ABSTRACT

**Background And Objective:** Chronic Rhinosinusitis is a common disease that restricts the quality of life of millions of involved patients. The aim of the study was to evaluate how Functional endoscopic sinus surgery modifies patient’s symptom profile and also to confirm that FESS is the modality of treatment in patients with refractory chronic Rhinosinusitis.

**Study design:** Open prospective clinical trial

**Methods:** A group of 30 patients with symptom of CRS were included in the study. They underwent FESS at the department of ENT, Government Rajaji Hospital, Madurai Medical College, Madurai from April 2013 to August 2014. Patients were assessed for the CRS symptoms preoperatively (0-no symptom, 1-mild, 2-moderate, 3-severe) and postoperatively (+2: much better, +1: better, 0: no change, -1: worse, -2: Much worse) using grading system. Statistical analysis were done using Chi square test.

**Results:** Leading symptom of CRS was nasal obstruction (N=26, 86.66 %), followed by headache (N=24, 80%). Furthermore patients reported of, anosmia (N=23, 76.66 %), facial pressure (N=22, 73.33 %), post nasal drip (N=21, 70 %), purulent nasal discharge (N=13, 43.33 %), halitosis (N=8, 26.66 %), dental pain (N=3, 10 %), cough (N=3, 10 %), earache (N=2, 6.6 %) and ear fullness (N=9,
30%). None of the patients had fever as their complaint.

After a postoperative follow-up of six months there was improvement in the 11 symptoms. All the minor symptoms had 100% improvement. Nasal obstruction responded best (88.46%), next followed by headache (87.50%) (All symptoms P value < 0.001). An overall improvement of 86.66% was recorded (P < 0.001).

**Conclusion**: The leading complaint within the symptom profile of patients with CRS was nasal obstruction and headache. The restriction of quality of life in patients with CRS is mainly caused by these symptoms, which can be improved in excellent fashion by FESS in the majority of the patients.

**Key words**: Chronic rhinosinusitis; Nasal obstruction; FESS; Treatment outcome.