

SINUSITIS

Normal

We have 4 pairs of sinuses that lighten our skull and moisten the air we breathe. They are like caves with small (pencil-lead-sized) openings into the nasal passages. An amazing combination of mucus production and cilia movement sweeps the sinus cavities, keeping them germ-free despite millions of normal bacterial inhabitants of our nose.



Healthy sinuses

Our sinuses react to a wide variety of irritants. When animal dander or pollutants get drawn into the sinuses extra mucus production and cilia sweep them into the nose where they can be expelled “blown” or swallowed into the (deadly) acidic environment of the stomach.

Blocked sinus passages

Just a little blockage of the sinus passageway can cause a full feeling in the head. Increased mucus production from chronic allergen exposure or hormonal changes, cigarette smoking with cilia that work poorly, or overly thickened mucus from a virus (cold) can all contribute to sinus blockage.

Drainage is fairly clear when the sinuses are just blocked (not infected). Saline nasal sprays, gentle nose blowing and saline irrigation (neti pot) help the sinuses drain. Humidity helps as well (as in a long hot shower!)

Decongestants like pseudoephedrine or phenylephrine (in Sudafed / ask the pharmacist for it) can help. Antihistamines like loratadine (Claritin) may help but can impede the flow of mucus by further thickening the secretions. Antihistamine nasal sprays may be better like azelastine (Astelin), olopatadine (Patanase) Nasal sprays like oxymetazoline (Afrin or Dristan) can work if you need them for only a day or two. Steroid nasal sprays (Flonase) help for longer periods of time.

Prevention of blocked sinus passages is poorly researched. Avoiding pollutants, getting rid of an indoor pet, increasing humidity in dry conditions, regular saline spray use (as during air travel), aerobic exercise even when sinuses are clogged, and regular irrigation by neti pots are popular.



Infected Sinuses

Nasal congestion with thick, dark-colored nasal discharge suggests bacterial infection. When mucus drips into your throat from the back of your nose, you notice a foul taste, and you get bad breath or a cough it may be more than a cold. You may temporarily lose your sense of smell or taste. Finally, you may feel feverish, achy, and tired.

Sinusitis with invasion by bacteria has a better chance of recovery with the use of antibiotics. The defenses to keep the sinus cavity “cleaned-up” are quickly disabled when the small opening to the infected sinus is blocked and bacteria perpetuate inflammation. Sinusitis can lead to a middle ear infection, mastoiditis, and even a brain abscess.

Prescription

Take your prescription if you got one today. Keep mucus draining and follow the advice above. As few as three days or as many as 6 weeks of antibiotics may be required for certain cases of sinusitis. You can feel when things are draining properly again. You might shorten or lengthen (with a refill) your antibiotic treatment. Just don't go off and on a lot.

Chronic sinusitis may be caused by structural abnormalities like polyps or other unique anatomy. The only good way to look at your sinuses is with a CAT scan. Because of the radiation and cost we only do that when we are not getting proper healing from medical therapies. An ears, nose, throat (ENT) specialist will see you when we get that concerned.



Rechecks

We should re-examine you if you are not getting improvement within a week or so. Other reasons to seek urgent re-evaluation include:

- ❖ High fever
- ❖ Severe headache
- ❖ Mental confusion or stiff neck
- ❖ Swelling of the cheek, forehead, or roof of the mouth
- ❖ A swollen, red, painful eye
- ❖ Impaired vision
- ❖ Difficulty breathing, swallowing, or speaking.

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