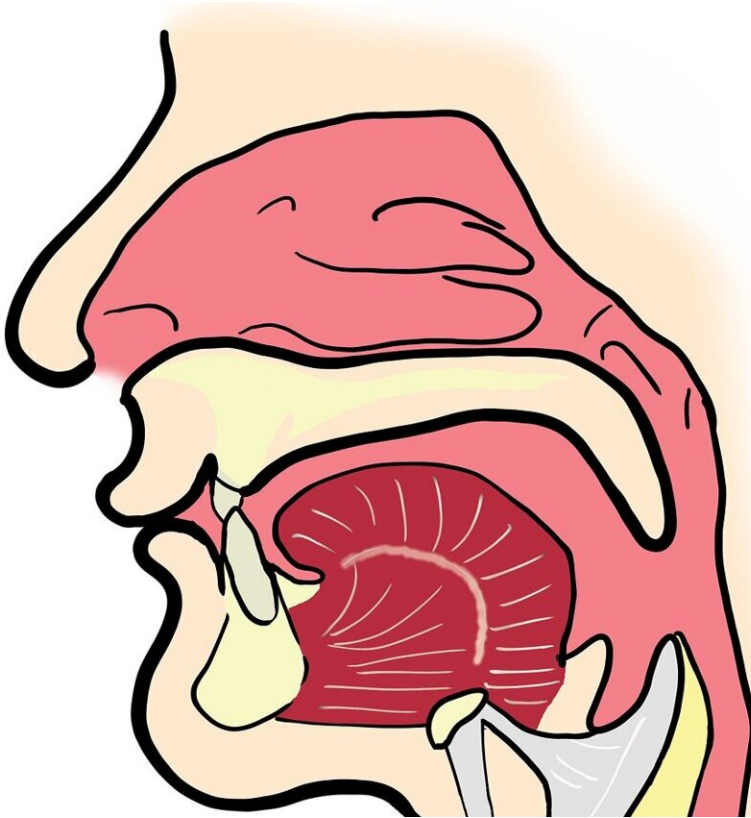


Research examines chronic sinusitis

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According to the National Institutes for Health, chronic sinusitis, also known as chronic rhinosinusitis (CRS), affects approximately 14.6% of the United States population and is currently the fifth most common condition treated with antibiotics, accounting for up to 22 million physician visits and costing as much as \$5 billion annually.

New research from the University of Cincinnati examines the incidence of people suffering from [allergy symptoms](#) who actually have CRS, a finding that could impact how those symptoms are treated.

The research was [published](#) in the journal *Otolaryngology—Head and Neck Surgery*.

"We have seen in our clinical practices many instances where patients have believed that they have allergies for many years and have sought treatment for allergies for years," says Ahmad Sedaghat, MD, Ph.D., director of the Division of Rhinology, Allergy and Anterior Skull Base Surgery, professor of Otolaryngology, Head & Neck Surgery at the UC College of Medicine and lead author of the study.

"They have never found relief from their sinus/nasal symptoms because all along they've had CRS, an inflammatory condition of the sinuses. We have found this to be especially true in areas like the Cincinnati/Ohio River valley region, where environmental allergies are highly prevalent.

"As someone who grew up in this region, I can attest to how commonly we tend to attribute sinus and nasal symptoms to 'allergies.' But the reason for this is that nasal allergies (allergic rhinitis) and CRS have overlapping symptomatology, often characterized by nasal blockage and nasal drainage. Both can also cause sinus pressure," Sedaghat said.

"Despite their common clinical symptoms, however, nasal allergies and CRS in many ways have different treatments."

The study included 219 participants whose main complaint was nasal allergies. From all participants, a 22-item Sinonasal Outcome Test was collected to measure the severity of sinus/nasal symptoms, and an endoscopy score was calculated from nasal endoscopy.

Although 91.3% of the participants had environmental allergies; 45.2% were also diagnosed with CRS. Approximately half of the patients with CRS reported no intranasal corticosteroid usage, the preferred treatment option for CRS.

"We specifically used this questionnaire to study our patients' symptoms because we could simultaneously measure symptoms of CRS and allergic rhinitis without having to use different questionnaires," says Sedaghat.

"However, I would point out that our findings and how they apply to patients are distinct from the [test]. We were able to determine that at certain sinus/nasal symptom severity thresholds, patients should consider the possibility of CRS, but these thresholds are described in lay terms that patients can easily apply to their own situation."

The researchers concluded that the results have important implications for the education of patients about CRS and increasing CRS health literacy, particularly in regions where environmental allergies may be both highly prevalent and culturally entrenched, such as the Cincinnati area. The misinterpretation of CRS for [allergic rhinitis](#) may lead to patients using AR treatments, which may be ineffective for CRS and, therefore, prolong the impact on the patient.

"We have seen so many patients suffer for so long due to the confusion between allergies and CRS," says Sedaghat. "I've had patients who tell me that they have been treated with allergy shots for 10, 20, or more years without relief of their symptoms but who after we discovered they had CRS and we started them on appropriate treatment, achieved relief within a few months.

"I'm excited to be able to find a way to empower patients to think about the possibility of CRS, and I'm excited that we were able to do it in a way that will be very easy for patients."

"I am also excited to bring light to this very important problem that so many patients in our region are dealing with. Almost 50% of patients who came to see us for what they thought were nasal allergies had CRS," Sedaghat continued. "Given how commonly we talk about 'allergies' in this region, imagine how many patients may be undertreated and how many patients can be positively impacted by seeking out care for the possibility of CRS."

The study results suggest specific counseling of individual patients, as well as communities, to consider the possibility of CRS when their nasal obstruction or discharge symptoms reach a moderate or greater level of severity or if they notice any degree of decreased sense of smell.

"I hope that this study will give us the tools to raise awareness of CRS among the public, in particular, the individuals at highest risk to suffer from CRS but not have it be recognized accurately," Sedaghat says, "and that these tools—for example, easy to use questions for patients to ask themselves—will help the large fraction of patients who are suffering from nasal and "sinus symptoms despite allergy treatments to seek out additional care for CRS.

"Overall, I believe this study will save and improve a lot of quality of life for patients."

More information: Firas A. Houssein et al, When It's Not Allergic Rhinitis: Clinical Signs to Raise a Patient's Suspicion for Chronic Rhinosinusitis, *Otolaryngology–Head and Neck Surgery* (2024). [DOI: 10.1002/ohn.646](https://doi.org/10.1002/ohn.646)

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