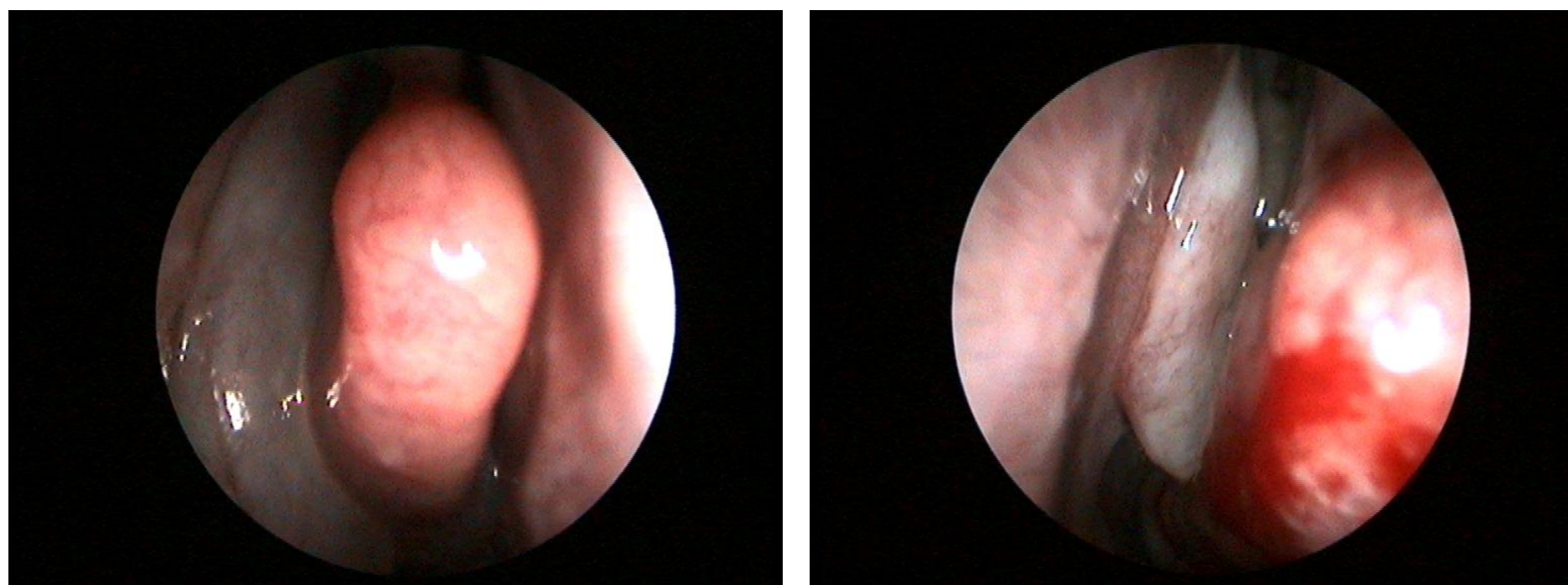


THE USE OF OMALIZUMAB IN THE TREATMENT OF NASAL POLYPS

Dr med A. YAKINTHOU, MD PhD D. TSAVLIS, I. MEGAS.

Allergic rhinitis and nasal polyps are associated with elevated serum immunoglobulin IgE levels. The allergens bind to IgE on the surface of basophils and mast cells, which releases histamine, leukotriens and others, following the symptoms of allergic rhinitis.

Does the removal of free IgE by the anti-IgE antibody, omalizumab, improve the symptoms of allergic rhinitis and reduce nasal polyps?



Endoscopical view of polyps before and after omalizumab administration to the first patient.

PATIENT	FEV1 BEFORE	IgE IU/L	FEV1 AFTER	BODY WEIGHT	DOSIS Mg/month
1 MALE	65%	569	69%	78	450 twice
2 FEMALE	76%	311	82%	66	450 once
3 MALE	52%	844	60%	82	525 twice
4 FEMALE	81%	112	88%	75	300 once
5 MALE	69%	492	77%	90	375 twice

We had 5 patients, 2 women and 3 men suffering from allergic rhinitis and asthma. The rhinoscopic endoscopy revealed nasal polyps. The computer tomography showed extended polypoidiasis to 3 out of 5 patients. The other 2 had only polyps in the ethmoid cells. Omalizumab was administered subcutaneously at 2- or 4-week intervals according to body weight and total IgE (see above).

16 weeks later we had an endoscopical reduction in nasal polyps and an improvement in spirometry by all patients. The patients reported reduced use of corticoid sprays and an improvement in their quality of life, due to reduction of nasal symptoms of sneezing, itching, rhinorrhea and congestion. They all reported better sense of smell.

Omalizumab is effective in the symptoms of nasal congestion, anterior rhinorrhea, loss of smell, wheezing and dyspnea. Omalizumab reduces the size of nasal polyps and improves the quality of life. This could be due to the local formation of IgE in nose and lungs.