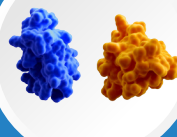



# Chronic Rhinosinusitis with Nasal Polyps: More than just Nasal Obstruction






Chronic type 2 inflammation worsens nasal congestion and may cause polyp growth<sup>1,2</sup>



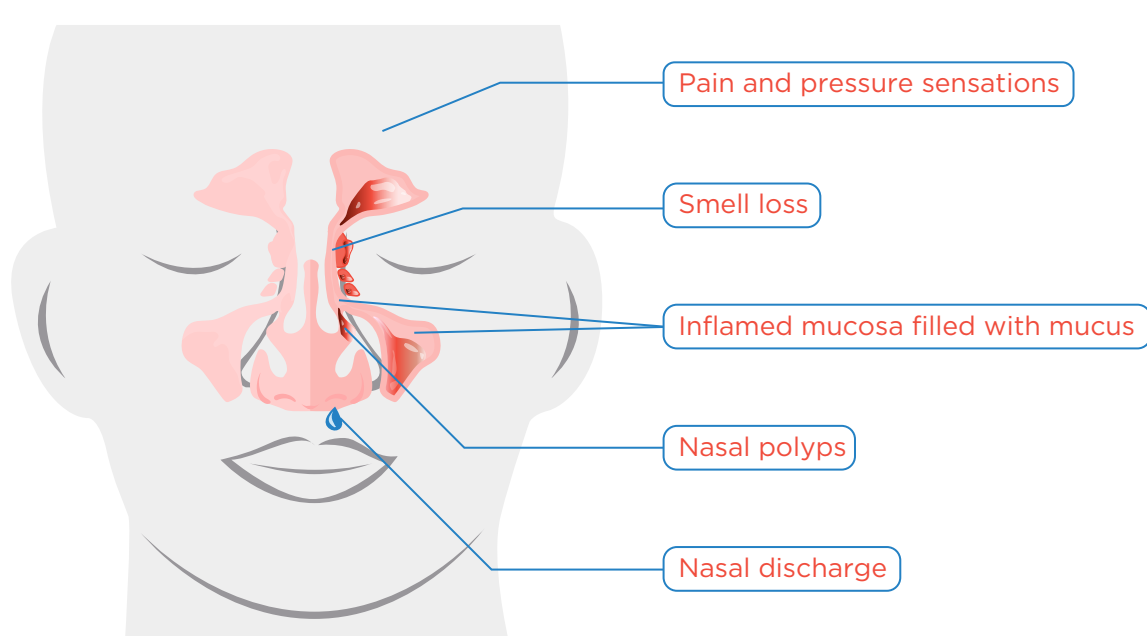
Nasal congestion is a key symptom in CRSwNP, but does not fully capture the multitude of other symptoms such as smell loss<sup>3</sup>



Persistent type 2 inflammation can contribute to nasal polyp recurrence<sup>2-7</sup>

## Nasal congestion is a manifestation of the underlying disease rather than the disease itself<sup>8</sup>

### Inflammatory changes associated with CRSwNP<sup>6</sup>



Nasal polyps can cause significant congestion, obstructing airflow to the olfactory cleft<sup>3,9,10</sup>

Treating congestion without addressing inflammation potentially cause recurring symptoms in CRSwNP such as smell loss and facial pain<sup>4,7,11-13</sup>

Effective management of CRSwNP requires targeting the root cause of type 2 inflammation<sup>3-5,7,9</sup>

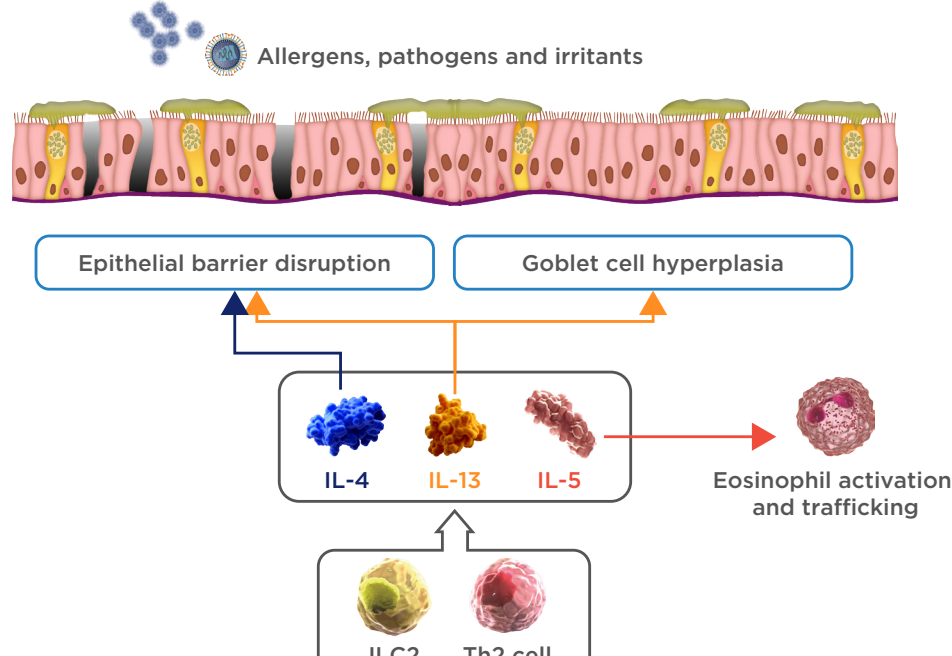
## CRSwNP is marked by elevated levels of type 2 inflammatory cytokines (IL-4, IL-5, and IL-13)<sup>4,7</sup>

IL-4	IL-13	IL-5
Differentiation of Th2 and ILC2 cells		
Activation of M2 macrophages; B-cell switching and IgE production		Eosinophil activation in bone marrow
Mast cell activation and trafficking to tissue; mast cell and basophil degranulation		
Epithelial barrier dysfunction and microbiome imbalance		
Tissue remodeling (e.g., subepithelial fibrosis)		
	Goblet cell hyperplasia and mucus production	
Eosinophil recruitment and trafficking to tissue		

Type 2 inflammation leads to nasal congestion, rhinorrhea, loss of smell and facial pain/pressure

## In CRSwNP, chronic type 2 inflammation causes abnormal changes in the nasal mucosa<sup>1</sup>

### Epithelial remodeling in CRSwNP<sup>1,4,5,7</sup>



In CRSwNP, IL-4 and IL-13 increases perlecan expression, causing fibrosis, edema, and barrier dysfunction<sup>4</sup>

Eosinophil infiltration releases inflammatory mediators, causing epithelial damage<sup>1</sup>

Type 2 cytokines increase matrix protein, worsening congestion and potentially contributing to formation of nasal polyps<sup>2</sup>

## Nasal polyp recurrence remains a significant challenge in the management of CRSwNP<sup>1,3,6,7,11,12,14</sup>

### Factors associated with the recurrence of nasal polyps

#### Persistent type 2 inflammation<sup>2,3,7</sup>

- Potentially drives nasal polyp growth despite initial treatment

#### Comorbid conditions<sup>3,7</sup>

- Asthma
- Allergic rhinitis
- Aspirin-exacerbated respiratory disease

#### Genetic factors<sup>5</sup>

- Increase susceptibility
- First-degree relatives of CRSwNP patients are at 4-fold increased risk

## In CRSwNP, nasal symptoms can have a profound effect on patient's quality of life (QoL)<sup>3,9</sup>



Reduced sleep quality



Social impact



Fatigue/tiredness



Depression/anxiety



Frustration/irritability



Impact on daily activities/work

The chronic nature of CRSwNP requires long-term management strategies to control symptoms and prevent exacerbations<sup>2</sup>

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#### ABBREVIATIONS:

CRSwNP, chronic rhinosinusitis with nasal polyps; IgE, immunoglobulin E; IL, interleukin; ILC2, type 2 innate lymphoid cells; QoL, quality of life; Th2, T-helper 2 cells.