RELIEVA STRATUS®, TREATMENT FOR CHRONIC RHINOSINUSITIS

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ABSTRACT

Methods

Figure 1: Ethmoid Relieva MicroFlow Spacer Stratus (RSe): A) Catheter B) Tip of the catheter with Microflow Spacer C) Ethmoid guidance trocar D) Frontal sinus guidance trocar.

Figure 2: Frontal Stratus: A) Left frontal Sinusotomy B) Left frontal Stratus placed stent of catheter has been cut-off after 3rd Tractotomy was placed. C) Aspect of anterior of frontal sinus after 90 days of the procedure.

DISCUSSION

CONCLUSIONS

REFERENCES

Table 1: Patients implanted with frontal Stratus containing 0.5 ml Triamcinolone acetonide (FR: Frontal) M: Maxillectomy

Table 2: Patients implanted with Ethmoidal Stratus containing 0.5 ml Triamcinolone acetonide (EG) 10 mg/mL (INN) MEAN ± SD TREATMENT DURATION (in days) Side Additional procedures

Table 3: Patients implanted with Ethmoidal Stratus containing 0.5 ml Triamcinolone acetonide (EG) 10 mg/mL (INN) MEAN ± SD TREATMENT DURATION (in days) Side Additional procedures

RESULTS

Figure 3: Frontal Stratus: A) Left frontal Sinusotomy B) Left frontal Stratus placed stent of catheter has been cut-off after 3rd Tractotomy was placed. C) Aspect of anterior of frontal sinus after 90 days of the procedure.

METHODS AND MATERIALS

RESULTS

Table 6: Patients implanted with Ethmoidal Stratus containing 0.5 ml Triamcinolone acetonide (EG) 10 mg/mL (INN) MEAN ± SD TREATMENT DURATION (in days) Side Additional procedures

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Our study describes preliminary results of the use of drug eluting stents (Relieva Stratus) in its two time, ethmoid and frontal sinus, early results support the reduction of postoperative ventilations which may provide fewer complications and a further improvement of the risk benefit ratio. Further studies and experience with this implantable device as well as future comparison with conventional treatment are necessary in order to measure the true impact of this novel technology on chronic rhinosinusitis and its associated complications.

Figures 1 and 3. A study was undertaken of two patient groups: 1) Drug eluting stents (Relieva Stratus) and 2) conventional frontal surgery (FESS). The aim of this study was to assess the impact of drug eluting stents (Relieva Stratus) on the incidence of complications following sinus surgery (FR: Frontal Recess, M:Maxillectomy) in an ethmoid sinus disease with or without polyps. Steroids can potentially avoid scaring and closure of the frontal sinuses in those patients with chronic rhinosinusitis, but it is not possible to offer all patients for frontal sinus surgery due to the high recurrence rate. Drug eluting stents will play a significant role in the future for the management of frontal sinus disease with or without polyps.

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