

**Working Group Interim report (please expand boxes as required)**

1	Title of Working Group	Fungal Sinusitis
2	Name(s) of Coordinator(s)	Arunaloke Chakrabarti
3	Objectives	<ol style="list-style-type: none"> <li>1. To assess the prevalence of fungal rhinosinusitis (FRS) among patients with chronic rhinosinusitis (CRS).</li> <li>2. To develop consensus on the categorization of FRS after resolving the controversies</li> <li>3. To develop management protocol for each category of FRS</li> <li>4. To develop co-operative research in the field of FRS</li> </ol>
4	Achievements of the Working Group in last year (250 words)	<p>Conducted two studies</p> <ol style="list-style-type: none"> <li>1. An epidemiological study on fungal rhinosinusitis (FRS) was conducted in the rural area of Punjab and Haryana provinces of North India. The suspected cases identified during house –to –house surveyed were investigated further in the hospital to confirm FRS. Air and environment was sampled in different seasons to find Aspergillus spore count. The prevalence of chronic FRS cases was at 0.11% of the population and Aspergillus flavus was the predominant (97.6%) agent of all types of chronic FRS. The study identified high</li> </ol>

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		<p>prevalence of chronic FRS cases in rural north India and its possible association with wheat-harvesting seasons.</p> <p>2. We also conducted a study to compare immunological response to <i>Aspergillus flavus</i> and <i>Alternaria alternata</i> in patients with eosinophil related FRS. Significantly higher major basic protein (MBP) release and inflammatory responses were induced by <i>A. flavus</i> rather than <i>Al. alternata</i> in Asian patients. . A mixed Th1 and Th2 cytokine response was observed in eosinophil-related FRS. We concluded that immune response in eosinophil-related FRS depends on locally inciting fungi rather than <i>Al. Alternata</i> solely and the categorization of this group appears to be arbitrary.</p>
5	Is your Working Group going to continue for the next three years?	Yes