Nasal polyposis is a chronic inflammatory condition of the nasal mucosa, with the development of polyps. Patients are troubled, sometimes considerably, by the sensation of having a blocked nose, a partial or complete loss of the sense of smell, taste disturbances and occasionally nasal discharge. Complications are rare (1).

The first-choice treatment is an intranasal corticosteroid (1-3). In very troublesome cases, an oral corticosteroid for a short period is sometimes an option (1). Surgery may be resorted to after failure of drug treatment, but recurrences are frequent (1,3).

Dupilumab (Dupixent®, Sanofi Aventis) is an immunosuppressant monoclonal antibody directed against a subunit of the receptors for interleukin 4 and 13, which are cytokines involved in the inflammatory response (4). Already authorised in the European Union for some forms of atopic dermatitis and asthma, dupilumab has now been authorised, as an addition to intranasal corticosteroid. [EU centralised procedure]

In both trials, the severity of nasal congestion was assessed by the patients, using a score ranging from 0 (no nasal congestion) to 3 (maximum nasal congestion). At inclusion, the patients had an average score of about 2.4. After six months, the average reduction in the score was 1.3 in the dupilumab groups versus 0.4 in the placebo groups (p<0.0001) (3). This difference is statistically significant, but it is not known whether it is clinically meaningful, because there was no clinical interpretation of the differences in the scores in the documents identified by our literature search (3,7).

In the 52-week trial, after the first 6 months, the 295 patients in the dupilumab group were randomised to continue to receive 300 mg either every 2 weeks, or every 4 weeks (3). Six months later (i.e. one year after trial initiation), the improvement in clinical symptoms was sustained, with no difference between the two dosage regimens (6).

The known adverse effects of dupilumab include injection site reactions, ocular disorders (mainly conjunctivitis), hypersensitivity reactions, herpes infections and eosinophilia (4,5). The immunosuppressant action may increase the risk of cancer in the long-term. Comparative trials in nasal polyposis have not revealed any previously unrecognised adverse effects of dupilumab (5).