*CASE REPORT*
*UDC: 616.216.1.018.73-006.5-085.814.1*

# Acupuncture treatment for Antrochoanal polyp

***Blagica Zhu Arsovska[1, 2] Jihe Zhu[1,2] Kristina Kozovska[1] Julijana Velkovska[1]***

1. Center of Traditional Chinese Medicine "Tong Da Tang", Republic of N. Macedonia;
2. University “Skopje”, Skopje, Republic of N. Macedonia

*Article received: 08 Jan. 2026*
*Article revised: 15 Jan. 2026*
*Article accepted:02. Feb. 2026*

**DOI:**

## Abstract

Choanal polyps are typically solitary nasal polyps and occur on one side. They characteristically have a pear-shaped appearance. Traditional Chinese Medicine may help manage antrochoanal polyps by reducing inflammation, improving sinus drainage, and addressing underlying imbalances through herbal therapy and acupuncture. These approaches aim to strengthen the body’s immune response and relieve symptoms such as nasal congestion and sinus pressure. In this research is presented a case of 55-year-old woman with antrochoanal polyp in the left nasal cavity. As a therapy prescribed by a specialist doctor, she used spray Flufetan, tablets Rupafin, capsules Chymoral S. As a symptom, she felt a blockage in her left nostril. As an additional examination, a CT scan of the nose was performed. After the results of the scan, the patient was suggested to undergo surgical intervention, i.e. intranasal removal of a polyp from the nasal sinuses. The patient came to the acupuncture center on December 12, 2025, where she immediately began acupuncture treatments. A few days after the first treatment, the patient went for surgery, where she was told during the preoperative examination that the polyp had disappeared. She continued with acupuncture treatments once a week. Acupuncture, has been used to address conditions affecting the nasal cavities and sinuses. Patients often experience noticeable relief after just a few sessions, including reduced nasal congestion.

**Key words:** TCM, acupuncture, sinus, polyp

## Introduction

Antrochoanal polyp was first described by Professor Gustav Killian in 1906 as a distinct type of nasal polyp, accounting for 4–6% of all nasal polyps. It is a benign lesion that originates from the mucosa of the maxillary sinus and shows both similarities and differences compared with bilateral nasal polyposis. Choanal polyps are typically unilateral and solitary, with a characteristic pear-shaped appearance. The thicker portion of the polyp usually contains a large cystic space. Microscopically, they show minimal differences from common nasal polyps. [1]

ACP is diagnosed clinically and confirmed by histopathology. The typical presentation includes unilateral nasal obstruction and discharge, with a smooth polypoid mass arising from the middle meatus and extending into the choana, nasopharynx, and occasionally

the oral cavity. Less commonly, ACP may present with adult respiratory distress, dysphagia, or obstructive sleep apnea.

The following methods are used for diagnosis: Imaging assists in excluding alternative diagnoses and planning surgical removal of ACP. Computed tomography (CT) typically shows a homogeneously opacified, non-enhancing, hypoattenuating mass within the maxillary sinus extending through a widened ostium, with variable involvement of the choana and nasopharynx and no evidence of bone destruction. Magnetic resonance imaging (MRI) lacks pathognomonic features but usually demonstrates T1 hypo=intensity and T2 hyper=intensity, with peripheral enhancement of the cystic component following intravenous contrast administration. Also a biopsy may be required to confirm the benign nature of the polyp. [2]

A risk factor is anything that increases the likelihood of developing a condition. Risk factors for nasal polyps include existing health conditions such as asthma, allergic rhinitis, chronic sinus infections, cystic fibrosis, and hypersensitivity to certain NSAIDs. Genetics may also contribute as specific gene mutations can affect how nasal tissues respond to inflammation. Chronic sinus infections associated with nasal polyps can occasionally lead to serious complications, including osteomyelitis, abscesses that may extend to the orbits and brain, and meningitis. Treatment of nasal polyps depends on severity and typically involves medication or surgery. Medications generally relieve symptoms but rarely eliminate polyps. Common therapies include intranasal steroid sprays, oral steroids such as prednisone, and biologics like dupilumab. If medications are ineffective or polyps are large, surgical options may be considered. Minimally invasive procedures, often performed using nasal endoscopy, include polypectomy, balloon sinuplasty, and functional endoscopic sinus surgery (FESS). [3]

**Case report**

In this research is presented a case of 55-year-old woman with antrochoanal polyp in the left nasal cavity. As a therapy prescribed by a specialist doctor, she uses spray Flufetan, tablets Rupafin, capsules Chymoral S. As a symptom, she felt a blockage in her left nostril. As an additional examination, a CT scan of the nose was performed. After the results of the scan, the patient was suggested to undergo surgical intervention, i.e. intranasal removal of a polyp from the nasal sinuses. The patient came to the acupuncture center on December 12, 2025, where she immediately began acupuncture treatments and had and significant alleviation of sinus pain or pressure. A few days after the first treatment, the patient went for surgery, where she was told during the preoperative examination that the polyp had disappeared. She continued with acupuncture treatments once a week.

The acupuncture treatments were made in an acupuncture clinic for acupuncture and TCM in Skopje, North Macedonia by a doctor specialist in acupuncture. Acupuncture treatments were with a duration of 30 to 45 minutes. Treatments were done indoors, on a room temperature, with normal (dry) acupuncture with fine sterile disposable needles sized 0.25x25mm. Acupuncture points used in the treatments are: DU20, BL1, SJ21, GB20, LI4, ST1, RN10, RN15, ST26, ST36, SP6, LV3

Traditional Chinese medicine (TCM) is among the oldest medical systems, predating Western medicine by more than 3,500 years. It represents a standardized form of pre-revolutionary Chinese medical practices rooted in ancient philosophies. Central to TCM is the Taoist view that the human body reflects the universe and that a vital energy, known as *Qi*, circulates through the body to sustain health. According to TCM, chronic pain arises from disruptions or imbalances in Qi, and treatment aims to restore its proper flow. Beyond treating pain and migraines, traditional Chinese medicine (TCM) is used to address diverse health needs, including immune support and disease prevention,

substance dependence, anxiety, depression, overall wellness, and rehabilitation. Clinical assessment in TCM is based on five diagnostic methods: inspection, auscultation, olfaction, inquiry, and palpation. [4]

Acupuncture is widely practiced as a routine therapy in China, Japan, Korea, and Taiwan, and has gained increasing acceptance in the United States and other Western countries since the late 1970s. The technique involves inserting thin, solid needles into specific sites on the body known as acupuncture points. Classical sources identify 365 points arranged along meridians, or energy channels, mapped across the body surface. In the treatment of sinus diseases, acupuncture helps regulate immune function by reducing serum IgE levels, restoring the balance between Th1 and Th2 responses, and decreasing eosinophil infiltration. It also limits the release of inflammatory mediators and normalizes neuropeptide activity in the nasal mucosa. Through these immune, neurological, and anti-inflammatory effects, acupuncture reduces nasal mucosal inflammation and improves related symptoms. [5,6]

**Conclusion**

The application of the acupuncture achieved good management goals in this case. As a core therapy in traditional Chinese medicine, acupuncture has traditionally been used to relieve pain, but it is now increasingly applied to promote general well-being.

**References**

1 P. Frosini, G. Picarella, E. De Campora**,** Antrochoanal polyp: analysis of 200 cases**,** 2009, ACTA OTORHINOLARYNGOLOGICA ITALICA, 29:21-26 [old.actaitalica.it/issues/2009/1-09/Frosini.pdf]

2 Islas FAE, González JLT, Camarillo JMM (2018) Antrochoanal Polyp: A Literature Update. J Otolaryngol Rhinol 4:049. doi.org/10.23937/2572-4193.1510049 [clinmedjournals.org]

3 Cleveland Clinic Staff, Nasal Polyps, 16.01.2024, [clevellandclinic.org]

4 Cosio D, Lin E. Traditional Chinese Medicine & Acupuncture. Pract Pain Manag. 2015;15(7). [www.medcentral.com]

5 Victor S. Sierpina, MD, and Moshe A. Frenkel, Acupuncture: A Clinical Review, April 2005, Southern Medical Journal 98(3):330-7, DOI:10.1097/01.SMJ.0000140834.30654.0F

6 Li Y, Wang Y, Liang Y, Si X, Li Z, Wang Y. Intranasal acupuncture for allergic rhinitis: A systematic review and meta-analysis. Medicine (Baltimore). 2024 Nov 8;103(45):e40305. doi: 10.1097/MD.0000000000040305. PMID: 39533599; PMCID: PMC11557102.

Conflict of interest
The author have declared that no competing interests exist.
Acknowledgement
None.
Statement of Informed Consent
Written informed consent was obtained from the patient for his anonymized Information to be published in this article