STÉRIMAR™ use in current rhinosinusal pathology

Experiment Report

The curative role of a nasal aerosol consisting of sterile isotonic salt water that is propelled by nitrogen, a germ-destroying inert gas, was studied in patients presenting an acute rhinosinus disorder.

STUDY PROTOCOL

41 subjects were examined:
- 24 children (9 months to 13 years; 12 boys and 12 girls),
- 17 adults (12 women and 5 men).

The subjects were recruited either from a hospital out-patient department or a private ENT practice.

The average age of the subjects was slightly over 20 years with extremes of 9 months and 74 years.

The study proceeded as follows:
- 1st visit: the patient or the child's parents were questioned, full ENT examination and prescription of a curative treatment for the disorder motivating the visit.
- 2nd visit: Further questioning and another examination 6 to 12 days after the first visit. Assessment of the results concerning the tolerance and the acceptability of the treatment. If necessary, a complementary treatment is then prescribed.

The following was determined and noted during each visit:
- THE EXTENT OF THE NASAL OBSTRUCTION,
- WHETHER OR NOT THERE IS RMNORRHEA AND, IF SO, ITS APPEARANCE,
- WHETHER OR NOT THERE IS SNEEZING, ANOSMIA,
- THE HYPERTROPHIA OF THE NASAL CONCHA,
- WHETHER OR NOT THERE IS POSTERIOR RHINORRHEA,
- AND, IF PERTINENT, THE STATE OF THE SINUSES.

The following disorders round during this study that gave rise to the prescription of STÉRIMAR are:

1 A. MARSAC, ENT Department, Cochin Hospital – Paris 14°, Centre Médical du Plateau de Vanves, France
- 21 cases of common rhinopharyngitis or bacterial rhinitis or rhinopharyngitis complicated by otitis (19 children and 2 adults),
- 11 cases of maxillary sinusitis,
- 3 cases of ethmoido-frontal sinusitis,
- 2 cases of frontal sinusitis,
- 1 case of pansinusitis,
- 3 cases of seasonal allergic rhinitis.
Some of these patients have already undergone an adenoidectomy (8 cases including one case with a tonsillectomy) and transtympanic drains were inserted in 4 subjects.
1 to 3 puffs of STÉRIMAR was prescribed in each nostril, 2 to 6 times per day.
In most cases, another drug was associated: antibiotic and/or anti-inflammatory and/or other (vasoconstrictors, anti-histaminic, corticoids, etc).

RESULTS
Several criteria were used to assess the results:
- questioning of the family or patient,
- a full clinical ENT examination to determine whether there is an improvement and whether or not the clinical or functional signs noted during the first examination disappeared or persist.
Above all, we tried to assess the global results, knowing that it is difficult to form an objective idea of the share of success attributed to each of the drugs prescribed.
The following results were obtained:
- good and very good ++ (73%), the functional and physical signs totally disappeared,
- fair + (15 %), partial persistence of the functional signs,
- none 0 (12 %), persistence of the clinical signs indicating that a more "potent" treatment should be considered.
The tolerance was assessed on the basis of whether or not there are any local adverse reactions. The good or very good tolerance of STÉRIMAR was noted in 99% of the cases.

39 patients considered the acceptability of STÉRIMAR, determined on the basis of the spray presentation, taste, odour and comfort to be good or very good. The other 2 experienced local discomfort related to the pre-existing disorder but did not suspend the treatment with STÉRIMAR.

**DISCUSSION**

The value of STÉRIMAR is manifest in this study:

- It eases the drainage of the nasal cavity by several phenomena:
  - The fine spray on the nasal mucosa facilitates the absorption of marine trace elements;
  - Reduction in mucus allowing for improved resorption and ease of nose blowing;
- It eases the action of other local drugs that find the nasal mucosa more "receptive";
- In certain cases, it reduces the length of antibiotic and/or anti-inflammatory treatment;
- The tolerance is excellent at all ages. The acceptability is very good. The packaging in a fine aerosolspray avoids exerting too much pressure on the cavity of the nose and, as a result, on the pharyngo-tympanic tubes, thereby limiting the risk of propagation of infections from the nose to the tympanic cavity.

In general, STÉRIMAR, a salt water aerosol for nose hygiene, is of value in the treatment of rhinosinus disorders in the child and adult due to its ease of use and local efficacy.