

At 6 months *follow up* 81.9% patients were better, 10.5% same and 0.4% were worse. 7.14% patients were lost to follow up. 157 out of 266 patients were followed up after 12 months. Rest of the patients had been discharged at 6 monthly follow. At 12 months 84.7% were better and 13.4% were same. Total of 21 out of 266 (7.9%) had to undergo revision operations. 12 required 1 revision, 7 required 2 revisions and 2 required 3 revision operations. After revision FESS 13 out of 21 (61.9%) were better and 8 out of 21 (38%) were same. *Overall outcome* was 81.9% were better, 12% were same and 6% were lost to follow up.

DISCUSSION

Family practitioners, general physicians, paediatricians, allergists and otolaryngologists see large numbers of patients with symptoms of facial pain, pressure, nasal obstruction and nasal discharge. According to the National Centre of Disease Statistics, sinusitis has become the number one chronic illness in the United States, surpassing arthritis⁷. For the majority of patients, sinonasal disease is a nuisance that causes absence from school, work and social functions. However it may exacerbate more serious illnesses such as asthma or chronic obstructive pulmonary disease, necessitating the use of long term daily steroids or increase in other pulmonary and cardiovascular medications. There are several ways to estimate treatment success when dealing with sinonasal disease. One is to examine the sinonasal area and see whether it is free of polypoid disease. Another is to determine patient satisfaction through relief of symptoms. Failure is determined by inability to rid patients of symptoms.

The use of endoscope as a functional tool was pioneered by Messerklinger in 1985 and has been popularised as the surgical treatment of choice for uncomplicated chronic inflammatory sinus disease. Much of the available literature concerns the theory, technique and complications of FESS. Both retrospective and prospective outcome analysis have been published with variable experimental designs, results and conclusions. The criteria used for success and failure, patient selection and the precise means and length of follow up are highly variable. Colclasure et al⁸ had 300 patients with success rate of 94% and complications <1%. Ramadan⁹ had 337 patients with minor complications rate of 15.1% and major complications of 1.5%. Nass et al⁹ reported prospectively on 18 patients finding an 89% success rate postoperatively. Matthews et al¹⁰ in their retrospective analysis of 155 patients determined outcome based on a subjective assessment of symptoms and physical examination. They had 90% success rate with minor complications of 1.5%.

In a prospective analysis of 250 patients Levine⁷ found that the success of FESS (80.2%) was independent of preoperative extent of disease and concluded that patient satisfaction was the best

determinant of success. Royal College of Surgeons England audit⁸ showed a success rate of 84% for blockage, 75% for pain relief and 96% for discharge after FESS. The overall complications were 1.4%.

Schaefer et al¹⁰ reported an 83% success rate in 100 patients, using clinical improvement, complications and need for further surgery as criteria for outcome. In our patient group, the criteria for failure included recurrent or residual symptoms or the need for revision surgery within the follow up period for 12 months. All patients who had a diagnosis of chronic sinusitis and underwent FESS were included in the study. Due to the retrospective design of the study, it was not possible to quantify the degree of improvement. We had an overall success rate of 81.9% for 266 patients, major complication rate of 0.37% and minor 10.5%. 7.9% required revision surgeries and 61.9% were better after revision operations. These results are comparable to those in the literature. Factors affecting outcome included asthma, polyposis and pansinusitis. Functional Endoscopic Sinus Surgery has good results and little morbidity. Extent of disease as reflected by polyposis and pan sinusitis is the most important determinant of the outcome.

CONCLUSION

Functional endoscopic sinus surgery has provided a safe, efficient method for dealing with identified disease. Surgery can be carried out safely and effectively. Nasal endoscopy provides an illuminated view into the nasal cavity so that chronic sinusitis and sinonasal polyposis can be managed with high success for alleviation of symptoms and improvement of disease with negligible morbidity.

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Conference News

The Third IDDF-ADA Postgraduate Course on Diabetes will be held from 29th September to 1st October 2006 at Chennai, India. The meeting will be hosted by the Madras Diabetes Research Foundation, Chennai. For further details, contact : Dr. K. Mohan, M.D., FRCP, Ph.D., D.Sc. Madras Diabetes Research Foundation & Dr. Mohan Diabetes Specialities Centre, No.4 Gnananandam Road, Eppalam, Chennai-600086, India. Phone : (91 44) 28258042, 28258051, 28258051, Fax : (91 44) 28258055, E-mail : mdrf@vsnl.com. Visit website at www.mdrf-ada.com or www.dr.mohandebates.com for details regarding registration etc.

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IMSA News

IMSA CHAPTER ACTIVITIES - April to June 2006

Tamil Nadu Chapter

- 09-04-2006 : Dr. Arjun Rajagopalan, "Finding, Filtering, Evaluating Rheumatology and Adopting Medical Evidence in Clinical Practice"
 14-05-2006 : Dr. Abraham Thomas, "Face Transplantation"
 11.06.2006 : Dr. Noordeen, "Elimination of Leprosy"

T.N. Chapter Venue : Ranipet (Vellore)

- 18.06.2006 : Dr. B. Sumathi, "Recent Advances in Management of Diarrhoeal Disorders in Pediatrics"
 Dr. M. Rajkumar, "Diabetic Foot Syndrome"

Delhi Chapter

- 01.04.2006 : "Clinical Meeting" in collaboration with Delhi Association at AIIMS, New Delhi
 17.06.2006 : "Scientific Programme" organised in collaboration with Delhi Rheumatology Association at Seminar room, Indian Spinal Injuries Centre, Vasant Kunj, New Delhi.

Rural CME

HONOR

Dr. Tarun Gupta, Addl. Secretary General, IMSA has been installed the Hony. Secretary of the Rotary Club of Delhi Chanakyapuri, R.I. Dist. 3010 for the year 2006 -2007.

World Congress on Clinical & Preventive Cardiology (WCCPC 2006)

Organised By

Cardiological Society of India, Delhi Branch (CSI Delhi Branch),
 Asian Pacific Society of Cardiology (APSC),
 Healthy Heart Education and Research Foundation (HHERF),
International Medical Sciences Academy (IMSA)

In association with

J.W. Global Hospital & Research Centre (J.GHRC),
 Defence Research & Development Organisation, Govt. of India (DRDO)
 Indian Academy of Echocardiography (IAE) &
 World Academy of Spiritual Science (WASS)

On September 22 to 24, 2006

At The Academy for a Better World Gyan Sarovar, Mount Abu, Rajasthan, India

ANNOUNCEMENT

SPECIAL HIGHLIGHTS : Recent advances in clinical cardiology, Preventive cardiology, hypertension, congestive heart failure, dyslipidemia, coronary artery disease, medical angioplasty, coronary imaging, cardiometabolic syndrome, echocardiography, electrophysiology and cardiac arrhythmia, interventional cardiology, cardiovascular surgery and cardiac anaesthesia. **REGISTRATION** : "Registration is free" for all Registered Delegates on "First cum First Serve Basis" upto 800 only upto July 15, 2006; fee of Rs. 2500/- will be charged from 16th July, 2006. **For Registration Contact: Dr. H.K. Chopra**, Organising Chairman, IMSA World HQ, 2nd Floor National Medical Library, Ansari Nagar, New Delhi 110029 E-mail: drhkchopra@yahoo.com, drhkchopra@gmail.com Fax: 011-26444242; M: +91-9811090204 Ph: 011-26444242, 25658826, 26656990 **Dr. Satish Kr. Gupta**, Organising Secretary, J.W. Global Hospital & Research Centre, Shantivan, 307510 (Abu Road, Rajasthan) E-mail: wccpc2006@bkindia.com, smbhmhealth@gmail.com, Fax : 02974 - 228116, M: +91-9829479888, +91-9414154041, Ph: 02974-228577, 228101...106, 228340

IMSACOM 2006 ANNOUNCEMENT

Organising Secretary IMSACOM 2006 at Lahore has desired that all delegates/ participants who have already sent their passport papers to Dr. Shaheena Asif, should apply for Visa to the Pakistan High Commission in India urgent. **For Details see Page 74.**

Dr. Pinnamanani Narasimha Rao International Award

Recommendations for "Dr. Pinnamanani Narasimha Rao International Award" are invited from Fellows and Members as also the Board of Trustees of IMSA. The recommendations should be sent along with biodata, colour passport size photograph and abstract of the paper, to IMSA Headquarter, New Delhi by **31st August 2006**. The Selected awardees will be required to deliver an oration at **IMSACOM 2006** at Lahore.

Secretary General, IMSA