Conclusion
For children, the treatment of choice is polypectomy and combined transnasal polypectomy and transcanine approach.

Introduction
Antrochoanal polyp (ACP) was described by Gustav Killian, in 1906. Antrochoanal polyps are benign polypoid lesions arising from the maxillary antrum and they extend into the choana. ACPs are almost always unilateral, although bilateral ACPs have been reported in literature. They most commonly occur in children and young adults.

Goal of the poster
The purpose of this study was to review the epidemiology, etiopathogenesis, clinical features, the preoperative evaluation, pathology, differential diagnosis, treatment and complications of ACPs on a trial of 15 cases admitted and treated in ENT Pediatric Department of Emergency County Hospital Timisoara in the last 4 years.

Materials and methods
The age of patients was 7-16 years, 10 (66.6%) boys, 5 (33.3%) girls. The most common presenting symptoms are unilateral nasal obstruction, rhinorhoea, snoring, foreign body sensation, halitosis, headache. Nasal endoscopy and computed tomography (CT) represent the golden standard in the diagnosis of ACP. Only the surgery was the treatment of choice for these patients. For 12 (80%) patients we used only polypectomy and for 3 (20%) patients combined transnasal polypectomy and transcanine approach.

Results: The success rate was 80% in the transnasal endoscopic approach (polypectomy) and 100% in the combined endoscopic and transcanine approach.

Keywords: Antrochoanal polyp, Diagnosis, Nasal obstruction.

Transnasal prelacrimal recess approach is a novel, reliable, and useful method for the treatment of recurrent antrochoanal polyps. It ensures good exploration of the maxillary antrum and easy access to the polyp origin on the maxillary wall without the need of additional approaches.