

RHINOSINUSITIS

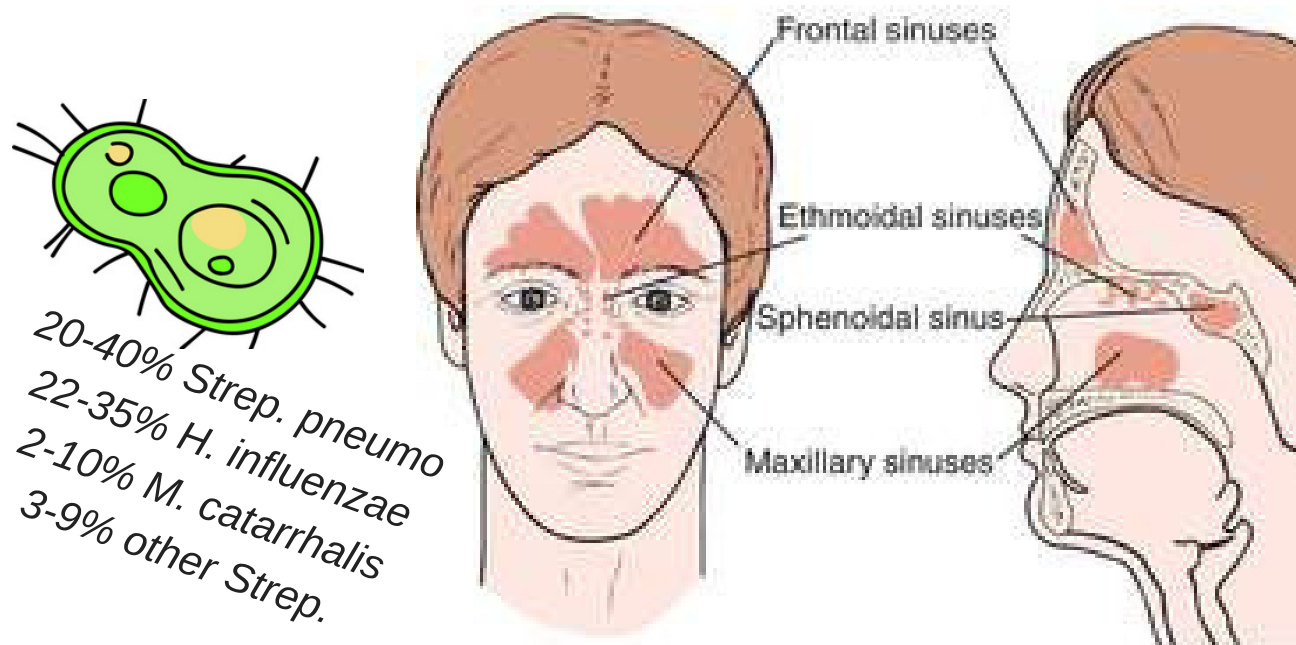
Episode 26.1

ETIOLOGY

- Inflammation of mucosal linings of nose and sinuses
- Host factors: *allergic, immunodeficiency, abnormal anatomy, neoplasm
- Environmental factors: *infection, trauma, noxious agents

CLASSIFICATION

- 1) Time course of presentation: acute vs. chronic
- 2) Anatomical site: frontal, ethmoidal, *maxillary, sphenoidal
- 3) Organism: bacterial, viral, fungal
- 4) Extra-sinus involvement: uncomplicated vs. complicated
- 5) Aggravating factors: immunosuppression, atopy



DIAGNOSIS

- Acute bacterial rhinosinusitis (ABR): 2 major symptoms or 1 major symptoms + purulence on nasal endoscopy
- Chronic rhinosinusitis (CRS): at least 2 for 8wks + abnormal nasal endoscopy or CT scan findings. "CPODS" criteria

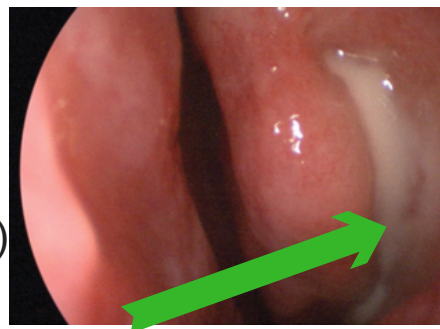
FACIAL **C**ONGESTION / FULLNESS

FACIAL **P**AIN / PRESSURE

NASAL **O**BSTRUCTION / CONGESTION

PURULENT NASAL **D**ISCHARGE (**S**MELL)

HYPOSMIA / ANOSMIA



TREATMENT

- ABR: 50% spontaneous resolution rate
- May offer observation only or first line ABx: amoxicillin. Add clavulin if not responsive within 72hr
- If PCN allergic, erythromycin or 2nd gen. cephalosporin
- Adjunctive tx to reduce mucosal inflammation: limited time course (2-5d) topical / oral decongestants
- CRS: intranasal corticosteroids is mainstay of therapy
- Consider 1 antibiotic course, oral steroids and NS irrigation
- If no improvement > 4wks, refer to surgery

Functional endoscopic sinus surgery (FESS)

- Restores natural drainage patterns

through ostiomeatal complex

- Complications: intraorbital, intracranial