



# COMPLICATIONS OF RHINOSINUSITIS

Episodes 27.1-27.2

## EPIDEMIOLOGY

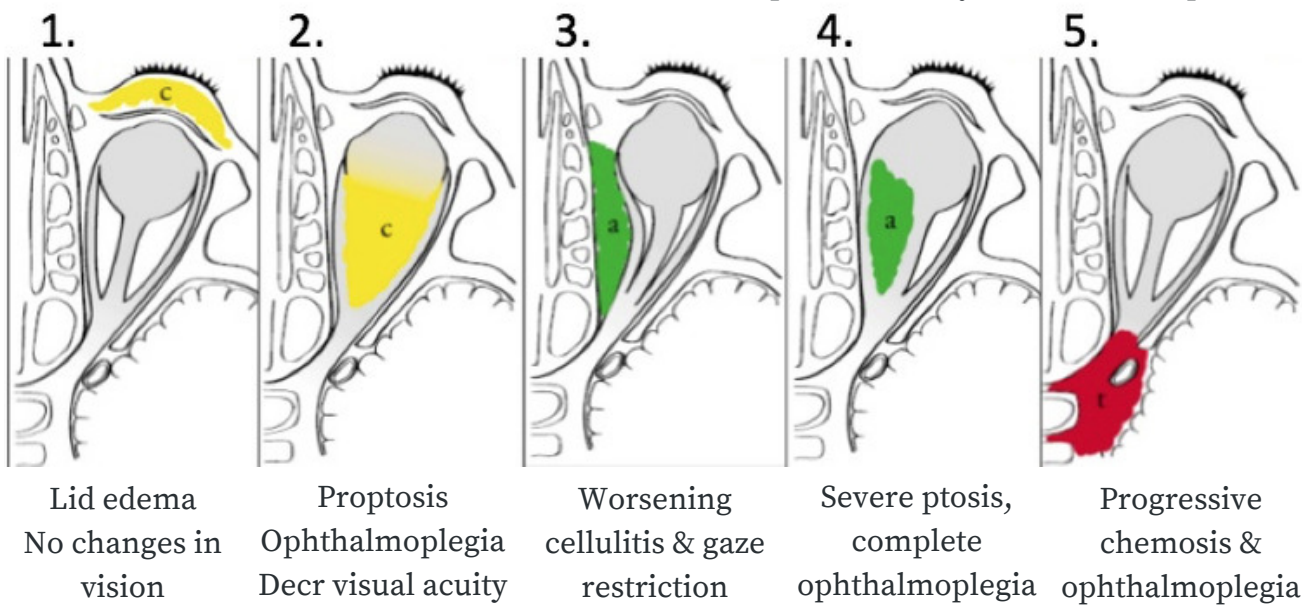
- Fortunately due to antibiotic era, complications from acute rhinosinusitis cases have reduced
- 3 major types of complications: orbital, intracranial, bony
- Orbit most commonly involved

- 1) Periorbital cellulitis (pre-septal)
- 2) Orbital cellulitis (post-septal)
- 3) Subperiosteal abscess
- 4) Orbital abscess
- 5) Cavernous sinus thrombosis

## ORBITAL

*Chandler Classification*

Stages should be considered separately, but are not exclusive. Multiple orbital complications may occur in same patient!



- Assess vision (Snellen chart), extraocular movements and ophthalmology consultation. CT scan - gold standard imaging
- Tx: IV antibiotics, treat ARS (decongestants, nasal irrigation), I&D or FESS for sinus drainage

## INTRACRANIAL

- Occurs more commonly in CRS than ARS. Typically from frontal sinusitis
- 3 categories: 1) intracerebral, 2) subdural, 3) epidural
- Significant morbidity. Urgent attention warranted
- May have sxs of increased intracranial pressure: N/V, H/A, altered LOC, nuchal rigidity and papilledema
- MRI - gold standard imaging
- Tx: neurosurgery consultation for drainage. 4-8wk IV ABx course. Serial imaging. Steroids and anticonvulsants

## BONY



*Pott's Puffy Tumour*

- Frontal sinusitis osteomyelitis
- Anterior subperiosteal abscess. Typically polymicrobial (staph, strep, proteus)
- Requires 6wk IV ABx, drainage and removal of infected bone