What's in a name - is CCAD really PPAR?*

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To the Editor:

EPOS 2020 [1] states that "Central compartment atopic disease (CCAD) is a recently described variant of CRS (chronic rhinosinusitis) that is significantly associated with allergy." CCAD is further explained as "a variant of CRS with polypoid changes of the entire central sinonasal compartment (i.e. the middle and superior turbinates, and the posterosuperior nasal septum), while the lateral sinus mucosa remains relatively normal"[2].

There is a problem with this definition in that CCAD is not in fact a form of CRS at all. The "central compartment" is commonly called the nose. A much better name for CCAD is Polypoid Allergic Rhinitis (PPAR), since it involves oedematous polypoid nasal changes in patients, 92.6% of whom are sensitized to inhalant allergens [2, 3]. Involved structures are in the nose, not the sinuses, and are directly exposed to inhalant allergens. CCAD/ PPAR in my long experience in both adults and children (in whom cystic fibrosis has been excluded) is amenable to anti-allergic rhinitis (AR) drugs and to allergen-specific immunotherapy (AIT). Treatment directed at IgE-mediated AR rapidly reduces the polypoid turbinates and improves the airway. Therapy is not about improving sinus aeration and drainage, since the sinuses are minimally affected, even though the middle turbinates are polypoid.

Does its name matter? After all a rose by any other name would smell as sweet. Yet it does. The problem in defining CCAD as a form of CRS lies in permitted therapy. Calling this condition CRS at once removes many useful anti-allergic medications licensed/ advised for AR, but not CRS. These include antihistamines, corticosteroid plus antihistamine combination sprays, and AIT. In addition, PPAR's responsiveness to anti-AR therapy may muddy the waters for the effectiveness of such therapies in CRS if CCAD sufferers are included in CRS studies.

The condition needs to be renamed quickly.

Conflict of interest

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