

Kids' sinusitis might not need antibiotics, new guidelines say

June 24 2013, by Dennis Thompson, Healthday Reporter



Doctors can 'watch and wait' for an additional 3 days.

(HealthDay)—Doctors don't have to automatically prescribe an antibiotic to treat children who appear to have acute sinus infections, according to new guidelines issued by a leading group of pediatricians.

Instead, they can take a "watch and wait" approach if it appears the infection might clear on its own, according to the new American Academy of Pediatrics [guidelines](#).

"The practitioner can either treat immediately or consider waiting for a couple of days," said Dr. Ellen Wald, [chairwoman](#) of the academy's subcommittee on [acute sinusitis](#). "If the kid doesn't look dramatically ill, you can wait an extra couple of days to see if they improve on their own."

The previous guidelines, passed in 2001, recommended [antibiotic](#)

[therapy](#) for all children diagnosed with acute bacterial sinusitis, which is defined as persistent signs of sinus infection lasting more than 10 days.

Doctors now can observe kids for up to an additional three days past that 10-day period to see if their symptoms will ease without [antibiotic treatment](#).

"There's nothing absolutely sacred about 10 days. It could be 11 days. It could be 12 days," said Wald, chairwoman of pediatrics at the University of Wisconsin School of Medicine and Public Health, in Madison. "In the child who looks sicker, we wouldn't do that. We would start on antibiotics immediately."

The new guidelines, published online June 24 in the journal *Pediatrics*, are driven primarily by concern over [antibiotic resistance](#), she said. There is a lot of overlap between the common cold and acute sinusitis, and some children who are not suffering from a [bacterial infection](#) may be receiving antibiotics.

"If we prescribe fewer antibiotics, then the problem of antibiotic resistance is controlled," Wald said. "If you can avoid the [use of antibiotics](#), then that is reasonable."

Between 6 percent and 7 percent of children who visit doctors seeking care for a respiratory condition have acute sinusitis, according to the report.

Most cases of acute sinusitis develop from a common cold. Colds usually last five to seven days and peak within two or three days, Wald said.

Acute sinusitis does not often develop into a life-threatening illness, but it can be very uncomfortable and even painful. Symptoms of sinusitis include a runny nose, a persistent daytime cough, headache and fever.

"I think cases of acute sinusitis resolve on their own, by and by," Wald said. "There are not children who are dying left and right from sinusitis. But there is a quality-of-life issue too. You get better more quickly with treatment."

The revised guidelines further underline the need for parents to seek out pediatricians who are adept at diagnosing and monitoring sinusitis, said Dr. Jordan Josephson, a sinus and allergy specialist at Lenox Hill Hospital in New York City and author of the book *Sinus Relief Now*.

This is especially true for children with ongoing sinus problems, he said.

"Treatment of chronic sinusitis is not simple, and I think it's important that patients get to a doctor who really understands the disease," Josephson said. "Guidelines are guidelines. The ultimate thing is to get to a physician who is a really good diagnostician who can determine whether antibiotics are needed."

The new guidelines for acute sinusitis also discourage the use of imaging tests to help diagnose the condition in uncomplicated cases.

More information: The U.S. Centers for Disease Control and Prevention has more about [antibiotic resistance](#).

[Abstract](#)

[Full Text](#)

[Health News](#) Copyright © 2013 [HealthDay](#). All rights reserved.

Citation: Kids' sinusitis might not need antibiotics, new guidelines say (2013, June 24) retrieved 6 May 2024 from <https://medicalxpress.com/news/2013-06-kids-sinusitis-antibiotics-guidelines.html>

This document is subject to copyright. Apart from any fair dealing for the purpose of private study or research, no part may be reproduced without the written permission. The content is provided for information purposes only.