SINUSITIS

YES, BUT

ACUTE Sinusitis
CHRONIC Sinusitis
NON SINUS Pain

1. DIAGNOSIS OF ACUTE SINUSITIS

GP ASSESSMENT
ALL PATIENTS CLINICALLY CONSIDERED TO NEED ANTIBIOTICS

CT SINUSES
BASIC BLOOD TESTS
SIGNS AND SYMPTOMS

OBJECTIVE ASSESSMENT
CT WITHIN 48 HOURS, REVIEWED BY 2 RADIOLOGISTS
CT-SINUSITIS = TOTAL SINUS OPACIFICATION or A FLUID LEVEL
ACUTE SINUSITIS

• STATISTICAL CORRELATION OF
  • 17 SYMPTOMS
  • 10 SIGNS
  • CRP
  • ESR
  • WCC

  • WITH THE CT STUDIES

ACUTE SINUSITIS

• RESULTS
  • ACCORDING TO CT SCANS
    63% really had SINUSITIS

ACUTE SINUSITIS

• WHICH FACTORS WERE RELEVANT?
  • PURULENT NASAL DISCHARGE
  • PURULENT SINUS DISCHARGE
  • 2 PHASES OF ILLNESS
  • ESR > 10

ACUTE SINUSITIS

• NUMBER OF SIGNS AND SYMPTOMS
  • 4 ................. 25.2
  • 3 ................. 1.8
  • 2 ................. 0.8
  • 1 ................. 0.2
  • 0 ................. 0.1

ACUTE SINUSITIS

• IN A NUTSHELL
  • 63% of patients clinically diagnosed as sinusitis had sinusitis
  • If 4 factors present……95% correct
  • If 3 factors present……80% correct

ACUTE SINUSITIS

• And again, WHAT FACTORS WERE RELEVANT?
  • PUS FROM THE NOSE
  • PUS IN THE NOSE
  • 2 PHASES OF ILLNESS (sick then sicker)
  • ESR > 10
**SINUSES AND CT SCANS**

- If you were standing outside DJ’s at Castle Hill and sent 100 consecutive shoppers for sinus CT scans
  - More than 40 of them will have abnormalities in the sinuses!

**SINUSES AND CT SCANS**

- CT changes can confirm a clinical diagnosis
  - But CT changes will not predict symptoms

**ALLERGY AND CT SINUSES**

- Swollen turbinates (esp. inferior turbs)
- Polypoidal swelling of mucosa of floor or lateral wall of maxillary sinuses

**FUNGAL SINUSITIS on CT SCAN**

- Any or all sinuses
  - Speckled radiodensities due to fungal “ingestion” of heavy metals e.g. cadmium
  - From an IgE mediated allergic response to the fungus

**CHRONIC SINUSITIS**

- Pressure feeling
- Dull pain “in the sinus”
- Nasal congestion/stuffiness
- Purulent nasal discharge
- +/- cough
- Pain is not sharp or lancinating

**FACIAL PAIN or SINUS PAIN**

- 1. Primary Neuralgias
- 2. Secondary Neuralgias
- 3. Other!
THE PRIMARY NEURALGIAS

• TRIGEMINAL (Vn) NEURALGIA (=Tic Doloreux)

• GLOSSOPHARYNGEAL (IXn) NEURALGIA
  • (Sphenopalatine NEURALGIA)......NO

SECONDARY NEURALGIAS

• Intracranial Irritation of nerve e.g. neoplasms, granulomas.
• Skull Base lesions e.g. carcinomatosis, osteitis
• extracranial irritation e.g. NPC infiltration of V2, and Frey’s Syndrome

“OTHERS”

• 1. Paranasal Sinus infection or neoplasm
• 2. Diseases of teeth or jaw
• 3. Diseases of the ear
• 4. Diseases of the eye
• 5. TemporoMandibular Joint
• 6. Muscles of mastication
  ....continued

REMEMBER THESE “OTHERS”

• 1. SPHENOPALATINE NEURALGIA and its aliases
• 2. ATYPICAL FACIAL PAIN
• 3. Paroxysmal Hemicrania
• 4. TENSION-TYPE HEADACHE
• 5. MID-FACIAL SEGMENT PAIN

1. SPHENOPALATINE NEURALGIA
   a.k.a.
   • = Sluder’s Neuralgia
   • = Horton’s Neuralgia
   • = migrainous neuralgia (“periodic”)
   • = cluster headache
   • = Histamine Headache
   • = ciliary neuralgia

1. SPHENOPALATINE NEURALGIA symptoms
   • Unilateral
   • Burning, boring excruciating pain
   • Stars in/around eye and radiates to face and neck
   • Eye reddens and starts tearing, ptosis
   • Nasal obstruction
1. SPHENOPALATINE NEURALGIA symptoms

- ALL over in about 45 mins.
- Clusters for 2 wks - 2 mo, and 2 wks - 2 mo apart
- M:F = 5:1, 30-50 yrs.

A distinctive CH face is described as follows:

- Leonine facial appearance,
- Multifurrowed and thickened skin with prominent folds,
- A broad chin,
- Vertical forehead creases, and
- Nasal telangiectasias.

1. SPHENOPALATINE NEURALGIA Treatment

- Acute Rx: TRiptans, Ergotamine
- Prophylaxis: methysergide, Na Valproate, Lithium

2. ATYPICAL FACIAL PAIN

- Unilateral
- Symptoms do not correlate i.e. “excruciating” but is “dull, boring” pain, with numerous trigger points and quite incapacitating
- Lasts minutes to hours
- Diagnosis of exclusion

2. ATYPICAL FACIAL PAIN

- No organic disease
- Female > 40 yrs? Hormonal effect
- Depressed, obsessive, dependent, lack insight to cause for their pains, demand a surgical cure.
- Rx: Standard dose amitriptyline psychological/psychiatric consultation

3. PArOXYSMAL HEMICRANIA

- Unilateral deep eye pain and red tearing eye
- F:M ~ 3:1
- 10-20 times/day for 2-20 min
- Pain severe, + lacrimation (only or more on same side)
- Responds specifically to Indomethacin
4. TENSION-TYPE HEADACHE

- BILATERAL
- Pressure and ache mostly fronto-occipital with tender spots on scalp
- “Hyperaesthetic” areas of soft tissues
- Often daily

4. TENSION-TYPE HEADACHE

- No particular triggers
- can sleep
- 60-70% element of medication misuse
- 50% migrainous element
- NSAIDS can help

5. “MIDFACIAL SEGMENT PAIN” (Prof W. Pirsig)

- = tension headache in a different distribution.
- Dull pressure
- Frontal/periorbital/bridge of nose and cheeks = (“spectacles”)
- Daily, chronic, maybe episodic

5. “MIDFACIAL SEGMENT PAIN” (Prof W. Pirsig)

- RESULTS of SURGERY

- 1/3 No effect
- 1/3 good
- 1/3 good for 3 to 12 months, then recurs
- “At 6 mo the patient gives you a present but after 12 mo they want it back”

5. MIDFACIAL SEGMENT PAIN

- Management

- “Lifestyle” assessment
- Low dose Amitriptyline for 6 to 8 months
- Propanolol, (Tegretol, Gabapentin)
- Is a form of chronic pain

5. MIDFACIAL SEGMENT PAIN

- REMEMBER

- CT SCANS DO NOT ALWAYS RELATE TO SINUS SYMPTOMS
- SINUS SYMPTOMS DO NOT ALWAYS ARISE FROM THE SINUSES

SINUS + PAIN

- REMEMBER

- CT SCANS DO NOT ALWAYS RELATE TO SINUS SYMPTOMS
- SINUS SYMPTOMS DO NOT ALWAYS ARISE FROM THE SINUSES
SINUS + PAIN

• Horizontal Pains:
  • Tension Headache
  • Mid-Face Segment pain

• Vertical Pains
  • 'Sphenopalatine' Neuralgia/Cluster Headache, etc
  • Chronic Paroxysmal Hemicrania
  • Atypical Facial pain