



XXXI CONGRESO
INTERNACIONAL

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SCAI 2025

SOCIEDAD CHILENA DE ALERGIA E INMUNOLOGIA

Avances en el manejo de la Rinosinusitis crónica: Consenso multidisciplinario

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Conflictos de interés

- Ninguno


Rinosinusitis crónica

Inflamación de la nariz y CPN

2 o más síntomas:

1 de los cuales tiene que ser:

12 sem o +

- Obstrucción o congestión nasal o
 - Descarga nasal (rinorrea anterior/descarga posterior)
- ± dolor o presión facial
- ±  o pérdida de olfato

Evidencia objetiva de inflamación sinusal:

Endoscopía → polipos, rinorrea, edema o

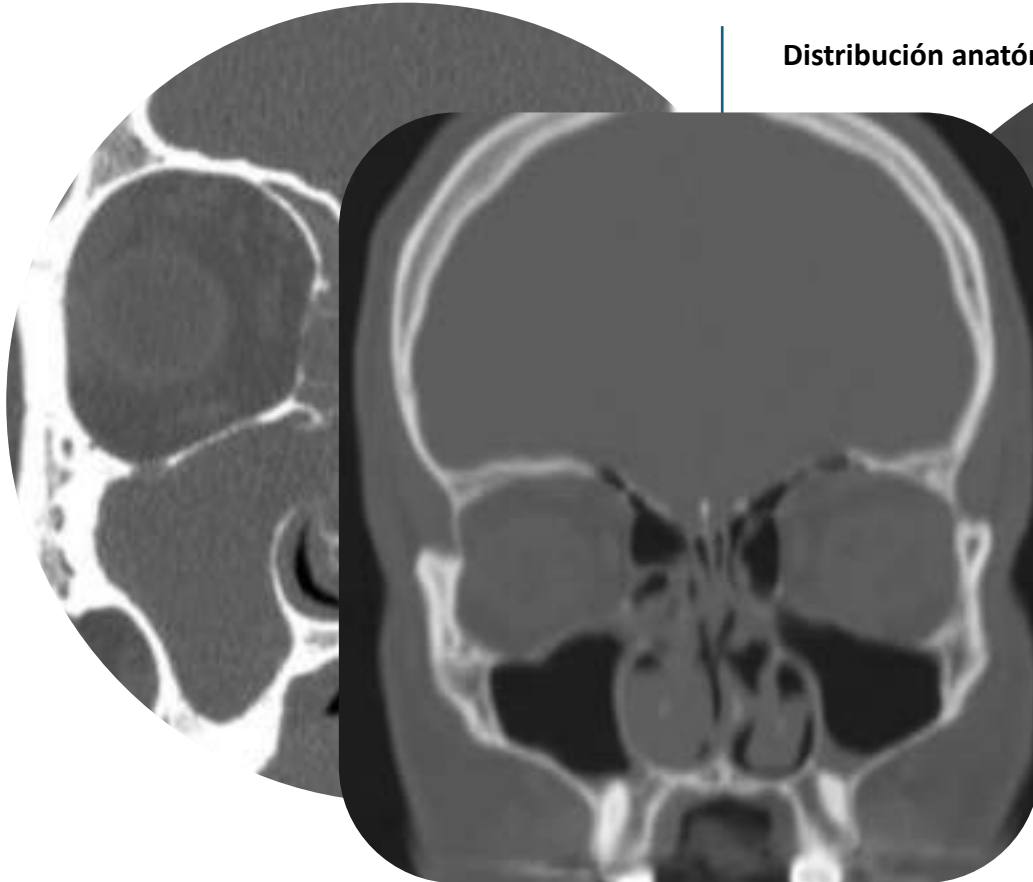
CT → cambios mucosos



Clasificación de RSC

Distribución anatómica

Ejemplos de Fenotipo



SFA

Sinusitis
aislada

CRSwNP/eCRS
Samter
SFA
EACC

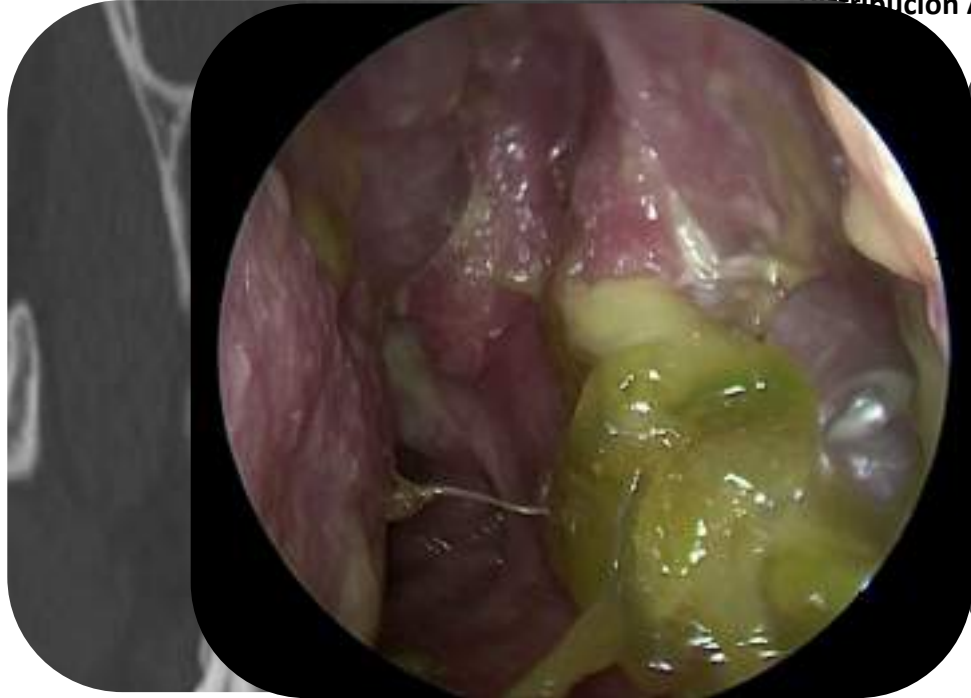
RSC No-e

eCRS \geq 10e/hpf (400x)

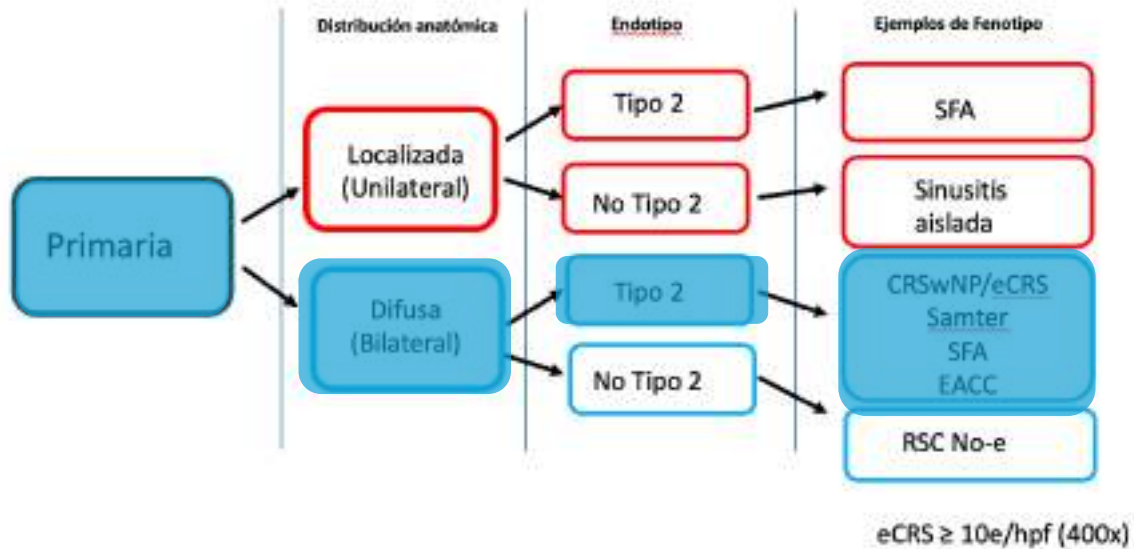
Clasificación de RSC

Distribución Anat

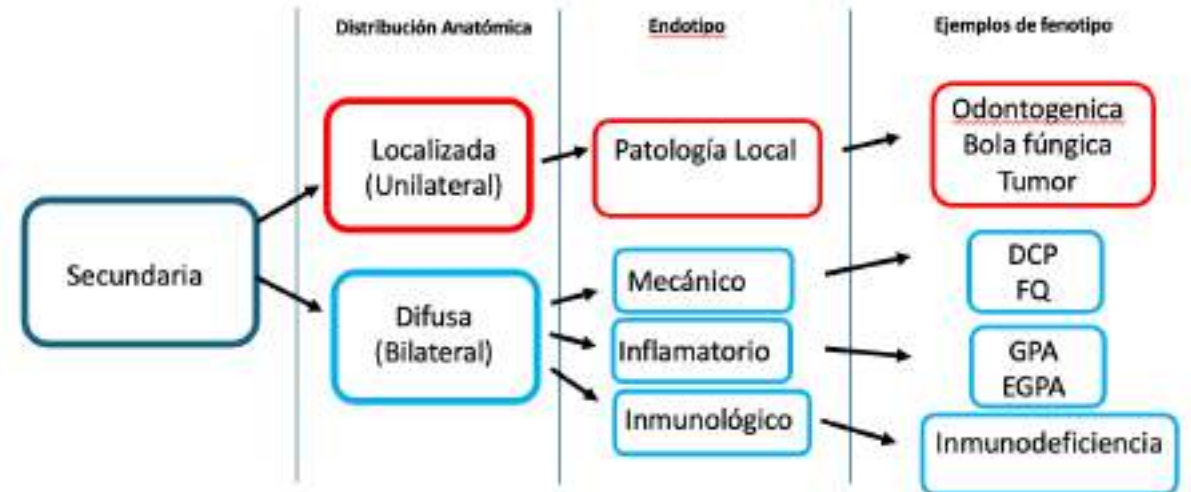
Ejemplos de fenotipo



La clasificación tiene un impacto en el tratamiento



IgE ≥ 100
Eos ≥ 250
E ≥ 10/hpf (400x)



Tratamiento médico apropiado

CRSwNP

- CIN
- Sinus Rinse
- Curso corto corticoide oral

- ATB oral es opcional

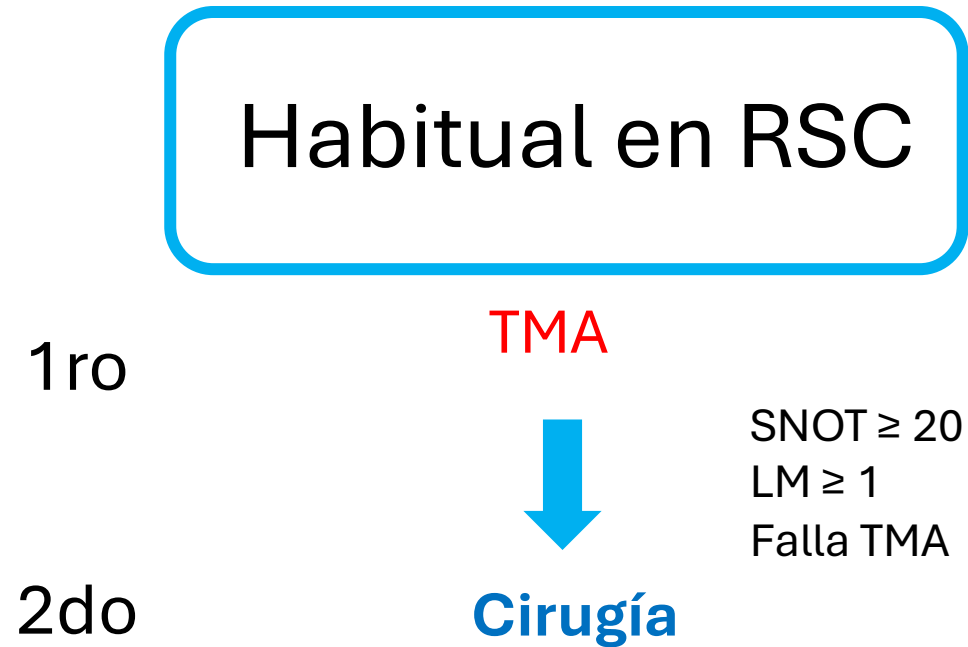
CRSsNP

- CIN
- Sinus Rinse
- Antibiótico oral

- Corticoide oral es opcional

Duración: Mínimo 3 a 4 semanas

Indicación de cirugía: Falla de TMA



Poco probable si:
Enfermedad LEVE
SNOT-22 < 20

Indicación de cirugía: Falla de TMA

Poliposis severa



1ro

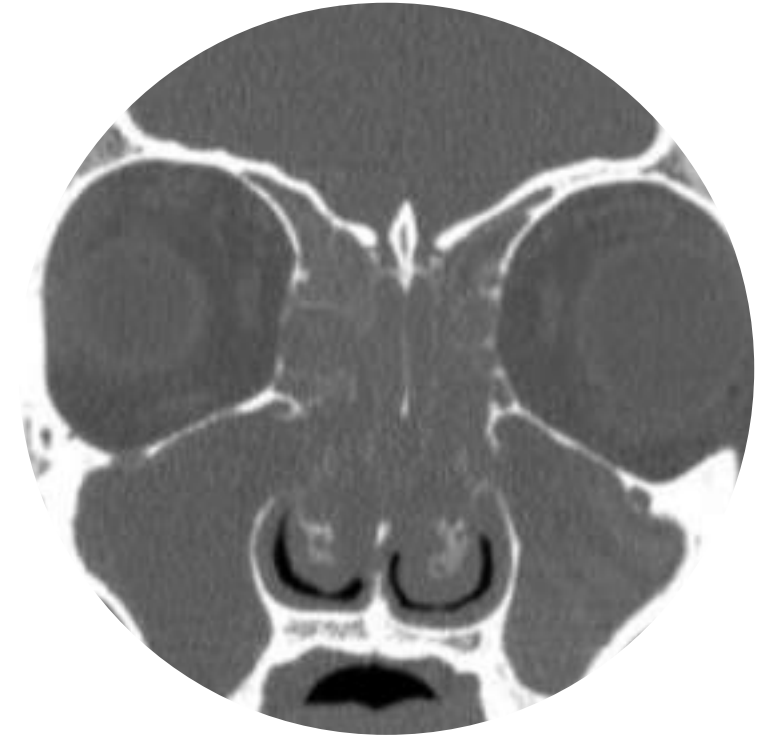
Cirugía



2do

TMA

SNOT \geq 
LM \geq 
Falla TMA



Terapia médica apropiada

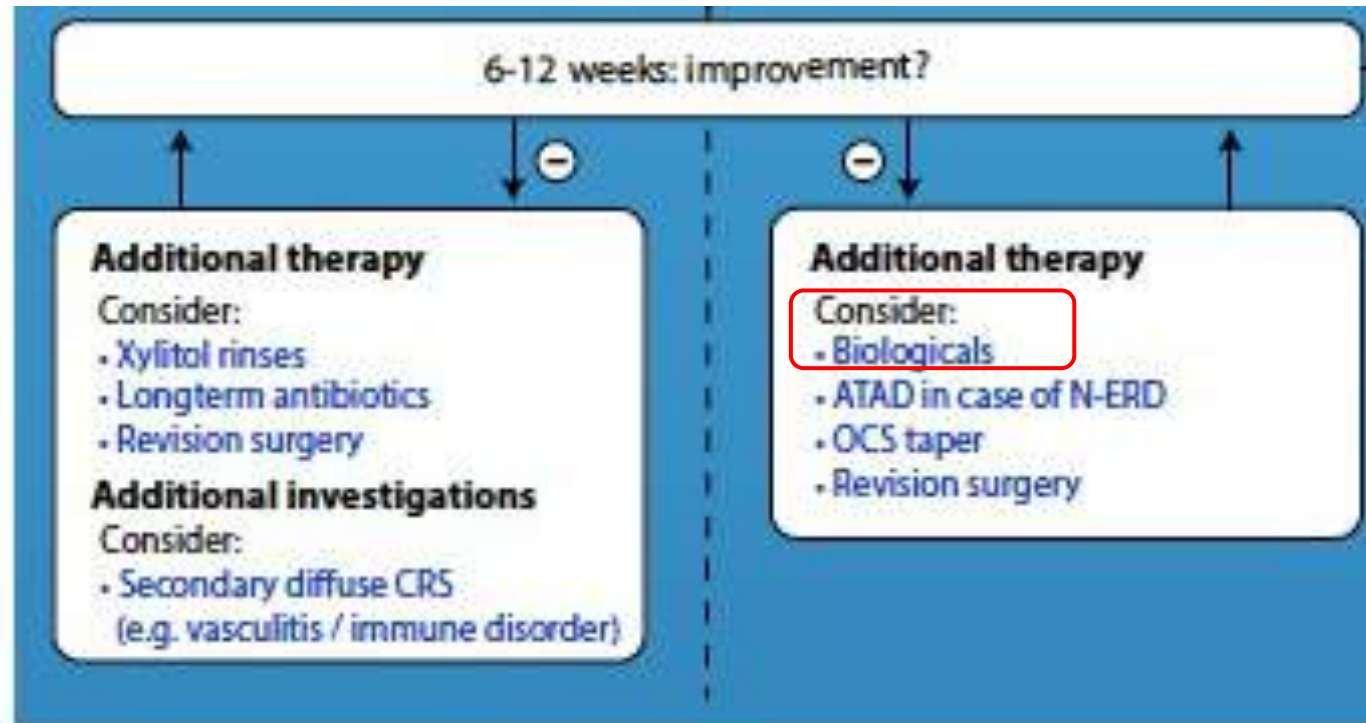


Cirugía



Non-type 2

Type 2



Indications for biological treatment in CRSwNP



Presence of bilateral polyps in a patient who had ESS*

THREE criteria are required

Criteria

- Evidence of type 2 inflammation
- Need for systemic corticosteroids or contraindication to systemic steroids
- Significantly impaired quality of life
- Significant loss of smell
- Diagnosis of comorbid asthma

Cut-off points

- Tissue eos ≥ 10 /hpf, OR blood eos ≥ 250 , OR total IgE ≥ 100
- ≥ 2 courses per yr, OR long term (>3 months) low dose steroids
- SNOT-22 ≥ 40
- Anosmic on smell test (score depending on test)
- Asthma needing regular inhaled corticosteroids

*exceptional circumstances excluded (e.g., not fit for surgery)

Biológicos vs CEF en RSC con pólipos nasales

> [Int Forum Allergy Rhinol.](#) 2022 Jun;12(6):813-820. doi: 10.1002/alr.22936. Epub 2022 Jan 5.

Economic Evaluation of Dupilumab Versus Endoscopic Sinus Surgery for the Treatment of Chronic Rhinosinusitis With Nasal Polyps

Arjun K Parasher ¹, Matt Gliksman ¹, Daniel Segarra ², Theodore Lin ³, Luke Rudmik ⁴, Troy Quast ⁵

Affiliations: + expand

PMID: 34874120 DOI: [10.1002/alr.22936](#)

Biologic strategy \$195,164 → 1.779 QALYs

ESS strategy \$20,549 → 1.526 QALYs

Incremental cost of \$691,691 for biologic for every 1-unit increase in quality-adjusted life-year compared with ESS

Endotipos en RSC

Targeted biomarker	Drug
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IgE	Omalizumab
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IL-5	Mepolizumab
------	-------------

IL-5	Reslizumab
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IL-5R	Benralizumab
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IL-4R α	Dupilumab
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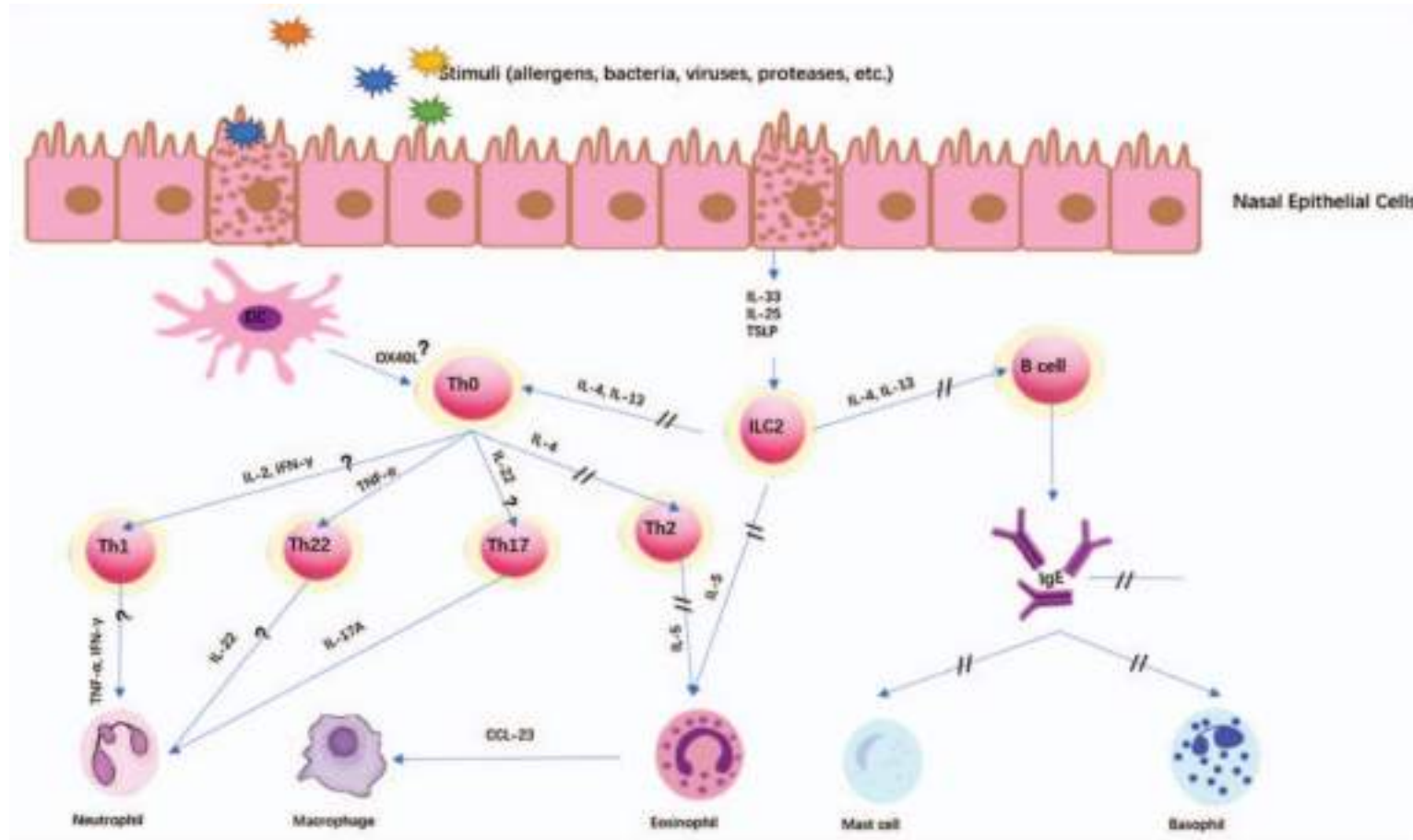


Table 2. Phase 3 RCT designs on biologics for CRSwNP.

Biologic Agent	CRSwNP Clinical Trials	Primary Endpoints	Secondary Endpoints
Dupilumab	LIBERTY NP SINUS-24 (n = 143) LIBERTY NP SINUS-52 (n = 295)	Endoscopic nasal polyp score Mean daily nasal congestion score	Lund-Kennedy score Patient-reported total symptom score SNOT-22 UPSIT smell test
Omalizumab	POLYP-1 (n = 72) POLYP-2 (n = 62)	Endoscopic nasal polyp score Mean daily nasal congestion score	SNOT-22 UPSIT score Total nasal symptom score Individual nasal symptom
Mepolizumab	SYNAPSE (n = 206)	Endoscopic nasal polyp score VAS nasal congestion score	Overall symptoms VAS SNOT-22 Probability of surgery Systemic steroid use

VAS = visual analogic scale; SNOT-22 = 22-item Sino-Nasal Outcome Test; UPSIT = University of Pennsylvania Smell Identification Test.

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Decisión de tratamiento biológico



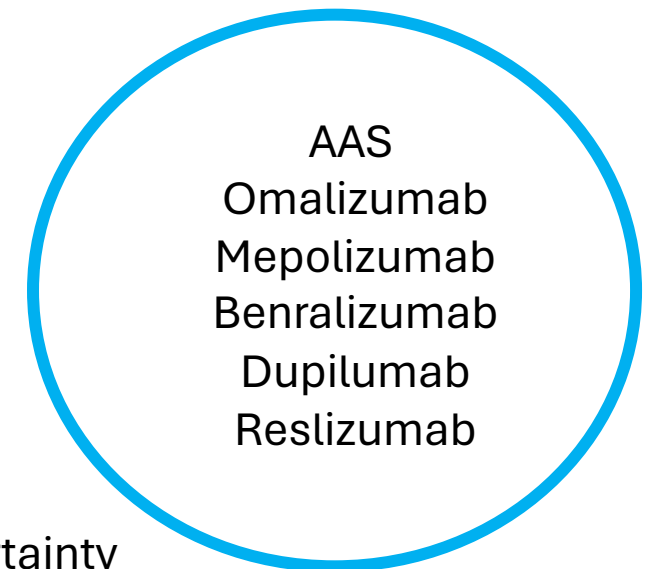
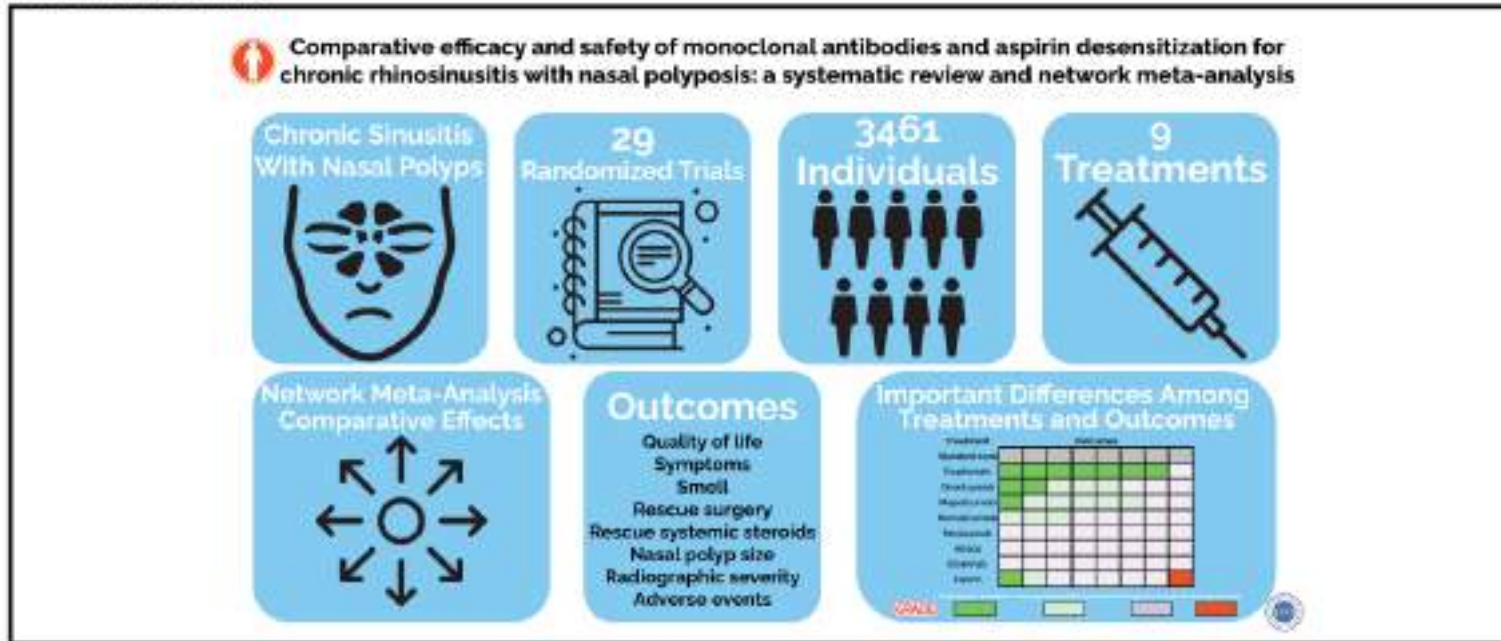
Indicación adecuada
Preferencia del paciente
Efectos adversos
Costos
Sistema de salud
Comorbilidades
(Artritis, patología renal)

Comparative efficacy and safety of monoclonal antibodies and aspirin desensitization for chronic rhinosinusitis with nasal polyposis: A systematic review and network meta-analysis



Paul Oykhman, MD, MSc,^a Fernando Aleman Paramo, MD,^a Jean Bousquet, MD,^{d,e,f} David W. Kennedy, MD,^g Romina Brignardello-Petersen, PhD,^d and Derek K. Chu, MD, PhD^{a,b,c} *Hamilton, Ontario, Canada; Berlin, Germany; Montpellier, France; and Philadelphia, Pa*

GRAPHICAL ABSTRACT

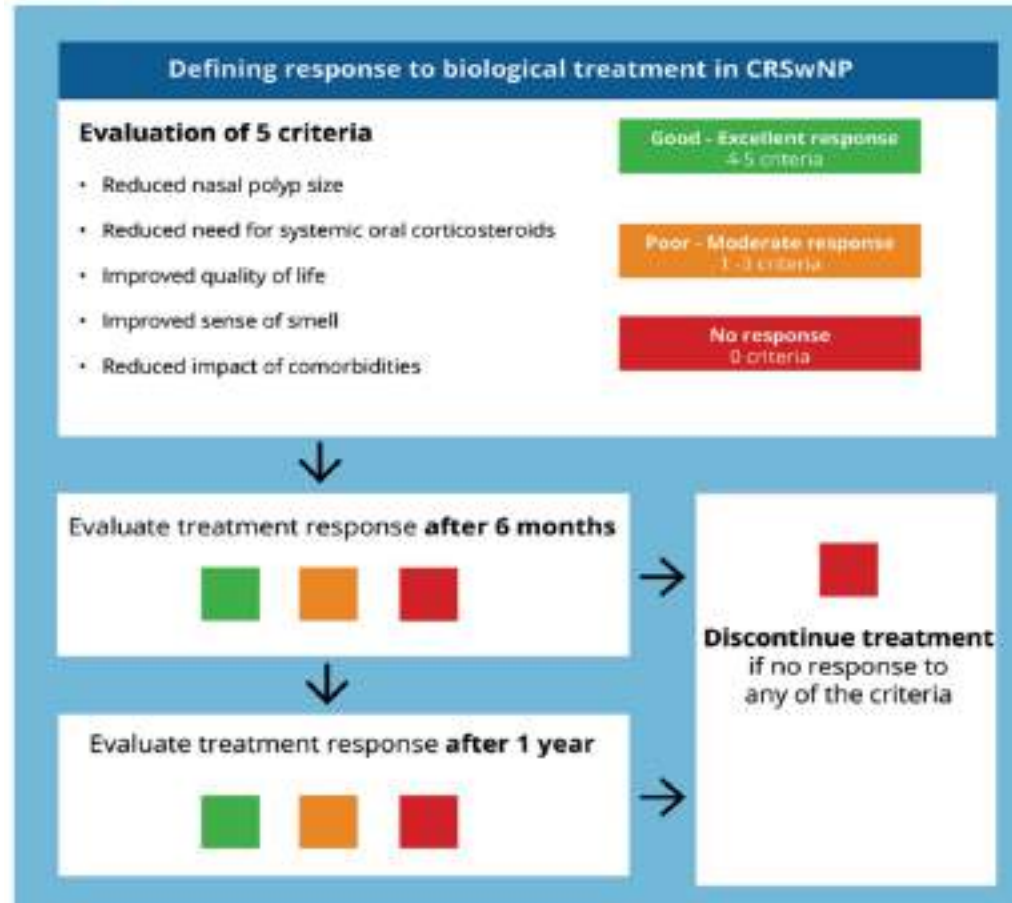


Aspirine Adverse Events RD 209.21% [95% CI 8.30 to 901.87], high certainty

Efecto del tratamiento con Biológicos en RSC

	Patient-important outcomes						Surrogate outcomes	
	HRQoL SNOT-22 (0-110) [†]	Symptoms VAS (0-10 cm)	Smell UPSIT (0-40) [†]	Rescue OCS	Rescue polyp surgery	Adverse events	Nasal polyp size (0-8)	CT score LMK (0-24)
Standard care*	50.11	6.84	14.04	31.96%	21.05%	73.78%	5.94	18.35
Dupilumab	-19.91 (-22.50, -17.32)	-3.25 (-4.31, -2.18)	10.96 (9.75, 12.17)	-21.73 (-24.61, -18.22) RR 0.32 (0.23, 0.43)	-16.35 (-18.13, -13.48) RR 0.22 (0.14, 0.36)	0.13 (-8.12, 9.88) RR 1.00 (0.88, 1.13)	-2.04 (-2.73, -1.35)	-7.51 (-10.13, -4.89)
Omalizumab	-16.09 (-19.88, -12.30)	-2.09 (-3.15, -1.03)	3.75 (2.14, 5.35)	-12.46 (-23.65, 12.78) RR 0.61 (0.26, 1.44)	-7.40 (-11.04, -2.43) RR 0.65 (0.45, 0.89)	-2.60 (-15.58, 13.28) RR 0.76 (0.78, 1.18)	-1.09 (-1.70, -0.49)	-2.66 (-5.70, 0.37)
Mepolizumab	-12.89 (-16.58, -9.19)	-1.82 (-3.13, -0.50)	6.13 (4.07, 8.19)	-10.23 (-15.98, -2.88) RR 0.68 (0.50, 0.91)	-12.33 (-15.56, -7.22) RR 0.41 (0.25, 0.65)	-3.07 (-13.44, 9.07) RR 0.96 (0.92, 1.12)	-1.06 (-1.79, -0.34)	
Benralizumab	-7.68 (-12.09, -3.27)	-1.15 (-2.47, 0.17)	2.95 (1.02, 4.88)	-9.91 (-16.30, -0.96) RR 0.66 (0.49, 0.97)	-2.53 (-9.05, 7.16) RR 0.88 (0.77, 1.24)	-1.48 (-13.28, 12.54) RR 0.98 (0.92, 1.17)	-0.64 (-1.39, 0.12)	-1.00 (-3.83, 1.83)
Reslizumab					-18.82 (-20.93, 20.56) RR 0.31 (0.01, 1.88)	-2.55 (-19.49, 19.18) RR 0.97 (0.74, 1.28)		
AK001						2.54 (-27.11, 51.03) RR 1.01 (0.63, 1.69)	-0.20 (-1.61, 1.21)	
Etokimab	-1.30 (-8.99 to 6.40)					188.14 (-59.76, 4879.71) RR 5.52 (0.29, 67.13)	-0.33 (-1.58, 0.92)	
ASA Desensitization	-10.61 (-14.51, -6.71)	-2.74 (-3.92, -1.57)	2.72 (-1.17, 6.61)		-16.00 (-19.79, 0.21) RR 0.34 (0.08, 1.81)	209.21 (8.30, 901.87) RR 3.94 (1.91, 8.22)	-0.95 (-2.44, 0.55)	-0.31 (-3.50, 2.88)
Classification of intervention (colour)²⁴							Certainty (shading)^{24, 26}	
Among most beneficial		Among intermediate beneficial		Among least beneficial/not clearly different from placebo		No data (blank)	High/moderate (solid)	
Among most harmful		Among intermediate harmful					Low/very low (shaded)	

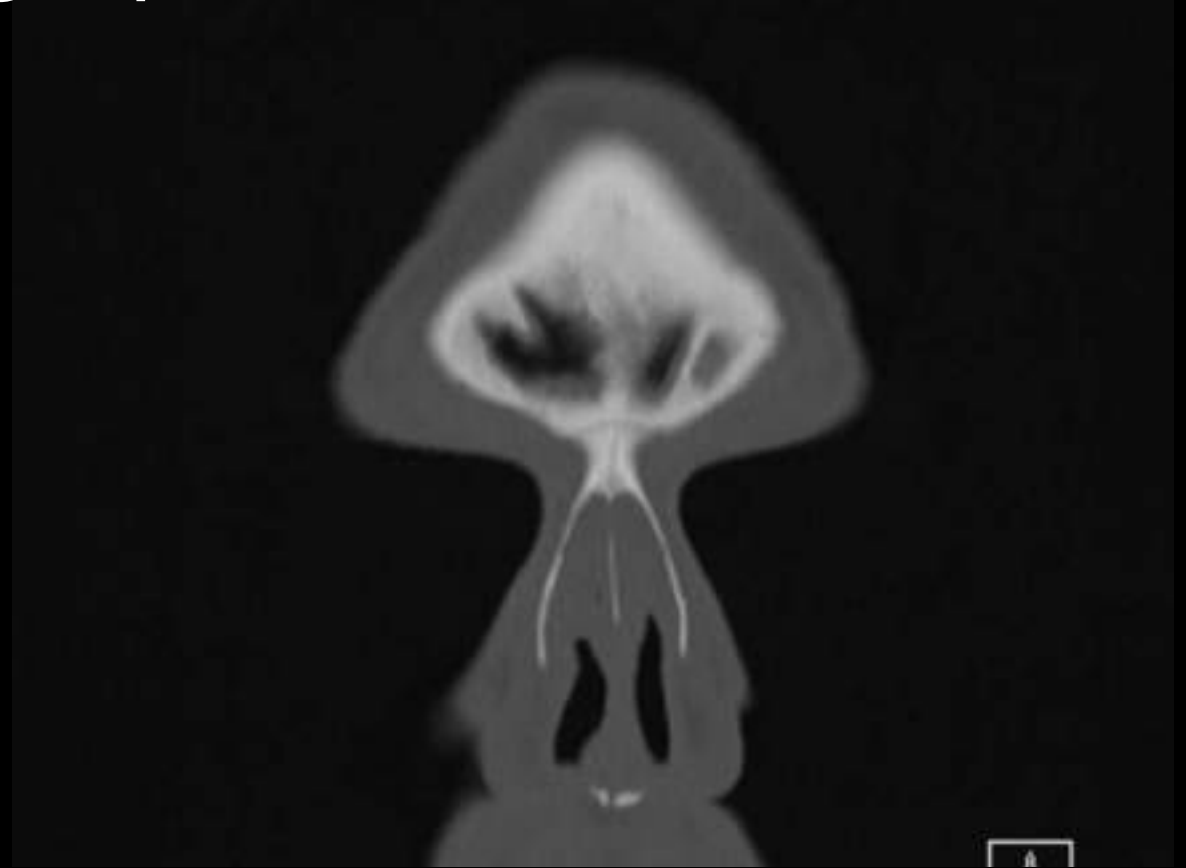
Cómo definir si tenemos que discontinuar



Cuándo detener el tratamiento biológico

- Efectos adversos, no hay respuesta, respuesta moderada con paciente disconforme
- Fin del tratamiento? Estudios que duran 12 meses
- A los 6 meses recurrencia de síntomas
- Espaciar a cada 4 semanas no aumenta los síntomas
- Faltan estudios para definir la manera óptima de espaciar estos tratamientos con el menor impacto.

Caso: Pólipos nasales, intolerancia
AAS, Asma, Cirugía previa



4 semanas post Draf 3



8 semanas



7 meses



Tratamiento multidisciplinario

Inmunología Broncopulmonar Otorrinolaringología



EPOS 2020

White et al, NEJM Sept 2018

Walgama et al Otolaryngol Clin N Am 2017

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Manejo de EREA – Consenso multidisciplinario



CIRUGÍA



TRATAMIENTO
MÉDICO



DESENSIBILIZACIÓN
A LA AAS

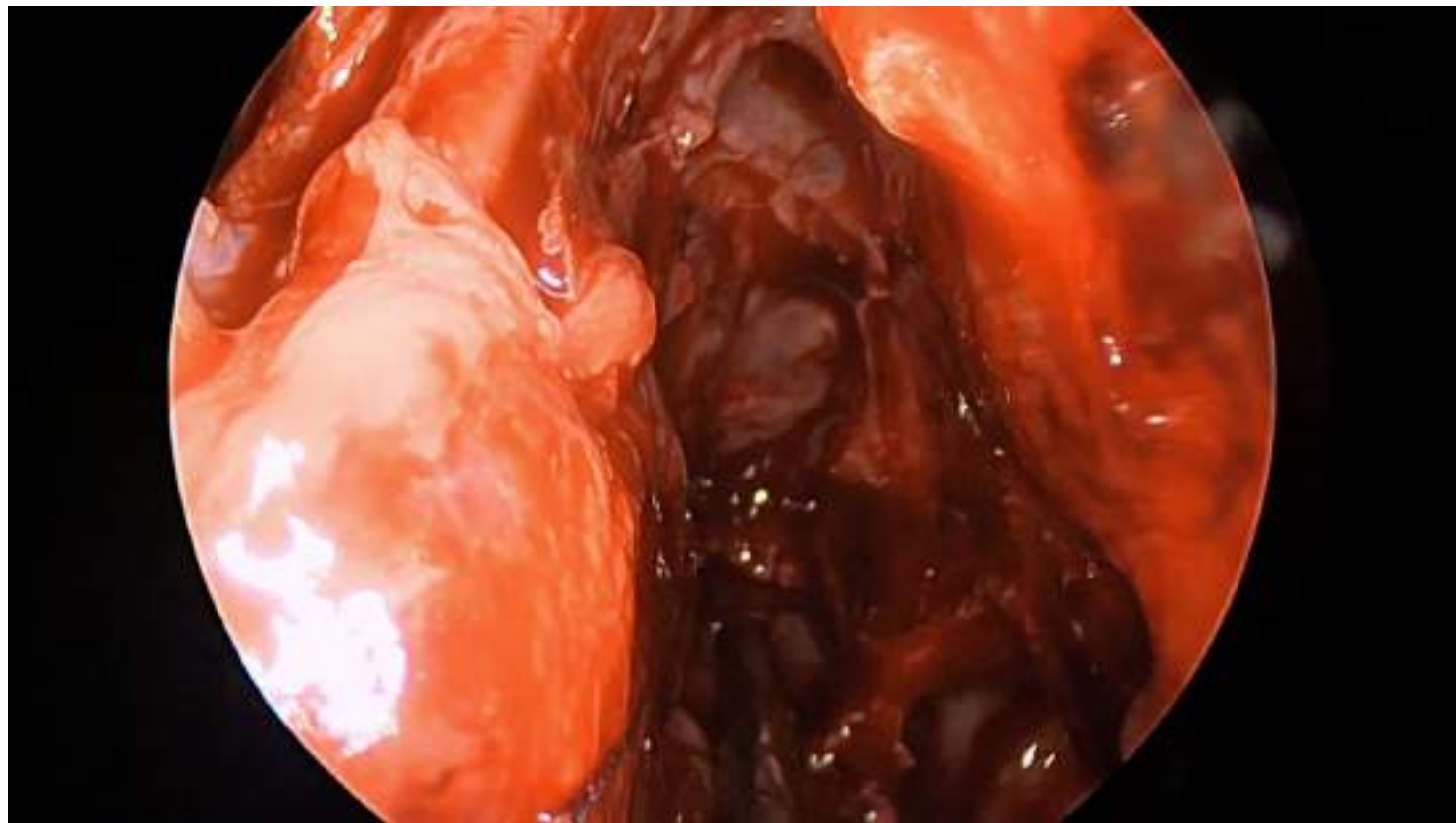
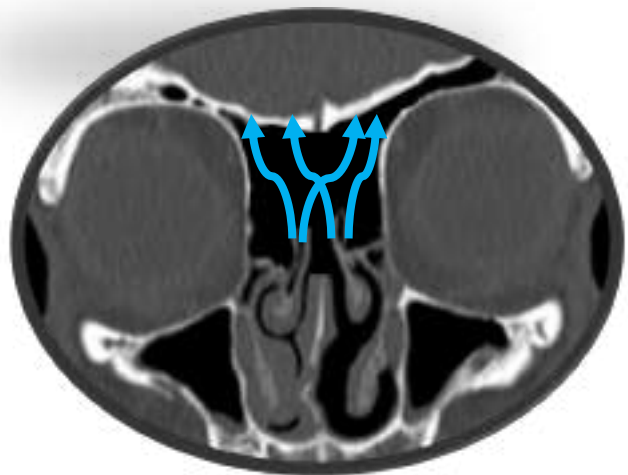
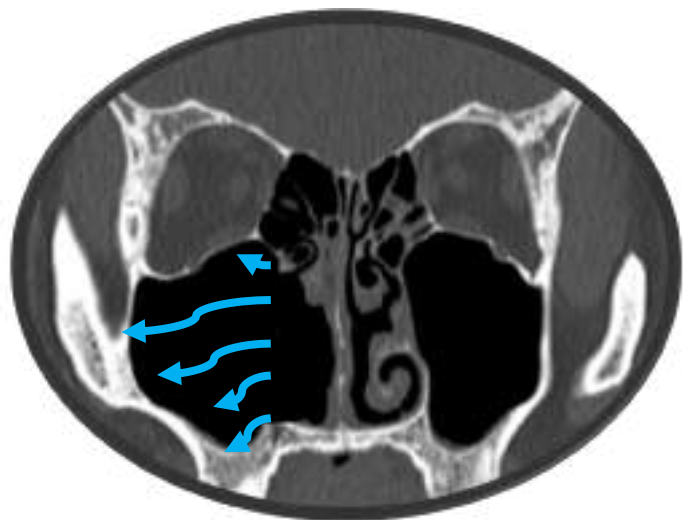
- ✓ No tiene acceso a biológico



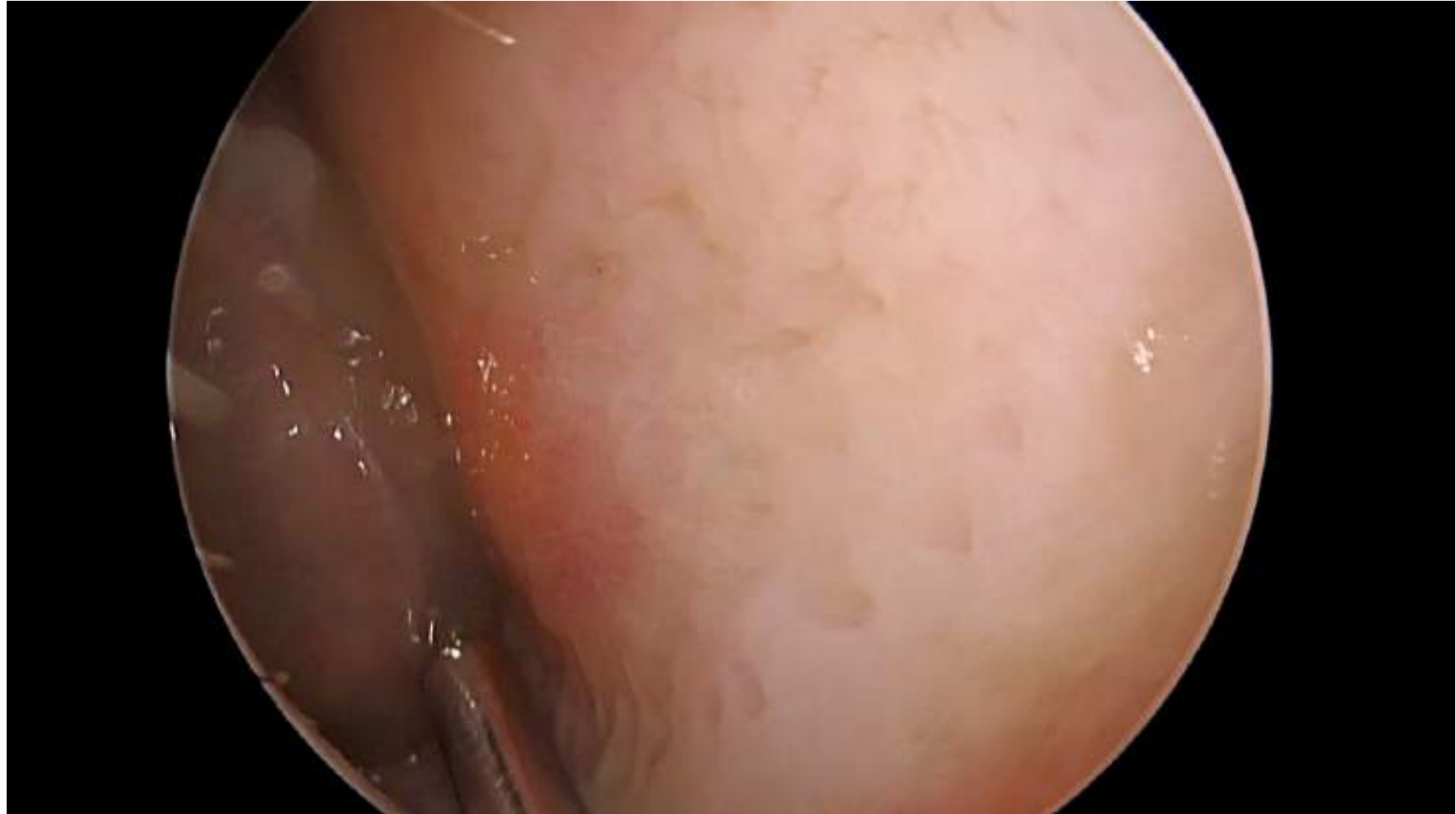
BIOLÓGICOS

- ✓ Contraindicación a la desensibilización AAS
- ✓ Buen acceso a biológico
- ✓ Indicado por su Asma

Maximizar la llegada de terapias tópicas



Intraoperatorio

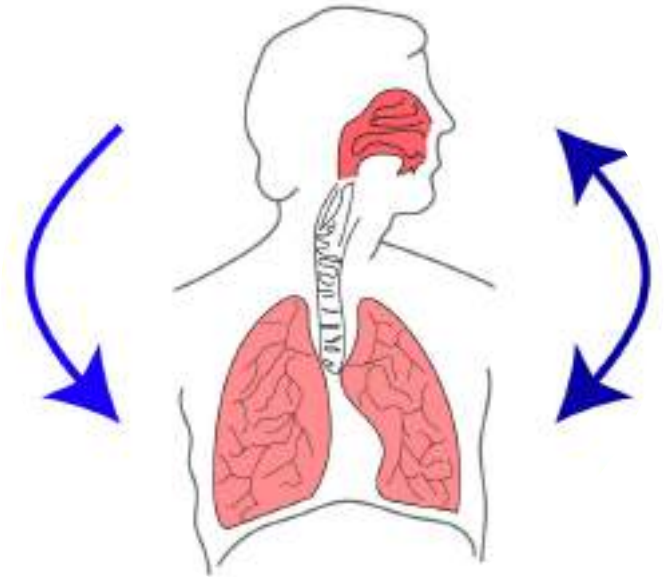


Impacto de CEF en RSC y Asma

ORIGINAL ARTICLE

A systematic review and meta-analysis of asthma outcomes following endoscopic sinus surgery for chronic rhinosinusitis

Rishi Vashishta, MD¹, Zachary M. Soler, MD, MSc¹, Shaun A. Nguyen, MD, MA¹ and Rodney J. Schlosser, MD^{1,2}



Asma

Mejor Control

CEF Mejora

Control del Asma en 76.1%

Frecuencia crisis asmáticas se reduce en 84.8%

Nº Hospitalizaciones se reduce en 64.4%

Reduce uso de corticoides orales en 72.8%

Corticoides inhalados en 28.5%

Broncodilatores en 36.3%

FEV₁ mejora un promedio de 1.62% **NO SIGNIFICATIVO**

Caso: CRSwNP, sin Asma, sin intolerancia AAS



Caso: CRSwNP, sin asma, sin intolerancia AAS

6 semanas después

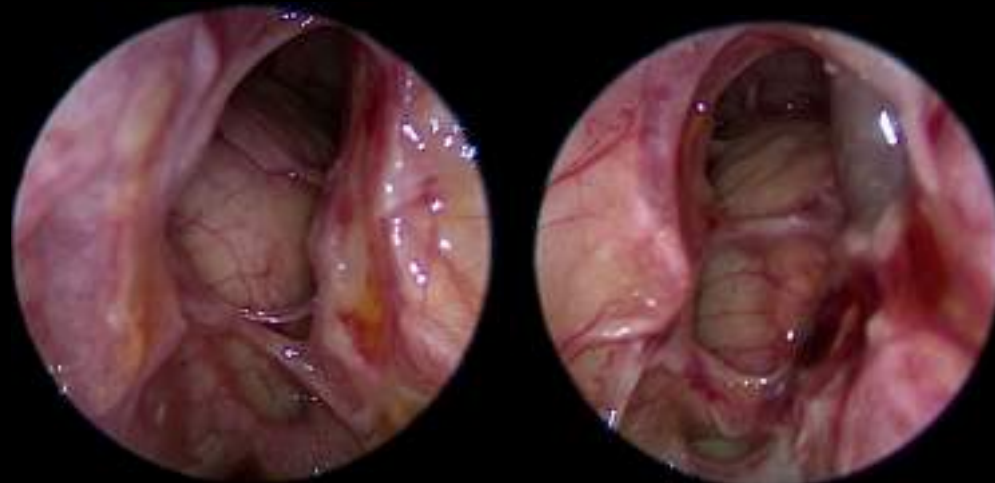
Antrostomía Maxilar



Esfenoetmoidectomía

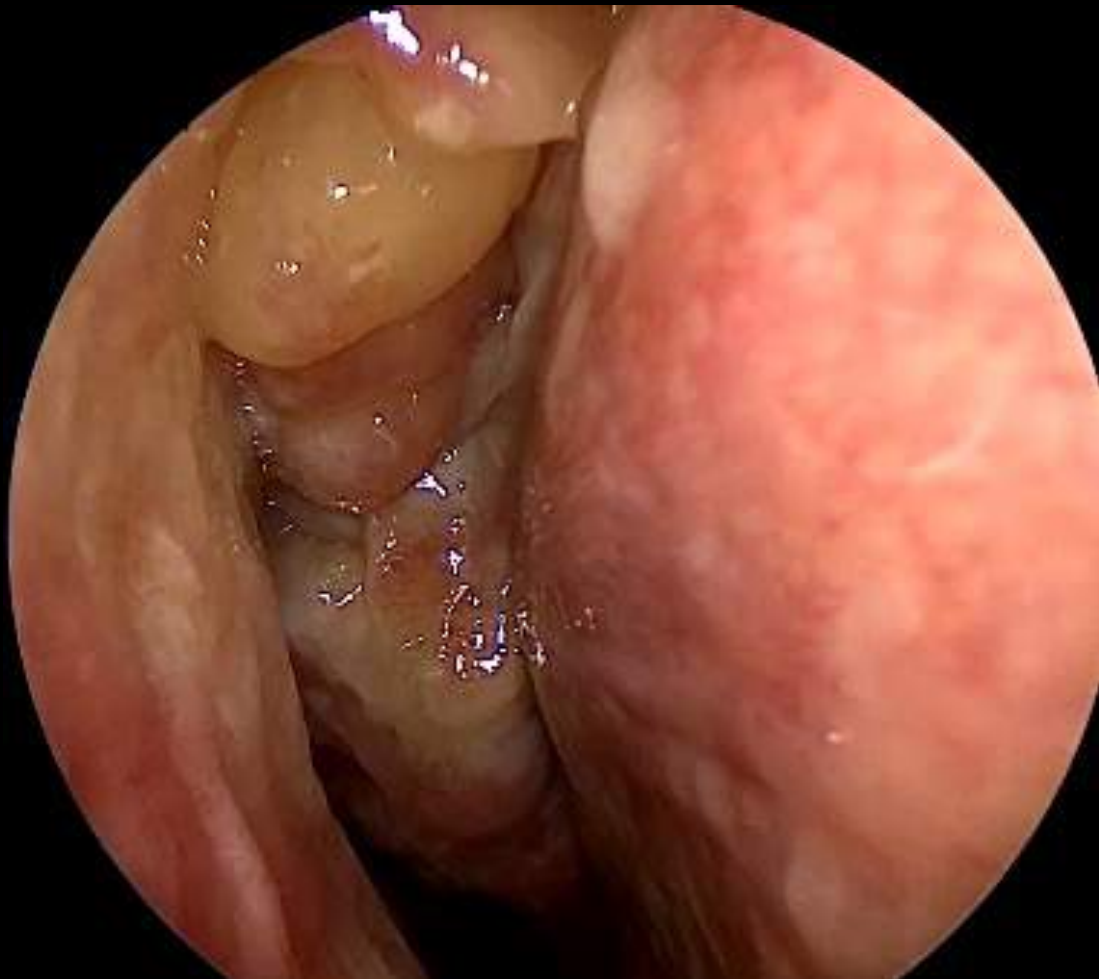


Draf 2a



- Mejora Calidad de vida
- Usando Lavados y corticoides topicos

Caso 1



v

Caso 2





Para llevarse a la casa

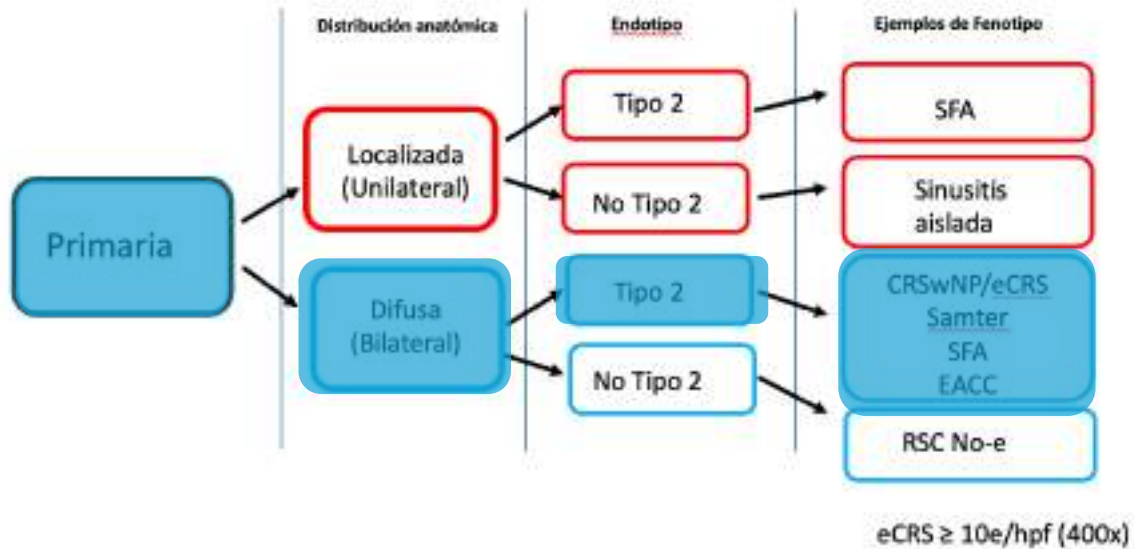
De qué sirve conocer los endotipos?

Cambia el tratamiento:

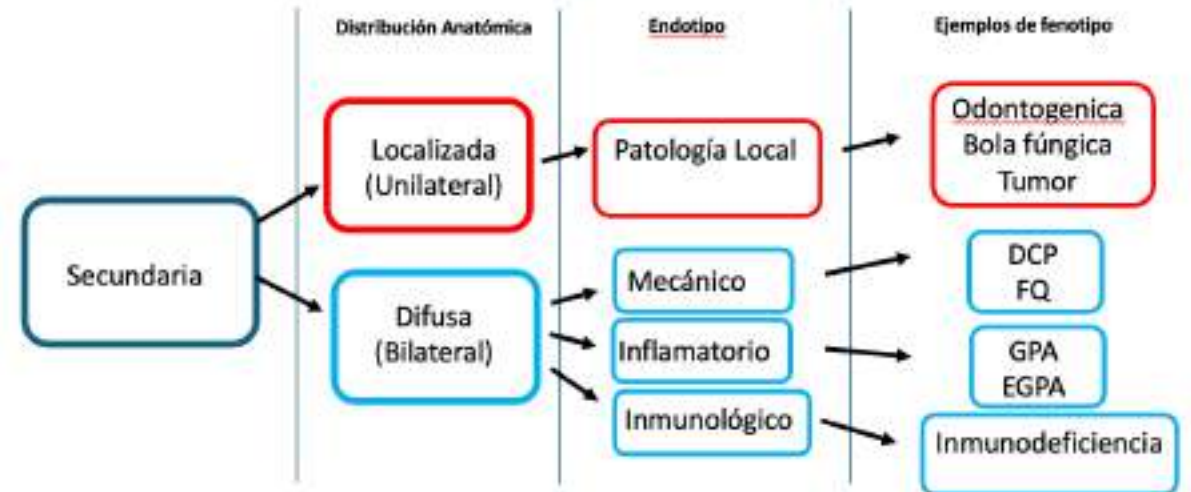
Tipo 2 → respondedores de corticoides orales, posible indicación de Biologicos

No Tipo 2 → responden a antibióticos de uso prolongado

Quiénes son candidatos a terapias biológicas?



IgE ≥ 100
Eos ≥ 250
E ≥ 10/hpf (400x)



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