Editorial

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Functional Endoscopic Sinus Surgery

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Editorial

Functional Endoscopic Sinus Surgery (FESS) has now established as a usual treatment for chronic hyperplastic rhinosinusitis. Even though some of the concepts have been present since the turn of the century, yet the surgical technique per se was developed only about a decade and half back in Europe and later on popularized in United States. The technological advances made with the development of small fibre-optic endoscopes and computerized tomography (CT) scanning of the paranasal sinuses have now allowed a more direct and accurate study of sinus diseases than in the past. Work by Messerklinger 1 and others 2-4 led to the following concept of inflammatory sinus disease:

1. Maximum infection of the paranasal sinuses is rhinogenic in origin. Infection spreads from the ethmoid sinuses to infect the larger maxillary and frontal sinuses secondarily.
2. Obstruction of the major drainage pathways located in -the osteomeatal complex is the root cause for chronic sinusitis, non-resolving acute sinusitis or chronic recurrent sinusitis. The osteomeatal complex consists of the drainage pathways for the frontal sinus, anterior ethmoid sinus and maxillary sinus. In the meantime this area is very narrow and Obstacle will interfere with the drainage and ventilation mechanism, and cause association of the larger sinuses.
3. Until that time it was assumed that chronic sinus disease produced irreversible variations in the paranasal sinus mucosa. But it is now demonstrated that by opening the stenotic ostia and re-establishing the ventilation of the sinuses, the so-called irreversible mucosal changes revert back to normal without ever touching them.

Based on these principles united with the technological development of endoscopes, functional endoscopic sinus surgery transformed the management of chronic inflammatory sinus diseases. In this paper we present our experience with 2 l 0 patients of chronic hyperplastic rhinosinusitis treated by functional endoscopic sinus surgery.

Functional endoscopic sinus surgery aims at cleating the disease from the anterior ethmoidal complex and re-establish ventilation and drainage of the dependent maxillary and frontal sinuses through their natural ostia without touching these sinuses. The principle of FESS is to eliminate only the diseased mucosa leaving the normal mucosa and structures undamaged. There are various advantages seen with FESS:

- Endoscopes, due to improved illumination and depth of field perception are a great diagnostic tool by which one can accurately diagnose various pathologies leading to recurrent sinus infections.
- Due to deflected angle of view, one can recognize and precisely and traumatically remove disease from various clefts and recesses without the need for wide exposure and external approach.
- The procedure is generally done under local anaesthesia and does not need any nasal packing.
- Hospitalization is insignificant; henceforth it is economical.

However, functional endoscopic sinus surgery is not a" cure all" technique or 'cure all bullet' for each and every sinus pathology. It cannot be used in extensive and invasive fungal disease with bony erosion or intercranial extension. Any associated allergy has to be dealt with separately. Conventional surgical techniques still have their role, particularly in irreversible sinusitis with intracranial spread or bony wall erosion or a motile ciliary syndrome. FESS, however, is an important tool in the armamentarium of a rhinologist dealing with sinus diseases.

