What to Ask About Sinusitis

Confronting a new diagnosis can be frightening and, because research changes so often, confusing. Here are some questions you may not think to ask your doctor, along with notes on why they’re important.

What is sinusitis doing to my sinuses?

The sinuses are air-filled chambers in the bones around your nose that make mucus — which traps particles from the air you breathe in — and drain congestion into the nose. Sinusitis means that the nose and sinuses are inflamed, which prevents normal mucus drainage. Technically, the condition is called rhinosinusitis.

Do I have acute sinusitis or chronic sinusitis?

Most of the time, sinusitis is an acute or short-term problem that results from an infection in the sinuses. Three cardinal symptoms are thick nasal discharges that are cloudy or yellow or green; a stuffy or plugged-up nose; and pain or pressure in the face, around the eyes or in the forehead. Fever, bad breath, tooth pain and coughing sometimes also develop. Acute sinusitis may last up to four weeks, according to the American Academy of Otolaryngology — Head and Neck Surgery.

Chronic sinusitis persists for three months or longer. It may start as a sinus infection and look similar to acute sinusitis, but tends to be a smoldering kind of problem with less severe symptoms. Along with the three cardinal symptoms above, chronic sinusitis may also cause a loss in sense of smell. To diagnose the illness, your doctor must confirm the presence of inflammation. That means taking a CT scan or putting an endoscope up your nose to look for findings of inflammation, which can include benign, grapelike growths called nasal polyps or colored pus draining out of the sinuses.

Do I need antibiotics for my acute sinusitis?

Antibiotics would help only if you have a bacterial sinus infection. Most of the time, acute sinusitis results from an upper respiratory tract infection by a cold virus, an illness that usually gets better within 10 days. However, in some cases, because a cold can cause swelling, congestion and a buildup of mucus in your nose, bacteria start multiplying in there and can then infect the sinuses. Such a bacterial sinus infection usually lasts longer than 10 days.

Although antibiotics don’t work against viral sinus infections, the medicines are often inappropriately prescribed for sinusitis patients. Overuse of antibiotics not only causes unnecessary side effects, but can also foster resistance to the drugs in bacteria. For these reasons, in mild cases of acute sinusitis, doctors generally suggest waiting up to seven days after diagnosis to see if symptoms improve; if you don’t get better or if you worsen, it’s likely you have developed a bacterial infection and could benefit from an antibiotic like amoxicillin.

What kind of chronic sinusitis do I have?

Experts categorize persistent sinusitis into three subtypes that may have different causes:

1. Chronic rhinosinusitis without nasal polyps, which accounts for roughly 60 percent of cases.
2. Chronic rhinosinusitis with nasal polyps, which make up one-fifth to one-third of cases. This diagnosis is more likely to be associated with asthma and aspirin-exacerbated respiratory disease.

3. Allergic fungal rhinosinusitis, which is triggered by an allergy to fungi and often occurs with nasal polyps too. A theory much publicized in the past decade held that an exaggerated immune response to fungi is the root of most chronic sinusitis cases. That idea didn’t pan out, but fungal allergy does explain a subset of cases.

If your persistent sinusitis problems don’t respond to initial medical treatments, it may be helpful to know which subtype you have, to determine how best to proceed.

Why do I have chronic sinusitis?

Long-term sinusitis may be more than a matter of infection. Researchers now believe that chronic sinusitis is driven by a complex inflammatory process. The inflammation prevents the sinuses from clearing mucus well, but exactly how it is initially triggered isn’t clear.

Although infection by bacteria or fungi may play an instigating role in many patients, in other cases other predisposing factors may be at work. Those include structural problems that block normal mucus drainage from the sinuses, like a deviated septum or a nose fracture from a past injury; an allergic reaction to fungi; other allergies; smoking; exposure to environmental pollutants; and certain medical conditions that impair mucus clearance, like cystic fibrosis. Immunodeficiency problems may also lead to chronic sinusitis.

What are my treatment options for chronic sinusitis?

Because the Food and Drug Administration has not approved any medications specifically for relieving chronic sinusitis, drugs for this condition are prescribed off-label. Typically, chronic sinusitis is treated with antibiotics, saline nasal rinses and corticosteroids to reduce inflammation.

Because steroid pills like prednisone can cause serious side effects with long-term use, clinicians give them only in short courses. For prolonged use, doctors recommend topical steroids like nasal sprays, which deliver the drug directly to the sinuses. Nasal steroid sprays or oral steroids may also help shrink nasal polyps that often accompany chronic sinusitis. But the polyps may grow back after you stop treatment.

Your doctor may give you antibiotics if you have an acute flare-up of a bacterial sinus infection. Antibiotics are common given as an oral pill, but could include antibiotics mixed into your irrigation. Decongestant nose sprays may help relieve a stuffy nose, but their use should be limited to three days to avoid rebound congestion.

When should I consider surgery?

If treatment with medicines doesn’t improve your chronic sinusitis and/or nasal polyps, your physician may recommend surgery to remove polyps or address any other mechanical issues that may be blocking drainage from your sinuses. Endoscopic sinus surgery can open up the sinuses, clearing obstructions and allowing for ventilation. In cases of chronic sinusitis without polyps, the procedure has a success rate of 80 to 90 percent, but varies depending upon the cause of the sinus problems.
What happens after surgery?

Surgery is just one component of an overall treatment plan for chronic sinusitis. After sinus surgery, you may still need to manage your condition with topical steroids. People who have polyps removed often see them grow back, and some of these patients undergo multiple operations. For this kind of recalcitrant disease, surgery is not a permanent solution. If you seem to fall into this category, talk to your doctor about other ways to manage your condition.

I have hay fever allergies. Are they causing my chronic sinusitis?

Maybe. Experts have long thought that hay fever, or allergic rhinitis, causes chronic sinusitis, but there is no direct scientific proof of that. It is common to see people with both conditions. Chronic sinusitis patients with allergies tend to have more sinusitis symptoms than those without allergies. Treating hay fever will not make chronic sinusitis go away, but it may make it easier to manage. Ask your doctor about how to get your allergies under control.

Is there a connection between chronic sinusitis and asthma?

Chronic rhinosinusitis and asthma are strongly linked: About 20 percent of long-term sinusitis sufferers also have asthma, a rate three to four times higher than in the general population. Nasal polyps are associated with increased asthma severity. The risk of chronic sinusitis is high among people with Samter’s triad — a combination of nasal polyps, asthma and sensitivity to aspirin. Research has found similar patterns of inflammatory responses in chronic sinusitis and asthma, supporting the idea (called the “unified airway concept”) that disorders of the upper and lower respiratory tracts do not result from separate disease processes, but are related.

Both asthma and nasal polyps involve an excess of inflammation-rousing molecules called leukotrienes. Experts hoped that inhibiting those substances with a drug like montelukast (sold as Singulair), a treatment approved for asthma and allergies, could help eliminate nasal polyps.

What can I do to keep my chronic sinusitis under control?

Avoid smoking, which can increase the risk of sinus trouble. Experts advise rinsing out the nose twice a day with saltwater to minimize symptoms and flare-ups of sinusitis, including after sinus surgery. Nasal irrigation involves pouring or squirting a saline solution — from a neti pot or squeeze bottle — into one nostril and letting it drip out through the other. Doing so can help thin the mucus, reduce swelling and wash out any germs, allergens or inflammatory cells or proteins from the nose. A 2007 scientific review concluded that adding saline nasal irrigation to standard therapies is likely to improve symptom control in chronic sinusitis.