



Rhinosinusitis 鼻竇炎(英文)

Introduction

Rhinosinusitis is an inflammatory condition of paranasal sinuses. Sinuses are chambers in facial bones around the nose covered with ciliary epithelium mucosa. There are four pairs of sinuses in human body including bilateral frontal, maxillary (lateral to the nose), ethmoid (between the eyes), and sphenoid sinuses (superioposterior to nasal cavity).

All of them are opened and communicated to nasal cavities. So far, their functions are known to moist and clean the inspired air, resonate when pronunciation.

Etiology

There are three categories of rhinosinusitis:

1. inflammatory of sinuses due to upper respiratory tract infection or allergic reaction related.
2. mechanical origin: deformity of nasal septum, hypertrophic turbinate, nasal polyps, tumor, foreign body, palatine cleft, atresia or stenosis of choanae.
3. systemic disease: such as Immotile Cilia Syndrome or immune compromised patient.

Other causes include activities with pressure change such as diving and flight. According to disease period, we can define sinusitis as acute, subacute or chronic. Generally, if the symptoms last longer than 3 months, is the condition is then defined as chronic rhinosinusitis.

Symptoms

Initial symptoms are similar to common cold. The common symptoms include:

- nasal congestion
- color rhinorrhea
- cough
- smell decrease
- headache
- facial pain and swelling
- sorethroat
- oral foul odor.

In chronic sinusitis, patients often have postnasal dripping, pain or soreness between eyebrows and frontal area. Some children complain of earache, toothache, eye pain, and mild nasal bleeding. Some patients feel easy fatigue and dizziness.

Examinations

Nasal speculum helps detect nasal polyps and mucopurulent discharge over sinuses drainage tract. Palpation can check the tender point of sinuses.

As for images, skull X-ray film sometimes shows thickened mucosa or air-fluid line in acute cases.

Computed Tomography (CT) has great value in evaluating pre-operative anatomic condition of chronic rhinosinusitis.

Treatment:

The aim of treatment is to clean the excessive purulent secretion in sinuses and to maintain a patent drainage function of sinuses.

- Medical treatment:

Antibiotic should be taken at least 2 weeks. For chronic rhinosinusitis, antibiotics may be used for up to 3 months. Mucolytic agents are helpful. Decongestants of nasal spray can be used for 3-5 days. Systemic decongestants and antihistamine sometimes are short-term used. Intranasal steroid is recommended since it can reduce the swelling of mucosa. Systemic steroid may be helpful in patients having co-morbidity such as allergic rhinitis and asthma.

- Surgical Treatment:

The popular new surgical method is named " Functional Endoscopic Sinus Surgery" . This procedure is performed under endoscope with minimal mucosal destruction. That will keep better drainage function of sinuses.

About 80 to 90 percent patients receive FESS report improvement of symptoms. The less we destroyed, the less complication might occur. The surgical indication is for patients who fail to response to maximal medical therapy of at least 12 weeks' antibiotics medication, or patients of anatomical abnormality such as polyps and tumor related condition, often confirmed by CT scan.

Prevention:

- Avoid common cold
- Keep warmth of nose
- Regular exercise and life style

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