

Sinonasal Polyposis

- Involves nasal cavity & paranasal sinuses (vs. retention pseudocysts mainly within sinuses)
 - Predominantly along lateral nasal wall & roof of nasal cavity
 - Anterior > posterior
 - Primarily mucoid or soft tissue density
 - Remodeling of sinonasal bones common in severe cases
- MR imaging with gadolinium helpful for differentiating sinonasal polyposis (SNP) from neoplasm & to assess extrasinus extent

Sinonasal Polyposis

- Chronic inflammation is major factor
- Associated with allergy, asthma, primary ciliary dyskinesia, aspirin sensitivity, & cystic fibrosis.
- Clinical
 - Although not life threatening, persistent SNP unresponsive to therapy can be chronic, debilitating disease
 - Medical therapy = treatment of choice
 - Topical & oral corticosteroids to reduce rhinitis symptoms, ↓ polyp size, & reduce recurrence
 - Surgery reserved for symptomatic relief & correction of cosmetic deformities, orbital and intracranial involvement

Allergic Fungal Sinusitis

- Atopic patient with multiple unilateral or pansinus involvement
- May mimic SNP; frequently seen in association with polyps
- CT shows high-density central material with low-density rim in expanded sinuses
- MR may show low signal on both T1 & T2 images

Sinonasal Polyposis

- Central Hyperdense Inspisated secretion
- Mucoid, inflamed mucosa, **polyps** along the walls
- **Mass effect**
- Preservation of bony septae
- DDx: Allergic Fungal Sinusitis

Sinonasal Polyposis





Coronal T1WI C+ FS MR in the same patient shows enhancement of the inflamed mucosa (white solid arrow) at the periphery of the polyps. There is slight expansion of the right maxillary sinus with elevation of the orbital floor (white curved arrow).