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Clinical and symptomatological particularities in pediatric patients diagnosed with chronic hypertrophic rhinitis

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Abstract: *Chronic hypertrophic rhinitis (CHR) is a common condition in pediatric ENT practice, significantly affecting children's quality of life through persistent nasal obstruction, respiratory disturbances, and associated symptoms. Despite its high prevalence, data on the symptomatological characteristics and effectiveness of surgical interventions in the pediatric population remain limited. The aim of the study was to analyze the clinical and symptomatological particularities of CHR in pediatric patients and to compare the effectiveness of two surgical treatment methods: bipolar forceps cauterization and diode laser surgery. The study included 128 patients aged between 7 and 18 years, diagnosed with CHR and divided into two equal therapeutic groups. Data were collected through clinical examinations, symptom questionnaires, paraclinical assessments, and imaging investigations. Symptom frequency, history of ENT interventions, and postoperative evolution were analyzed comparatively between the two groups. Nasal obstruction was present in 100% of patients, followed by anterior rhinorrhea (73.43%), oral breathing (65.6%), and snoring (59.3%). Adenoidectomy was the most frequently reported previous ENT intervention (39%). Both surgical methods led to symptom improvement, but diode laser surgery demonstrated a superior profile through faster reduction of nasal congestion, more favorable postoperative evolution, and a lower rate of complications. Chronic hypertrophic rhinitis presents a complex and variable symptomatology in children, requiring early diagnosis and personalized interventions. Diode laser surgery proved to be an effective and safe alternative compared to bipolar cauterization, supporting its extended use in pediatric ENT practice.*

Keywords: Otolaryngology; Turbinates; Hypertrophy; Surgery; Rhinitis; Nose.

Introduction

Chronic hypertrophic rhinitis (CHR) is one of the most common chronic inflammatory conditions of the nasal mucosa in the pediatric population, characterized by persistent symptoms, significant functional impact, and potential respiratory or infectious complications [1]. This condition is marked by chronic nasal obstruction, rhinorrhea, snoring, and sleep disturbances, all of which negatively affect children's quality of life. Despite its high prevalence [2], the therapeutic approach to CHR remains variable, and the standardization of diagnosis and treatment is insufficiently supported by scientific evidence in pediatrics [3].

The present study aims to evaluate the clinical and symptomatological particularities of children diagnosed with chronic hypertrophic rhinitis,

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offering a comparative analysis of outcomes following two different surgical treatment methods: inferior turbinate cauterization using bipolar forceps and diode laser surgery. The investigation is based on clinical observations and paraclinical assessments conducted in a controlled setting, with the goal of supporting evidence-based medical decision-making and proposing an effective therapeutic algorithm.

Aim

The primary aim of this research is to identify and conduct a detailed analysis of the clinical and symptomatologic characteristics in pediatric patients diagnosed with chronic hypertrophic rhinitis, by evaluating clinical manifestations, history of ENT interventions, symptom distribution, and epidemiological features in the context of applying two distinct surgical methods. The study seeks to optimize diagnosis and improve therapeutic strategies among children with CHR by highlighting functional and morphological differences following intervention.

Material and methods

The study was conducted between 2019 and 2024 at the Department of Otorhinolaryngology of the Nicolae Testemițanu State University of Medicine and Pharmacy, based clinically at the Pediatric Otorhinolaryngology Section of the Mother and Child Institute, "Emilian Coțaga" Clinic in Chișinău, Republic of Moldova.

The research design was analytical and clinically controlled, carried out in four methodological phases. The first phase involved defining the problem, which included an extensive review of the specialized literature to establish the conceptual framework, define research objectives, and design the sample and investigation methods. The second phase focused on data collection, involving the development of research tools such as questionnaires and observation sheets, analysis of medical records, recording clinical parameters, and using electron-optical, microbiological, histological, and imaging investigations, including radiography, CT, and MRI.

The third phase consisted of statistical processing, where results were evaluated using applied statistical methods to determine the relevance of intergroup differences and clinical significance. The final phase was the interpretation and integration of results, involving a comparative analysis of the two groups and the formulation of a standardized algorithm for the evaluation and treatment of chronic hypertrophic rhinitis in pediatric patients. The total sample consisted of 128 pediatric patients (57 females and 71 males) aged between 7 and 18 years (mean age 14 ± 2 years), clinically and paraclinically confirmed with chronic hypertrophic rhinitis. Patients were randomly assigned into two equal subgroups (n = 64) according to the treatment method applied: group 1 included patients treated with bipolar cauterization of the inferior nasal turbinates, and group 2 included patients treated with diode laser surgery. Sample size determination was performed using F tests – ANOVA software, based on a 95% confidence level, 80% statistical power, and an effect size (f) of 0.25. Inclusion criteria were confirmation of chronic hypertrophic rhinitis diagnosis, presence of characteristic symptoms such as nasal obstruction, oral breathing, headache, snoring, fatigue, rhinorrhea, age between 7 and 18 years, and informed consent.

Exclusion criteria included the presence of severe associated pathologies (psychiatric, oncological, acute or major chronic infections), age outside the specified range, incomplete pre- or postoperative investigations, or refusal to participate. Patients were evaluated clinically, with medical history including prior ENT interventions, symptomatology, and functional assessments. Dominant symptoms included nasal obstruction (100%), anterior rhinorrhea (73.43%), posterior rhinorrhea (46.87%), and prior interventions ranged from adenotomies (25 cases) and adeno-tonsillectomies (17 cases) to less frequent procedures such as septoplasty (1 case). The groups were homogeneous regarding age, sex, living environment, and educational status, with no statistically significant differences ($p > 0.05$). The research methodology ensured internal validity and comparability between groups, allowing a robust evaluation of the effects of the two therapeutic methods applied in the treatment of chronic hypertrophic rhinitis in children.

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Discussion

The study groups were similar in terms of age, sex, occupation, and living environment (Table 1). Table 1 presents the general characteristics of the two study groups. Regarding age, the average was approximately 14 years, with a standard deviation of ±2 years in both groups. The distribution between males and females in the two groups was relatively balanced. Concerning enrollment in educational institutions, the percentage was similar between the two groups, approaching 100%. Additionally, there were no significant differences between the two groups in terms of living environment, with about 56.3% of patients coming from rural areas and 43.8% from urban areas in both groups.

Table 1. General characteristics of the study groups

Patient characteristics	Group 1	Group 2	P – value
Age (years)	14±2	14±2	>0,05
Sex (abs.) Males	35	36	>0,05
Females	29	28	>0,05
Enrolled in educational institutions	100	98,4	>0,05
Living environment (%) Rural Urban	 56,3 43,8	 56,3 43,8	 >0,05 >0,05

Based on the provided data, it can be observed that the otorhinolaryngological interventions reported in the medical history of the patients included in the study vary in frequency. The records indicate that the most common procedures were adenotomy, reported in a total of 25 patients, and adenotonsillectomy, reported in 17 patients. Septoplasty was mentioned in only one case.

In contrast, no cases of polypectomy or interventions on the nasal turbinates were reported, and no combined interventions were recorded at all. Additionally, a significant number of 21 patients had no history of any otorhinolaryngological surgical intervention. These findings may reflect the distribution of ENT pathology variation within this patient cohort and the application of different surgical procedures in their treatment.

Table 2. Complaints reported by patients in study group I

Symptoms	Absolute value	Relative value (%)
Nasal obstruction	64	100
Anterior rhinorrhea Posterior rhinorrhea	47 30	73,43 46,87
Thick nasal discharge	41	64,06
Sensation of facial/nasal fullness	48	75

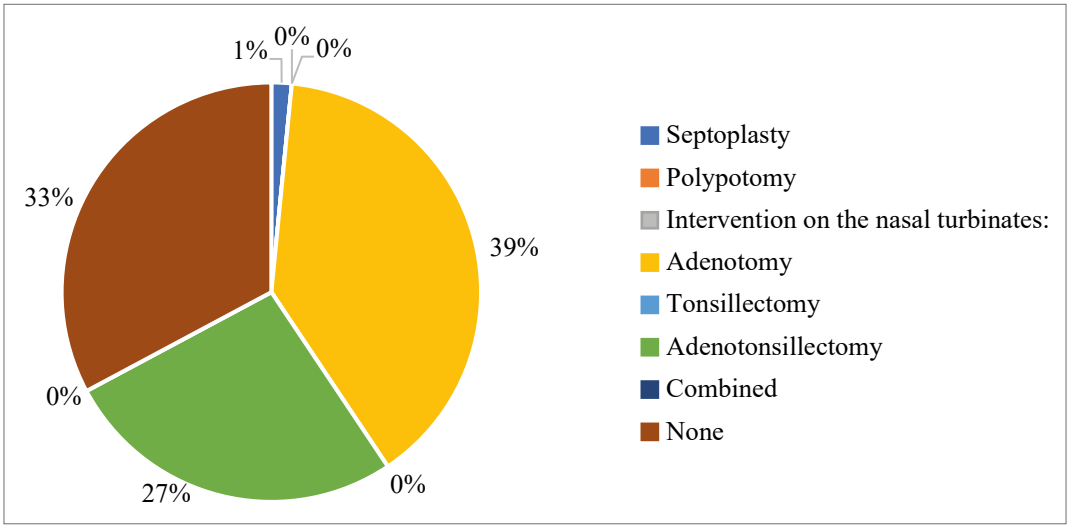

Figure 1. Otorhinolaryngological interventions in medical history within study group I

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End of the table 2

Symptoms	Absolute value	Relative value (%)
Pain in the external nasal area	55	85,93
Foreign body sensation	42	65,62
Headache	61	95,31
Rhinolalia	63	98,43
Olfactory disturbances	54	84,37
Cough	13	20,31
Sneezing	13	20,31
Sensation of ear fullness	40	62,50
Dizziness	47	73,43
Sleep disturbances Nocturnal awakenings Difficulty falling asleep Poor nocturnal sleep quality	63 63 64 64	98,43 98,43 100 100
Morning fatigue	64	100
Fatigability	64	100
Nocturnal snoring	64	100

The data regarding the symptomatology of the study group reveals a wide range of symptoms associated with chronic hypertrophic rhinitis. Among the reported symptoms, nasal obstruction is present in all patients (100%), indicating a central feature of this condition.

Symptoms reported by more than 90% of patients include: headache (95.31%), rhinolalia (98.43%), olfactory disorders (84.37%), lack of restful sleep at night (100%), morning fatigue (100%), general fatigue (100%), and nocturnal snoring (100%).

Symptoms reported by more than 70% of patients include: anterior rhinorrhea (73.43%), the sensation of facial/nasal fullness (75%), the sensation of a foreign body (65.62%), and dizziness (73.43%).

Finally, there are symptoms reported by less than 70% of patients, but which still affect a significant number: viscous nasal discharge (64.06%), pain in the external nasal region (85.93%), cough (20.31%), sneezing (20.31%), and the sensation of clogged ears (62.50%).

The presented data highlight the complexity and significant impact of hypertrophic chronic rhinitis on patients' quality of life, emphasizing the need for a comprehensive and personalized approach to diagnosis and treatment. The symptoms reported by the patients in the study group reflect a wide range of manifestations characteristic of hypertrophic chronic rhinitis (HCR) and are consistent with theoretical findings in the specialized literature regarding this condition.

The severity of symptoms was assessed using the Visual Analogue Scale (VAS). The data on symptom severity measured through the VAS

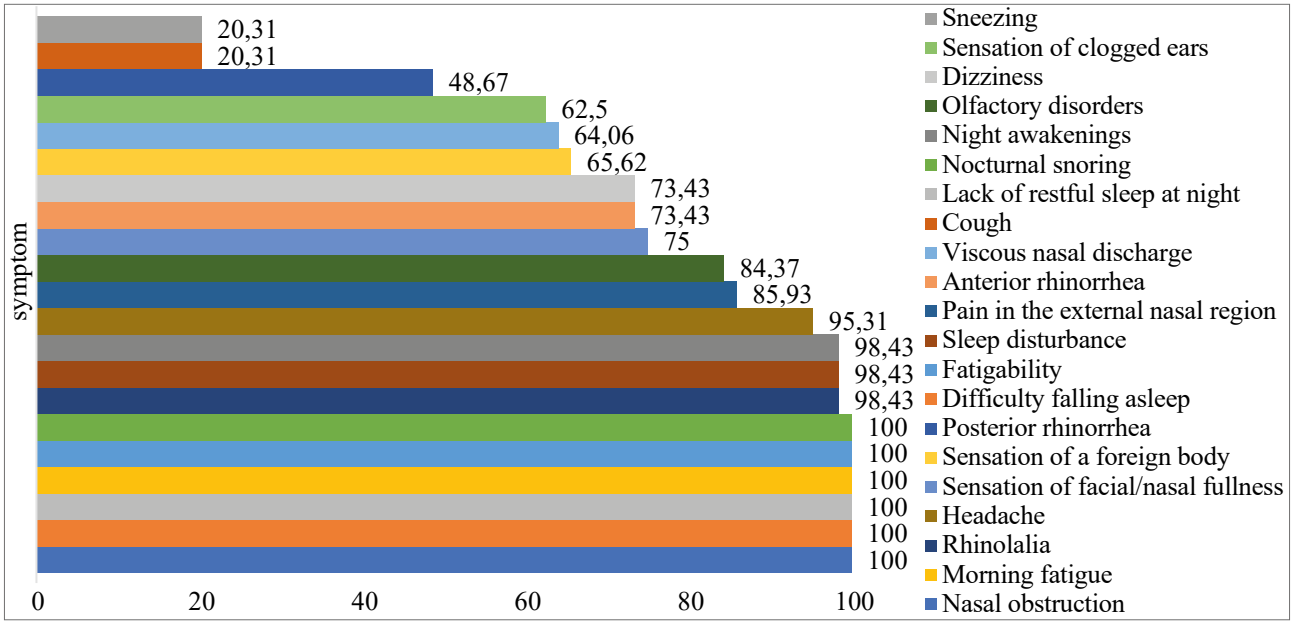

Figure 2. Incidence of symptoms associated with the pathology in study group I

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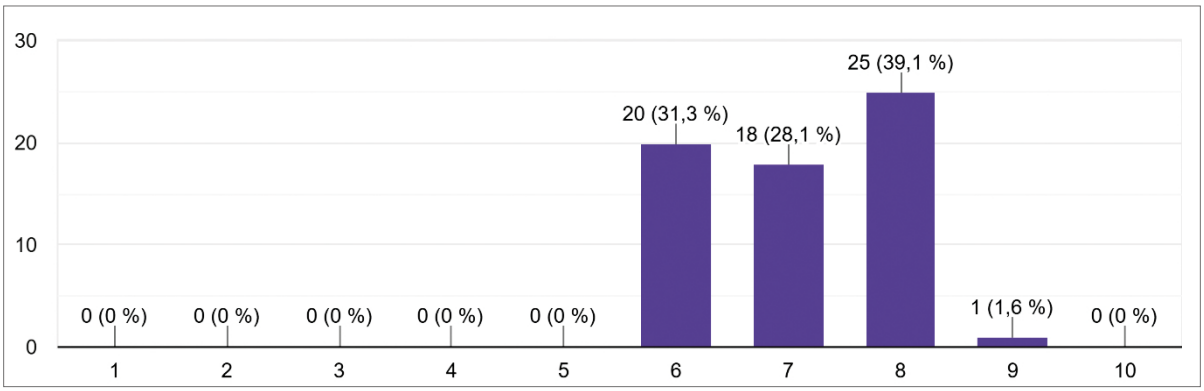

Figure 3. Severity of symptomatology according to the VAS scale for group I

reflect the distribution of responses to the question regarding the intensity of symptoms experienced by patients. The VAS is a subjective assessment method in which patients indicate the intensity of their symptoms on a horizontal line, ranging from 0 (not severe at all) to 10 (very severe).

The interpretation of these results shows that the majority of patients (39.1%) reported symptom severity in the 8–9 range on the VAS, indicating significant and severe symptomatology. A similar proportion of patients (39.1%) reported severity in the 6–7 range.

In contrast, a smaller percentage of patients reported lower symptom severity, with 31.3% placing themselves in the 4–5 range on the VAS and 28.1% in the 2–3 range.

The absence of reports in the very low severity range (0–1 on the VAS) indicates that no patient reported the absence of symptoms or minimal symptom intensity.

Therefore, the data suggest that the majority of patients in this study experienced significant severity of symptoms associated with chronic hypertrophic rhinitis, according to their subjective evaluation using the VAS scale. This highlights the considerable impact of the disease and the necessity for effective management strategies to improve the quality of life for these patients.

At the same time, diffuse headache was reported in 36 children and localized headache in 28 children, with a higher incidence of morning headaches in 57.8% of cases. Morning headaches in chronic hypertrophic rhinitis result from persistent nasal obstruction, nocturnal snoring, lack of restful sleep, hypoxia, and daytime hypersomnolence. These issues subsequently affect sleep quality and may contribute to the occurrence of morning headaches associated with this condition. Proper evaluation and management of these factors are essential to improve patients' quality of life.

Simultaneously, it was found that approximately 37.5% of patients in Group 2 of the study had a history of otorhinolaryngological surgical interventions.

Of the 24 patients who previously underwent these interventions, 9.7% had septoplasty, 3.2% had adeno-tonsillectomy and tonsillectomy, and the majority, namely 22.6%, had adenotomy at a young age.

Table 3. Surgical interventions in the medical history of study group II

Surgical interventions in history: 1 – yes; 2 – no									
		Frequency	Percent (%)	Valid percent (%)	Cumulative percent (%)	Bootstrap for procent[a]			
						Bias	SD	Confidence interval 95%	
								Lower	Upper
Valid	1 (yes)	24	37,5	37,5	37,5	0,1	6,0	25,7	50,0
	2 (no)	40	62,5	62,5	100,0	-0,1	6,0	50,0	74,3
	Total	64	100,0	100,0		0,0	0,0	100,0	100,0

Note: Unless otherwise specified, bootstrap results are based on 1000 samples.

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Table 4. Distribution of patients in study group II by type of ENT intervention in medical history

Type of ENT intervention: 1 – septoplasty; 2 – polypectomy; 3 – inferior nasal concha intervention; 4 – adenotomy; 5 – tonsillectomy; 6 – adeno-tonsillectomy; 7 – combined									
		Frequency	Percent (%)	Valid percent (%)	Cumulative percent (%)	Bootstrap for procent[a]			
						Bias	SD	Interval de încredere 95%	
								Inferior	Superior
Valid	1	5	7,8	7,8	7,8	-0,1	3,5	1,6	15,1
	4	15	23,4	23,4	31,3	0,2	5,4	12,9	34,5
	5	2	3,1	3,1	34,4	0,0	2,2	0,0	7,6
	6	2	3,1	3,1	37,5	0,0	2,3	0,0	8,2
	99	40	62,5	62,5	100,0	-0,1	6,0	50,0	74,3
	Total	64	100,0	100,0		0,0	0,0	100,0	100,0

Note: Unless otherwise specified, bootstrap results are based on 1000 samples.

The table presents the distribution of types of ENT interventions performed within the study group. Among the 64 cases, the most frequent category is represented by combined interventions, accounting for 62.5% of the total, with a 95% confidence interval ranging from 50.0% to 74.3%. Adenotomy ranks second, with a frequency of 23.4% and a confidence interval between 12.9% and 34.5%. Septoplasty was performed in 7.8% of cases, with a confidence interval from 1.6% to 15.1%. Both tonsillectomy and adeno-tonsillectomy were carried out in 3.1% of cases each, with confidence intervals ranging from 0.0% to approximately 8%.

Regarding the symptomatology of patients in Study Group 2, it is noted that it is similar to that of the first group.

Within the study group, the symptoms reported by patients showed significant variety but also some similarities in prevalence.

All 64 patients experienced nasal obstruction, viscous nasal discharge, a sensation of facial/nasal fullness, pain in the external nasal region, a foreign body sensation, headache, rhinolalia, sleep disturbances (difficulty falling asleep, nocturnal awakenings, difficulty maintaining sleep, and poor quality of nighttime sleep), morning fatigue, and nocturnal snoring, reflecting a 100% prevalence for each of these symptoms.

Additionally, most patients reported anterior rhinorrhea (96.87%), posterior rhinorrhea (98.43%), a feeling of blocked ears (73.43%), dizziness (96.87%), difficulty falling asleep (98.43%), and fatigability (98.43%).

Table 5. Complaints of patients in study group II

Symptoms	Absolute value	Relative value (%)
Nasal obstruction	64	100
Anterior rhinorrhea	62	96,87
Posterior rhinorrhea	63	98,43
Thick nasal discharge	64	100
Sensation of facial/nasal fullness	64	100
Pain in the external nasal area	64	100
Foreign body sensation	64	100
Headache	64	100
Rhinolalia	64	100
Olfactory disturbances	46	71,87
Cough	1	1,56
Sneezing	4	6,25
Sensation of ear fullness	47	73,43
Dizziness	62	96,87
Sleep disturbances	64	100
Nocturnal awakenings	64	100
Difficulty falling asleep	64	100
Poor nocturnal sleep quality	63	98,43
Morning fatigue	64	100
Fatigability	63	98,43
Nocturnal snoring	63	98,43

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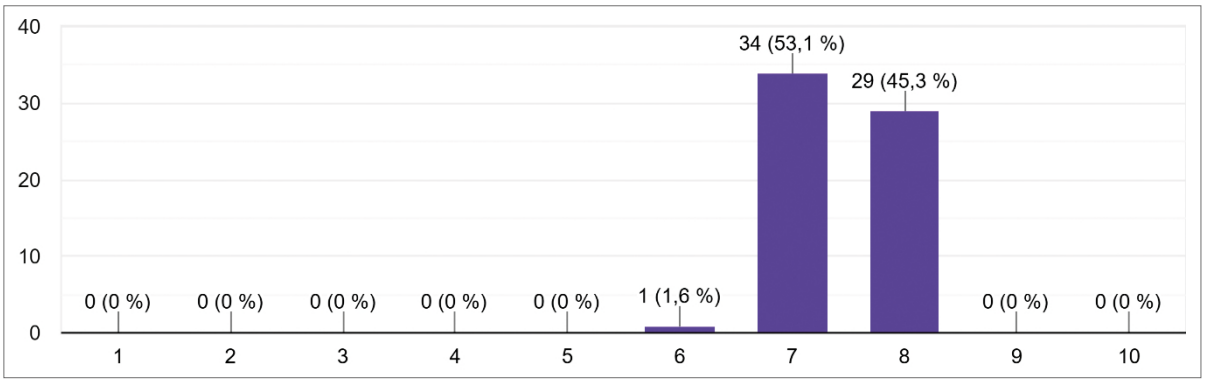

Figure 4. Severity of symptomatology according to the VAS scale for study group II

In contrast, symptoms of cough and sneezing were less frequent, present in a smaller percentage of patients: 1.56% for cough and 6.25% for sneezing.

These findings highlight the complexity of symptomatology associated with chronic hypertrophic rhinitis and the importance of a comprehensive approach to managing this condition.

From a comparative perspective, the complaints reported by patients in both study groups exhibited similar symptoms, the most prominent being nasal obstruction, headache, dizziness, rhinolalia, nasal fullness and pain, and sleep disturbances.

According to the VAS severity scale, in study Group 2, 53.1% rated symptom severity as 7, 45.3% as 8, and only 1.6% as 6.

Out of a total of 64 responses regarding the general condition of the patients, it was found that the most frequently reported condition was relatively satisfactory, recorded in 41 cases, representing approximately 64.1% of the total. Additionally, 21 responses indicated moderate severity, while only 2 reported a satisfactory condition. No cases of severe condition, drowsiness, stupor, pre-coma, or coma were recorded in this patient group.

In the second study group, consisting of 64 patients, it was observed that 25 of them experienced diffuse headache, representing approximately 39.06% of the total group, while 39 patients had localized headache, accounting for approximately 60.94% of the total number of cases.

Within this second study group of 64 patients, it was also noted that 37 experienced periodic headaches, which represents approximately 57.81% of the group. Additionally, 27 patients reported morning headaches, accounting for about 42.19% of cases. No cases of permanent headache were recorded in this group.

In the second study group, the majority (60 individuals, approximately 93.75%) presented with hyposmia. A small number of patients (3 individuals, approximately 4.69%) had hyperosmia, while only one person (approximately 1.56% of the total group) was diagnosed with anosmia.

Results

The study included a representative sample of 128 pediatric patients, aged between 7 and 18 years (mean age 14 ± 2 years), diagnosed with chronic hypertrophic rhinitis (CHR), equally divided into two therapeutic groups: one treated with bipolar forceps cauterization and the other treated with diode laser surgery. Both groups were comparable in terms of gender distribution, age, educational status, and living environment, with no statistically significant differences identified ($p > 0.05$).

The analysis of clinical symptomatology revealed that nasal obstruction was present in 100% of cases, being the cardinal symptom of CHR [4]. Anterior rhinorrhea was reported by 73.43% of patients, while posterior rhinorrhea was present in 46.87%. Other frequently encountered symptoms included mouth breathing (65.6%), snoring (59.3%), headache (43.7%), and daytime sleepiness (34.3%). Symptoms were similarly distributed between the two groups.

Regarding prior ENT interventions, adenotomy was the most frequent (39% of cases), followed by adenoamygdalectomy (26.5%). A

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percentage of 16.4% of patients had no previous ENT interventions, indicating variability in therapeutic history and symptom severity among the evaluated cohorts.

The assessment of postoperative outcomes included clinical, functional, and imaging parameters, and statistical analysis demonstrated a significant improvement in symptoms after intervention in both groups. Furthermore, the group treated with diode laser surgery showed a more favorable evolution concerning the reduction of nasal congestion and frequency of rhinorrhea episodes, as well as a lower rate of postoperative complications.

Conclusions

The study highlighted multiple clinical and symptomatological particularities of chronic hypertrophic rhinitis in pediatric patients, emphasizing the high prevalence of nasal obstruction [5], rhinorrhea [6], and mouth breathing as defining elements of this pathology [7]. The results suggest that surgical management plays an essential role in CHR treatment, with significant benefits in symptom relief.

The comparison of the two surgical methods used—bipolar forceps cauterization and diode laser surgery—demonstrated the effectiveness of both techniques [8]; however, the laser intervention proved to be more efficient in reducing clinical symptoms [9] and ensuring a faster recovery, with a superior safety profile.

These findings support the necessity for rigorous clinical evaluation and personalized therapeutic selection, based on the anatomical and symptomatological particularities of each patient [10]. Additionally, the study underlines the importance of implementing standardized algorithms in the diagnosis and treatment of pediatric CHR, integrating clinical and paraclinical investigations along with surgical outcomes to optimize pediatric ENT care.

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Conflict of interests

Authors declare the absence of any conflicts of interest and own financial interests that might be construed to influence the results or interpretation of the manuscript.

Consent to publication

All authors have read the text of the article and have consented to its publication.

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Клінічні та симптоматологічні особливості у дітей з хронічним гіпертрофічним ринітом

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Анотація: *хронічний гіпертрофічний риніт (ХГР) є поширеним захворюванням у дитячій оториноларингологічній практиці, яке суттєво впливає на якість життя дітей через постійну закладеність носа, порушення дихання та супутні симптоми. Незважаючи на високу поширеність, дані щодо симптоматичних характеристик та ефективності хірургічного лікування у дитячій популяції залишаються обмеженими. Дослідити клінічні та симптоматологічні особливості ХГР у дітей, а також порівняти ефективність двох методів хірургічного лікування: біполярної коагуляції щипцями та діодної лазерної хірургії. У дослідження було включено 128 пацієнтів віком від 7 до 18 років, у яких діагностовано ХГР. Усі пацієнти були розподілені на дві рівні терапевтичні групи. Дані збиралися шляхом клінічних оглядів, опитувальників щодо симптомів, параклінічних досліджень та візуалізаційних методів. Частота симптомів, анамнез ЛОР-утручань і післяопераційна динаміка порівнювалися між двома групами. Закладеність носа відзначалася у 100% пацієнтів, ринорея — у 73,43%, ротове дихання — у 65,6%, хропіння — у 59,3%. Найчастішим попереднім втручанням була аденоїдектомія (39%). Обидва методи хірургічного лікування призвели до покращення симптомів, однак діодна лазерна хірургія продемонструвала кращий профіль за рахунок швидшого зменшення назальної обструкції, кращої післяопераційної динаміки та меншої кількості ускладнень. Хронічний гіпертрофічний риніт у дітей має складну та варіативну клінічну картину, що потребує ранньої діагностики та персоналізованого підходу до лікування. Діодна лазерна хірургія виявилася ефективною та безпечною альтернативою біполярній коагуляції, що свідчить про доцільність її ширшого використання у дитячій оториноларингологічній практиці.*

Ключові слова: оториноларингологія, носові раковини, гіпертрофія, хірургія, риніт, ніс