

Tips to Remember: Sinusitis

Sinusitis is an inflammation of one or more of the nasal sinuses. —hollow cavities within the cheek bones found around the eyes and behind the nose . The primary functions of these sinuses are to warm, moisten and filter the air in the nasal cavity. They also play a role in our ability to vocalize certain sounds.

Sinusitis, which is common in the winter, may last for months or years if inadequately treated. Sinusitis can affect the nose, eyes, or middle ear, and may be indicated by plentiful, thick, colored nasal drainage, bad-tasting post-nasal drip, cough, head congestion and an accompanying headache. Symptoms may also include a plugged-up nose, a feeling of facial swelling, toothache, constant tiredness, and occasionally, a fever.

Types and causes of sinusitis

Sinusitis can be divided into: *acute*, which is often caused by a bacterial infection. It usually develops as a complication of a viral respiratory infection, common cold, and symptoms last less than four weeks; *subacute*, with symptoms lasting from 4 to 8 weeks; *chronic*, which symptoms last eight weeks or longer of varying severity and is often a chronic inflammatory disorder similar to bronchial asthma; and *recurrent sinusitis*, which is three or more episodes of acute sinusitis per year.

Although colds are the most common cause of acute sinusitis, it is more likely that people with allergies will develop sinusitis. Allergies can trigger inflammation of the sinuses and nasal mucous linings. This inflammation prevents the sinus cavities from clearing out bacteria, and increases your chances of developing secondary bacterial sinusitis. If you test positive for allergies, your physician can prescribe appropriate medications to control your symptoms, thereby reducing the risk of developing an infection. People with sinus problems and allergies should avoid environmental irritants such as tobacco smoke and strong chemical odors, which may increase symptoms.

Structural problems in the nose—such as narrow drainage passages, tumors or polyps, or a deviated nasal septum (the bone and cartilage between the left and right sides of the nose)—may be another cause of sinusitis. Surgery is sometimes needed to correct these problems. Many patients with recurring or chronic sinusitis have more than one factor that predisposes them to infection. So, addressing only one factor may not be sufficient.



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Diagnosis

Even if symptoms seem to be localized to the sinuses, the sinuses are not always infected. To make a correct diagnosis, a physician will take a detailed history and perform a physical examination. The physician may also order tests, if indicated. These tests can include allergy testing, sinus X-ray, CT scans (which make precise images of the sinus cavities), or a sampling of the nasal secretions or lining.

The physician also may perform an endoscopic examination. This involves inserting a narrow, flexible fiber-optic scope into the nasal cavity through the nostrils, which allows the physician to view the area where the sinuses and middle ear drain into the nose in an easy, painless, “patient friendly” manner.

Treatment

Sinus infections generally require a combination of therapies. In addition to prescribing an antibiotic when the sinusitis is caused by bacterial infection, your physician may prescribe a medication to reduce blockage or control allergies. This will help keep the sinus passages open. This medicine may be a decongestant, a mucus-thinning medicine or a cortisone nasal spray. Antihistamines, cromolyn and topical steroid nasal sprays help control allergic inflammation.

For people with allergies, long-term treatment to control and reduce allergic symptoms can also be effective in preventing the development of sinusitis. This treatment may include immunotherapy (also called “allergy shots”), anti-inflammatory medications, decongestants, and environmental control measures. Preventative use of low dose antibiotics and sinus drainage medications during times when symptoms will likely be worse, such as winter, also may prevent sinusitis.

Several non-drug treatments can also be helpful. These include breathing in hot, moist air, applying hot packs and washing the nasal cavities with salt water. In cases of obstructed sinus passages that may require surgery, your allergist/immunologist may refer you to an otorhinolaryngologist, or an ear-nose-throat physician (ENT).

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Sinusitis vs. rhinitis

Although many symptoms are similar, sinusitis differs from allergic rhinitis, known as “hay fever,” or non-allergic (vasomotor) rhinitis. Rhinitis is an inflammation of the mucous membranes of the nose—not the sinuses. Allergic rhinitis is caused by allergies and is often characterized by a runny nose, sneezing and congestion, and itchy eyes, nose, throat and inner ears. Non-allergic rhinitis is characterized by a swollen, inflamed nasal lining overflowing clear nasal drainage and a stuffy nose. It may be triggered by irritants such as smoke, changes in barometric pressure or temperature, or overuse of over-the-counter decongestant nasal sprays. Poorly controlled chronic or recurring rhinitis can lead to sinusitis.

As you can see, symptoms of sinusitis can vary depending on the severity of the inflammation and the sinuses involved—all of the symptoms listed above may be present, or only a few. It's best to consult your physician promptly if any of the described symptoms of sinusitis develop.

When to see an allergy/asthma specialist

The AAAAI's *How the Allergist/Immunologist Can Help: Consultation and Referral Guidelines Citing the Evidence* provide information to assist patients and health care professionals in determining when a patient may need consultation or ongoing specialty care by the allergist/immunologist. Patients should see an allergist/immunologist if they:

- Have chronic or recurrent infectious rhinosinusitis.
- Have other types of chronic rhinosinusitis
- Have allergic fungal rhinosinusitis.

Your allergist/immunologist can provide you with more information on sinusitis.

***Tips to Remember* are created by the Public Education Committee of the American Academy of Allergy, Asthma and Immunology (AAAAI).**

The content of this article is for informational purposes only. It is not intended to replace evaluation by a physician. If you have questions or medical concerns, please contact your allergist/immunologist.

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