

# Guest Editorial

In late 1970s, allergic fungal rhinosinusitis (AFRS) was discovered a clinically distinct, but immunologically similar entity to allergic bronchopulmonary aspergillosis. Both these diseases were considered as a result of noninvasive immunologic reaction toward fungal antigen. However, AFRS has been a subject of controversy and debate right from the beginning. In the initial period, it was considered as a precursor to invasive fungal sinusitis and, hence, surgical debridement followed by antifungal agents were advocated. Later studies, such as those by Manning et al and Feger et al, proved by immunologic and histologic methods that AFRS represents an immunologically-mediated disorder rather than an early stage of invasive fungal disease. In 1994, Bent and Kuhn put forward diagnostic criteria for AFRS which included type I hypersensitivity, nasal polyposis, characteristic computed tomographic (CT) findings, positive fungal stain or culture and allergic mucin. Later, further doubt in the role of fungus as an etiological agent for AFRS was created when, in 1999, Ponikau et al demonstrated the presence of fungus in 93% of patients with chronic rhinosinusitis and 100% of normal control groups.



So much for the confusion regarding the etiopathogenesis of AFRS, much more is the disagreement when it comes to the management of this condition. Initially surgery followed by antifungals was proposed, as it was considered as a precursor for invasive fungal rhinosinusitis. Later, when immunological basis of the disease was found, surgery followed by immunomodulators, like steroids, were considered the treatment. However, there is no unified consensus to how much dose of steroids and for how long to prescribe them.

The two premier institutes: Postgraduate Institute of Medical Education and Research (PGIMER), at Chandigarh and AIIMS in New Delhi, under the leadership of Professor SBS Mann, Professor Ashok Gupta (PGIMER) and Professor Ramesh C Deka et al (AIIMS, New Delhi) have contributed extensively in this field and produced remarkable evidence about AFRS. They have recommended different measures in the therapy, including antifungal nasal irrigation, for a prescribed period as supplement following surgical procedures. It was also proposed that diligent observation through regular endoscopic assessment of both nasal and sinus cavities involved after surgery and irrigations/medication and to accord some degree of staging of the status of mucosal inflammation postsurgery like Kupferberg's staging.

I congratulate Prof Ashok K Gupta for this huge effort in presenting this consensus protocol for its management and treatment of allergic fungal sinusitis. I think, it is the first ever attempt to provide the surgeons with practical guidelines in treating AFRS. Moreover, the review article on invasive fungal sinusitis and the brief anatomy for young budding endoscopic sinus surgery in this special clinical rhinology supplement would be an added bonus for young and budding rhinologists.

**Ramesh C Deka**  
Professor, All India Institute of  
Medical Sciences, New Delhi, India