

Chronic Rhinosinusitis

This guidance replaces that left at the beginning of 2012 titled 'Simple Rhinitis and Rhinosinusitis'. It does not replace a good understanding of the underlying pathology of rhinosinusitis or its medical management and these must be studied separately.

General Introduction.

Chronic rhinosinusitis (CRS) is diagnosed when a patient has a blocked nose with facial discomfort, discoloured nasal mucus and loss of smell. The symptoms will have been there for more than three months. Polyps may or may not be present on both sides. Unilateral polyps are treated separately.

CRS is common and may be related to smoking, allergic rhinitis, HIV and dental disease. Patients with CRS sometimes get acute rhinosinusitis as well.

Treatment.

Nasal steroids and antibiotics are the main forms of treatment.

In CRS the patient should use a nasal steroid spray daily and for many months. Choose a spray that is used once a day if you can and give the patient clear instructions on how to use it. Flixonase is very effective and can be used from the age of four.

Oral antibiotics can be used if an attack of acute rhinosinusitis occurs and amoxycillin is a good choice.

If long term nasal steroid does not work try giving them a three-month course of erythromycin at the same time as the nasal steroid. Should this fail refer them to the ENT hospital.

Nasal saline douching is helpful. Patients should do this in the morning before they use their nasal steroid spray.

A mask should be worn in dusty environments and the patient should stop smoking.

Is the treatment different when there are bilateral polyps?

No. Treat in the same way as for CRS without polyps. If the polyps do not disappear refer to the ENT department.

Drugs

Flixonase can be used once daily from the age of 4.

Nasonex is also once daily but is not suitable under the age of 12.

Saline is made from: 0.5l saline with 1 teaspoon each of salt, sugar and bicarbonate of soda

Antihistamines are not effective