

EDUCATION GRAM™
Updated Guidelines for the Treatment of Adult Sinusitis
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The American Academy of Otolaryngology—Head and Neck Surgery Foundation (AAO-HNSF) has updated its 2007 guidelines on the management of adult sinusitis.

Types of Adult Sinusitis	Description	Course of Action
Acute Bacterial Rhinosinusitis (ABRS)	<p><u>Duration:</u> <4 weeks</p> <p><u>Description:</u> purulent nasal drainage accompanied by nasal obstruction, facial pain/pressure/fullness, or both persist without improvement ≥ 10 days beyond the onset of upper respiratory symptoms</p>	<p><u>Watchful Waiting:</u> If assurance of follow-up such that antibiotics are started if patient’s condition fails to improve within 7 days after diagnosis</p> <p><u>Antibiotic Treatment:</u> 1st line: Amoxicillin with or without Clavulanate x 5-10 days 2nd line: Doxycycline or a respiratory Fluoroquinolone (such as Levofloxacin or Moxifloxacin) may be substituted, especially if allergic to Amoxicillin</p>
Acute Viral Rhinosinusitis (AVRS)	<p><u>Duration:</u> <4 weeks</p> <p><u>Description:</u> purulent nasal drainage accompanied by nasal obstruction, facial pain/pressure/fullness, or both that usually improve within 10 days</p>	<p><u>Watchful Waiting</u> (without antibiotics)</p> <p><u>Symptomatic Relief:</u> May recommend analgesics, topical intranasal steroids, and/or nasal saline irrigation for symptomatic relief of VRS (Viral Rhinosinusitis).</p>
Chronic/Recurrent Rhinosinusitis (CRS/RRS)	<p><u>Duration:</u> > 12 weeks (with or without exacerbations)</p> <p><u>Diagnosis:</u> Confirm diagnosis of CRS (Chronic Rhinosinusitis) with sinonasal inflammation – via anterior rhinoscopy, nasal endoscopy, or computed tomography.</p>	<p><u>Symptomatic Relief:</u> May recommend saline nasal irrigation, topical intranasal corticosteroids, or both for symptom relief of CRS.</p> <p><u>Options:</u> May obtain testing for allergy and immune function in evaluating a patient with CRS or recurrent ARS.</p>

Note: Modifying factors: Assess multiple chronic conditions that would modify management – such as asthma, cystic fibrosis, immunocompromised state, and ciliary dyskinesia.

References:

- Rosenfeld RM, Piccirillo JF, Chandrasekhar SS, Brook I, Ashok Kumar K, Kramper M, Orlandi RR, Palmer JN, Patel ZM, Peters A, Walsh SA, Corrigan MD. Clinical practice guideline (update): adult sinusitis executive summary. Otolaryngol Head Neck Surg. 2015 Apr;152(4):598-609. doi: 10.1177/0194599815574247.
- The full update report may be accessed here: <http://oto.sagepub.com/content/152/4/598.full.pdf+html>