



Clinical Programs

Multidisciplinary Approach to Treating Aspirin Exacerbated Respiratory Disease

Rush University Medical Center's Department of Otorhinolaryngology - Head and Neck Surgery and Division of Allergy and Immunology are one of ten programs in the country recognized for multidisciplinary excellence in treating AERD (Aspirin Exacerbated Respiratory Disease) by the Samter's Society, a non-profit group that advocates for AERD patients.

The team at Rush includes rhinologists Pete Batra, MD, chair of the Department of Otorhinolaryngology - Head and Neck Surgery; Peter Papagiannopoulos, MD, and Bobby Tajudeen, MD; and allergy specialists Sindhura Bandi, MD; Mahboobeh Mahdavinia, MD; and Payal Patel, MD. Dr. Tajudeen has been a part of multiple research studies and reviews on the role of aspirin desensitization in the management of aspirin-exacerbated respiratory disease.

Rush's multidisciplinary, patient-centered approach of advanced surgical techniques and personalized post-operative medical therapy leads to improvement in quality of life that is sustained for years without need for revision surgery. Endoscopic sinus surgery is followed by personalized post-operative medical therapy that is co-managed by both the rhinology and allergy teams. The allergists who both provide aspirin desensitization therapy and new biologic therapies that are critical tools in post-operative disease control. This approach also improves asthma control, resulting in fewer visits for asthma exacerbations.

AERD is a progressive inflammatory disease of the upper and lower airways characterized by marked eosinophilic nasal polyposis, asthma, severe chronic rhinosinusitis with nasal polyps, and an allergy to aspirin and its products. It is incorrectly diagnosed or unrecognized in at least 50 % of patients. This condition is notoriously difficult to treat and patients with AERD tend to have more severe asthma and chronic sinusitis than those without AERD.

When undiagnosed, these patients are undertreated and tend to require multiple sinus surgeries when compared to a patient with chronic sinusitis without AERD. Further, these patients tend to have a more severe form of asthma, requiring a higher baseline dose of oral steroids, higher rate of admission to the Emergency Department, and are more likely to be intubated for an asthma exacerbation. These factors lead to reduced quality of life, more time in the hospital, and more surgeries with less benefit.