The large consumption of pharmaceutical products to treat various nasal and sinus conditions reflects the constant demand of patients. More than 80 such products are available and, each year, 50 million units, corresponding to 2,500,000 litres, are applied to the nasal mucosa.

All of these products are effective, otherwise they would not be prescribed. However, abuse is frequent and can sometimes cause drug-induced rhinitis.

Consequently, STÉRIMAR, an adjuvant if not replacement product, appears to be perfectly adapted to play an essential role which is constantly overlooked:

THE NASAL HYGIENE

Physiologically, 10,000 litres of air pass through the nasal fossae over 24 hours at a flow rate of 7 l/minute. Any viral or bacterial infection, nasal trauma or surgical operation therefore disturbs the vasomotor activity and secretory function of the nasal mucosa.

In addition to aetiological treatment, the following objectives must also be achieved:
- ventilation,
- decongestion,
- drainage.

We have used STÉRIMAR, a sea water aerosol for nasal hygiene, to ensure this irrigation function.

STÉRIMAR was used by 38 of our patients:
- 21 women,
- 17 men,

with a mean age of 39 years (18 to 68 years).

The majority of patients suffered from a wide range of nasal conditions:
- rhinitis (19 cases, including 10 cases with a history of more than 5 years),
- rhinosinusitis (4 cases),
- and rhinopharyngitis (5 cases),
i.e. a total of 28 cases corresponding to acute viral rhinitis and allergic or non-allergic perennial chronic congestive rhinitis.

The other 10 cases corresponded to patients who had undergone a surgical operation, rhinoplasty or surgery for nasal fractures (8 cases) or ethmoidectomy for carcinoma (2 cases).

In this group, STÉRIMAR, prescribed to promote irritation, greatly facilitated removal of crusts persisting in the nasal fossae.

The duration of use of Stérimar was:
- 6 to 8 days for the acute conditions,
- 30 to 60 days for the chronic cases,

at a dose of 2 to 6 sprays per day.

In 13 cases, another treatment was co-prescribed: antibiotic and/or anti-inflammatory and/or other drug (vasoconstrictor, antihistamine, mucolytic, antipyretic, desensitizing agent).

**THE RESULTS**, assessed in terms of:
- quality of nasal drainage,
- resolution or attenuation of the symptoms,
- and elimination of nasal crusts

were as follows:
- very good or good: 33 cases, i.e. 87%,
- moderate or nil: 5 cases, i.e. 13%.

The safety was excellent for 37 patients, as only one patient reported local irritation which he attributed to the product without discontinuing treatment.

**CONCLUSION**

This study of STÉRIMAR in acute, chronic or postoperative nasal pathology demonstrates the efficacy of STÉRIMAR in the drainage of the nasal fossae, while also providing a feeling of comfort for the patient.

Due to the safety and absence of side effects of STÉRIMAR, sterile sea water and inert and germicidal propellant gas, we can recommend its use for brief as well as long-term treatment for nasal and sinus diseases, trauma and following nasal and sinus surgery.