

## Sinusitis

### Definitions in sinusitis

- **Acute** – Symptoms completely resolve within 12 weeks
- **Chronic** – Symptoms last longer than 12 weeks.

### Aetiology of sinusitis

- Acute:
  - Often follows URTI
  - Usually viral, 0.5 – 2% are bacterial.
- Chronic:
  - Can follow acute sinusitis
- Other risk factor:
  - Atopy, asthma, ciliary dyskinesia, aspirin sensitivity, immunocompromise, smoking
- Beware unilateral symptoms are not a foreign body or malignancy.

### Symptoms of sinusitis

- Adults: 2 symptoms out of those below:
  - One must be nasal blockage (obstruction/congestion) **or** nasal discharge (anterior/posterior nasal drip)
  - +/- facial pain/headache
  - +/- reduction of smell
- Children
  - As above but +/- cough rather than smell changes.

### Examination in sinusitis

- Assess for complications
  - e.g. periorbital cellulitis or neurological changes
- Anterior rhinoscopy using otoscope
  - If equipment not available then look for discharge/mucopus, inflamed mucosa/turbinates, deviated septum.
- Polyps may be present and are pale and insensate.
  - Unilateral polyps should not occur.

## Treatment of sinusitis

- Acute (**admit urgently if complications**)
  - Analgesia
  - Max one week of decongestant e.g. otrivine. (Longer course results in rebound congestion)
  - Nasal douching with saline (e.g. NeilMed Sinurinse)
  - If symptoms persist after 10 days or worsen after 5 days then give topical steroid e.g. fluticasone, mometasone
  - If no improvement after 10-14 days of spray then refer to ENT
  - If suspected bacterial (discoloured discharge, fever, raised inflammatory markers, severe local pain) or severe symptoms then as well as topical steroid add antibiotics.
    - First line antibiotic is amoxicillin (7 days) or doxycycline/clarithromycin (7 days if penicillin allergic)
    - If no effect in 48 hours with antibiotics try co-amoxiclav (7 days) or azithromycin (3 days)
    - If no improvement after 48 hours then refer to ENT.
- Chronic without polyps
  - Nasal douching
  - Steroid spray if mild symptoms or drops if moderate/severe (e.g. fluticasone, mometasone).
  - If moderate/severe add long term macrolide (clarithromycin)
  - Review after 3 months
    - If improvement can wean down treatment to spray/douching alone.
    - If no improvement refer to ENT.
- Chronic with polyps
  - Nasal douching
  - Steroid spray if mild symptoms or drops if moderate (e.g. fluticasone, mometasone).
  - Short course oral steroids if severe (40mg 7 days)
  - Review after 3 months unless severe in which case review after 1 month.
  - If improvement can wean down treatment to spray/douching alone.
  - If no improvement refer to ENT.