

UPPER RESPIRATORY TRACT INFECTIONS**Chronic Bacterial Sinusitis****(CKS Chronic sinusitis)**

Chronic sinusitis is diagnosed by the presence of nasal blockage *or* nasal discharge (anterior/posterior nasal drip) *with* facial pain/pressure and/or reduction or loss of the sense of smell, **lasting for longer than 12 weeks** without complete resolution.

It is more likely to be inflammatory than an infectious process [[Sedaghat, 2017](#)], but its aetiology is likely to be multifactorial, for example, involving inflammation, infection, and obstruction of sinus ventilation [[ENT UK and Royal College of Surgeons, 2016](#)].

Arrange admission if sinusitis is associated with a severe systemic infection, or a serious complication including:

- Orbital involvement — indicated by peri-orbital oedema or cellulitis, a displaced globe, double vision, ophthalmoplegia, or reduced visual acuity.
- Intracranial involvement — indicated by severe frontal headache, swelling over the frontal bone, symptoms or signs of meningitis, or focal neurological signs.

Inform the person that chronic sinusitis may last several months. If they have an associated disorder, such as allergic rhinitis ([NHS CKS](#)) ([APC pathway](#)) or asthma, advise them that good control of these is also likely to benefit their sinusitis symptoms.

Advise the patient to:

- Avoid allergic triggers.
- Stop smoking (and avoid passive smoking), where applicable.
- Practise good dental hygiene to reduce the risk of dental infection (often associated with chronic sinusitis).
- Avoid underwater diving if there are prominent symptoms.

Consider nasal irrigation with saline solution to relieve congestion and nasal discharge.

- See NHS guidance on sinusitis for self-care and using salt water ([NHS Sinusitis patient information](#)).

Consider a course of intranasal corticosteroids

For example, mometasone or fluticasone for up to 3 months, especially if there is suspicion of an allergic cause (such as concomitant allergic rhinitis). If intranasal corticosteroids are being considered for a child, seek specialist advice.

Seek specialist advice before prescribing long-term antibiotics, as the evidence for this approach is limited.

If the person suffers from recurrent acute episodes, see acute sinusitis guideline ([here](#))

Consider referral to an appropriate specialist (e.g., ENT specialist or immunologist) if there are:

- Unilateral symptoms (consider urgent referral as this increases suspicion of neoplasia).
- Persistent symptoms despite compliance with 3 months of treatment.
- Nasal polyps complicating assessment or treatment, particularly if present in children.
- Recurrent episodes of otitis media and pneumonia in a child.
- Symptoms that significantly interfere with functioning and quality of life.
- Unusual opportunistic infections, or allergic or immunologic risk factors that need investigating.

Version Control- Chronic Bacterial Sinusitis			
Version	Author(s)	Date	Changes
V2.1	Nichola Butcher, Medicine Optimisation Pharmacist	12.05.22	Reviewed as per CKS guidance – added links to CKS guidance. Self-care advice and treatment options added. Antibiotic not recommended – seek specialist help. NHS PIL on sinusitis added
		19.05.22	NICE allergic rhinitis link and APC allergic rhinoconjunctivitis link added. Agreed at APC to include information about corticosteroid N/S