. Patients with chronic rhinosinusitis demonstrate a high frequency of clinical signs of laryngopharyngeal reflux.
2. The use of anti-reflux therapy as adjunctive treatment in patients after endoscopic sinus surgery contributes to the reduction of chronic rhinosinusitis symptoms.
3. Considering the relatively short follow-up period and small clinical study groups, the obtained results do not allow drawing definitive conclusions regarding the effect of anti-reflux therapy on the frequency of recurrence (exacerbations) of chronic rhinosinusitis associated with laryngopharyngeal reflux.

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Eldar Ismahilov; Yaroslav Kizim. Investigation – Eldar Ismahilov. Resources – Eldar Ismahilov. Data Curation – Eldar Ismahilov; Yaroslav Kizim. Writing – Original Draft – Eldar Ismahilov; Yaroslav Kizim. Writing – Review & Editing – Diana Zabolotna. Visualization – Diana Zabolotna; Yaroslav Kizim. Supervision – Diana Zabolotna. Project Administration – Diana Zabolotna. Funding Acquisition – not applicable

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Використання антирефлюксної терапії у пацієнтів з хронічним риносинуситом на фоні ларингофарингеального рефлюксу

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Анотація: Хронічний риносинусит — це симптоматичне запалення порожнини носа та придаткових пазух, яке триває щонайменше 3 місяці. Деякі літературні джерела припускають, що ларингофарингеальний рефлюкс є основним фактором, що сприяє хронічному запаленню як верхніх, так і нижніх дихальних шляхів. Мета оцінити ефективність антирефлюксної терапії у пацієнтів із хронічним риносинуситом (ХРС) на фоні ларингофарингеального рефлюксу (ЛФР) після ендоскопічної хірургії синусів. Матеріали і методи дослідження охопило 52 пацієнти з ХРС та ЛФР, які були розподілені на дві рівні групи: основну (отримували антирефлюксну терапію) та групу порівняння (без антирефлюксної терапії). Оцінювання проводилось за допомогою опитувальника SNOT-22, ендоскопічної шкали Лунд-Кеннеді, індексу симптомів рефлюксу (RSI) та оцінки ендоскопічних ознак ЛФР (RFS). Через 3 місяці після операції у пацієнтів основної групи було виявлено статистично значуще покращення стану за SNOT-22 ($p = 0,0035$), тоді як за шкалою Лунд-Кеннеді суттєвих відмінностей між групами не виявлено ($p = 0,720$). Частота рецидивів була нижчою у пацієнтів, які отримували антирефлюксну терапію, однак статистично значущої різниці встановлено не було ($p = 0,361$).

Ключові слова: риносинусит, носові поліпи, ларингофарингеальний рефлюкс, інгібітори протонної помпи, ендоскопічна хірургія, результат лікування.



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