Sinusitis

Sinusitis describes a condition in which a facial sinus cavity is inflamed by infection, allergies, or local irritants. Infectious agents include viruses, bacteria, or fungi.

Sinuses are air-filled spaces in the skull that act as extensions of the nasal passages. They are lined with mucus membranes and small hair-like structures that move secretions into the nose through small channels. The maxillary and ethmoid sinuses are the sinuses most commonly infected. Infections of the frontal sinuses are rare and have more potential for complications. The diagnosis of sinusitis is most often made by physical exam and history. X-rays of the facial sinuses are occasionally needed.

Types of sinusitis

Viral sinusitis is a “cold,” which often includes nasal congestion and drainage, as well as facial pressure. These symptoms resolve as the viral infection subsides and normal drainage from the sinus cavity resumes. Antihistamines and decongestants can help relieve discomfort. Antibiotic therapy is not needed for cold symptoms. Viral sinusitis can last 7 to 14 days.

Bacterial sinusitis can occur 10 to 14 days after the onset of viral sinusitis. Symptoms are similar to those of a cold, but also include pain over the cheekbones or teeth, and thick yellow or green drainage that may be blood-tinged. If these symptoms are not present, bacterial sinusitis is unlikely. It can be treated effectively with antibiotics and decongestants.

Self-care tips

- Nasal irrigation (e.g., SinuCleanse or SinuRinse) with saline solution can be effective in removing excess secretions from sinuses and improving nasal breathing.
- A decongestant such as pseudoephedrine (e.g., Sudafed), taken according to its directions, can help relieve nasal congestion. Use of pseudo-ephedrine is not recommended for those with high blood pressure. Please note: if you are taking MAOI inhibitor medication, you should not use decongestants.
- A nasal decongestant, such as phenylephrine (e.g., Neo-Synephrine Nasal Spray or Afrin 4-hour), is sometimes recommended, but only for three days. Use of these products beyond this time period can actually worsen symptoms. Please note: if you are taking MAOI inhibitor medication, you should not use decongestants.
- A cool mist vaporizer (not steam, which can burn) or a hot shower may help to moisten and clear the nasal passages. Applying moist heat by holding a hot, wet towel against the face can also help.
- Drinking at least two to three liters of noncaffeinated, non-alcoholic fluids a day will keep nasal secretions thin. This helps keep nasal passages and sinuses from plugging up.
- Acetaminophen, aspirin, and ibuprofen can be used according to label directions for pain and or fever relief. If under the age of 19, do not use aspirin products because of the risk of Reye’s syndrome.
- Saltwater nasal sprays (e.g., NaSal or Ocean) may ease nasal congestion and make mucus less thick.
Antibiotics

Antibiotics prescribed should be taken as directed until all the medication is gone. This treatment may last 10 to 21 days.

Follow-up appointments

Schedule a follow-up appointment if any of the following is experienced:

- symptoms persist or worsen after three to four days of treatment (i.e., increased pain, drainage, or persistent fevers)
- additional symptoms develop, such as ear pain, severe pain over eyes, neck stiffness, or high fever
- an allergic reaction to the antibiotic (e.g., rash) develops, or the prescribed therapy is intolerable

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