**The endoscopic modified Lothrop procedure reduces systemic steroid requirements in chronic rhinosinusitis with nasal polyposis.**

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**Background:**

The frontal recess is a common site of recurrence in chronic rhinosinusitis with nasal polyposis. One explanation for this phenomenon is that standard endoscopic surgical techniques do not create an adequate opening for the delivery of topical corticosteroids to the frontal recess and sinus mucosa. We hypothesized that the use of the endoscopic modified Lothrop procedure would reduce polyp recurrence rates and the need for additional systemic steroid treatment.

**Methods:**

Retrospective chart review. A cohort of 58 patients with chronic rhinosinusitis with polyposis who underwent modified Lothrop procedure between 2006 and 2011 was compared to a control group of 66 patients who underwent standard endoscopic frontal surgery(Draf 1-2A&B)over the same time frame.

**Results:**

The Lothrop and control group were comparable in demographics and prevalence of atopic disease. The average follow up for the Lothrop group was 15.44 months and 16.29 months for the control group. Compared to patients who underwent standard endoscopic frontal sinusotomy, patients who underwent endoscopic modified Lothrop procedure required fewer courses of systemic steroid per postoperative year (0.72 VS 1.25, p <0.007) and were more likely to have a patent frontal out flow tract at last follow up (95% VS 64%, p <0.0001).

**Conclusion:**

For patients with recurrent chronic rhinosinusitis with nasal polyposis involving the frontal recess, the endoscopic modified Lothrop procedure may result in reduced systemic steroid requirements and an improved frontal sinus outflow tract.