Summary

Background. Nasal polyposis is not often observed in children and usually follows general chronic diseases or disorders of ciliary structure or function and occurs mostly after 10 years of age. This is why in children clinical changes qualified as nasal polyposis should always be verified as congenital diseases or neoplastic changes. Case report. The population of children treated in the years 1991-2001 in the Wroclaw ENT Department with initial diagnosis of nasal polyposis was presented. Material consisted of 52 children admitted in the years of 1991-2001 to Wroclaw ENT Department with already diagnosed nasal polyposis. In each case medical history was collected together with routine physical ENT examination complemented with fiberoendoscopic examination of the nose end epipharynx. In 7 children with initial diagnosis of nasal polyposis hypertrophy of pharyngeal tonsil with vasomotor rhinitis was diagnosed. Those children underwent adenectomy. Remaining group of 45 children aged from 2 to 16 years was analysed. Surgical treatment (polypectomy, FESS) was performed in 44 children. There was antrochoanal polyp in 10 cases (20,4%), monolateral choanal atresy in 1 case, foreign body of nasal cavity in 1 case and neoplasmatic tumour diagnosed in 5 cases. Conclusions. The diagnostic difficulties in nasal polyposis in children, except neoplasm, are reflected by the cases with initial diagnosis of nasal polyp and finally diagnosed as foreign body with inflammatory reaction or monolateral choanal atresy. Endoscopic examination of nasal cavity together with radiological diagnostic should be ordered routinely in the unclear cases.