

HERO'S HWY



Do I Have Sinusitis?

Col Erik K Weitzel MD MC USAF
Professor of Surgery USUHS
Rhinology and Endoscopic Skullbase Surgery
Chief of Operational Medicine
Director, RESTOR-AirMed Research Laboratory

PEOPLE

MISSION

INNOVATION



Disclaimer



Warrior Medics – Mission Ready – Patient Focused

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Background



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- Patient's perspective on sinusitis
 - Patient's perceive symptoms and call them "sinusitis"
 - Primary care doctors reinforce the perceived diagnosis by offering empiric treatment that might seem to affect the symptom – giving the patient a false sense of treatment effect for their "sinusitis"
- What responds to treatment?
 - Most antibiotics have an anti-inflammatory effect and steroids have broad ranging effects. Neither have specific effects for sinusitis, thus empiric treatment for "sinusitis" does not help inform diagnosis of sinusitis.



Pragmatism



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- The ENT wants to make their patient feel better
- Need to know which patterns of “sinusitis” respond to:
 - Medical Therapy
 - Surgical Therapy
- Applying surgery indiscriminately offers risk and can potentially worsen some cases of inappropriately diagnosed “sinusitis”
 - ****PEARL**** Accidentally operating on trigeminal or occipital neuralgia for me represents some of the worst outcomes I’ve had.
 - Goal of this lecture is to help the audience to recognize a few common patterns of patient-reported “sinusitis” seen by ENTs that don’t respond well to standard sinus surgery interventions.

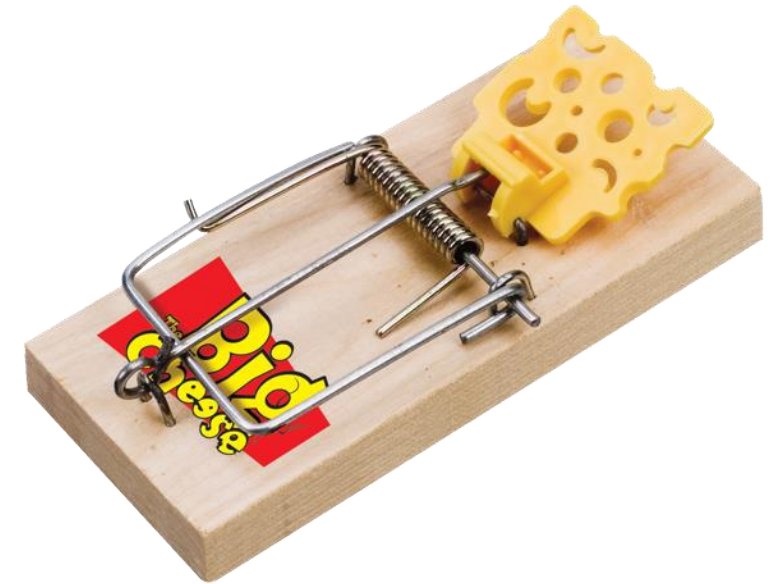


The “Sinusitis” Trap



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- Patients may be convinced they have sinusitis based on:
 - Symptoms may be overlap with IFOS definition of sinusitis
 - Previous primary care doctors have reinforced this diagnosis
 - Previous treatments for sinusitis may have had anti-inflammatory effect and caused temporary improvement
 - Dentists may have performed ineffective evaluations
 - Sinus x-rays and bite wing x-rays may have been performed that missed the true diagnosis
 - CT sinus may have shown some disease
 - Patients may have pre-existing migraine headaches and recognize this pain as different





Case 1



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- Chronic nasal congestion x 6 months, does not fluctuate, correlates with a perceived allergy season – Do I have sinusitis?
- Patient treated for the past 4 months with topical steroids, topical anti-histamines, oral anti-histamines with minimal effect.
- PCM treated patient with a steroid shot and antibiotics and things got better for about two weeks. Was given diagnosis of chronic sinusitis.
- Exam shows large boggy inferior turbinates bilaterally, amazing response to Afrin challenge, and no change with a modified Cottle maneuver. The septum appears straight.
- Scope shows no polyps or purulence.



Case 1 Imaging



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Case 1 Outcome



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- Patient offered inferior turbinoplasty with powered reduction technique
- Excellent long term response, no need for sinus surgery.



Case 2



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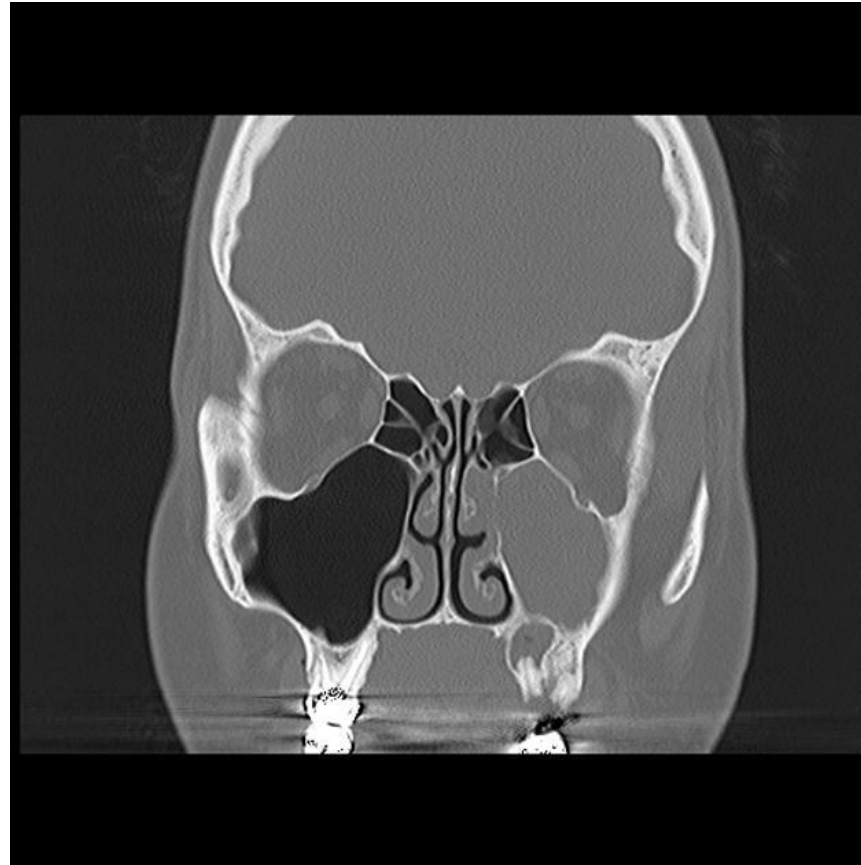
- Unilateral persistent, non-fluctuating maxillary pain – do I have sinusitis?
- The patient was seen by their dentist and shown on panorex to have sinusitis.
- A course of antibiotics and oral steroids resulted in a temporary improvement that has recurred.
- Exam shows purulence in the left OMC, no polyps, and extensive dental work.



Case 2 Imaging



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Case 2 Outcome



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- Patient underwent tooth extraction prior to sinus surgery. There was no effect on the sinus disease and required uncinectomy, maxillary antrostomy, and anterior ethmoidectomy.
- Mid-term results are excellent



Case 3



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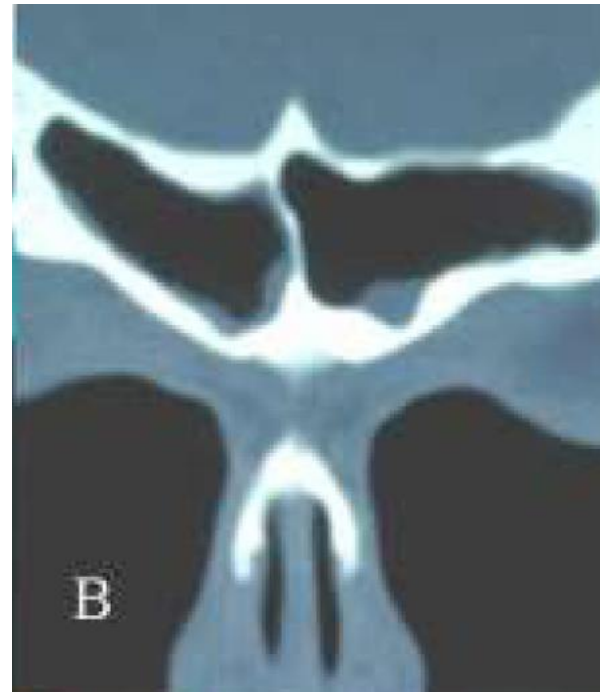
- Fluctuating frontal headaches, sharp, lasts a few minutes every day
- PCM worked up patient by performing a CT sinus that shows unilateral mild frontal sinus mucosa thickening and immediately sent the patient to your office. The patient was counselled they have sinusitis and need surgery to fix the pain. No other treatment has been offered.
- Patient utilizes significant daily analgesics to address this pain.
- Endoscopic exam is unremarkable



Case 3 Scan



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Case 3



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- Symptoms are inconsistent with exam. The diagnosis of sinusitis is called into question.
- Patient counselled to wean off pain medications to address a potential rebound headache phenomenon.
- Headache diagnosis algorithm is most appropriate initial approach.



Case 4 - Quickie



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- Recurrent sinusitis symptoms throughout the year.
- Patient shows up to your office with a CT scan that is completely normal, but you suspect Recurrent Acute Sinusitis.
- How does panel make a definitive diagnosis of recurrent acute sinusitis prior to considering surgery?



Case 5



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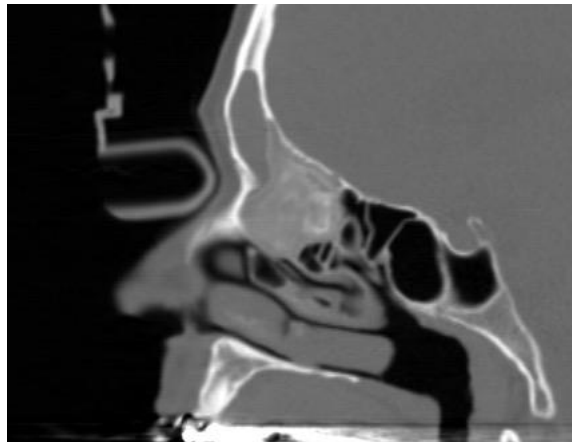
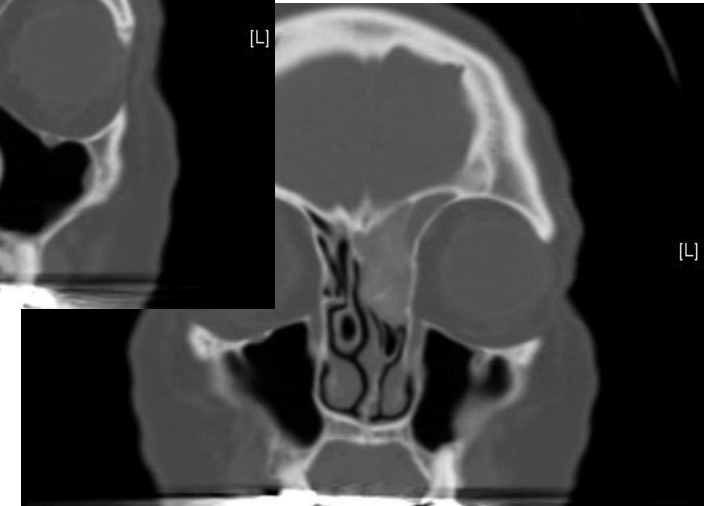
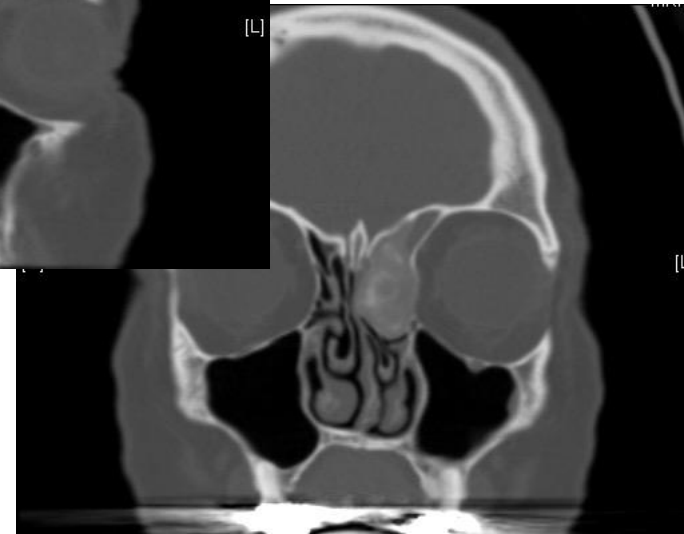
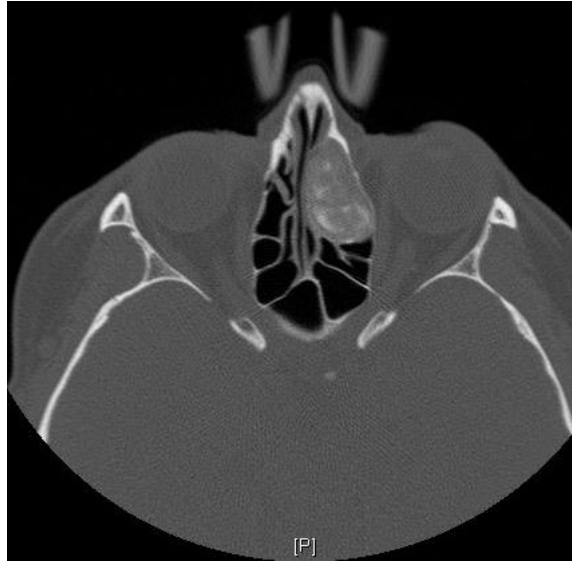
- Nurse presents with mild left peri-orbital pain
- Recent course of antibiotics had positive effect on the pain
- CT performed showing a lesion in the left ethmoids
- Biopsy shows fibrous dysplasia



Case 5: Imaging



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Case 5: Outcome



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- Definitive resection chosen due to patients chronic, but mild symptoms
- In retrospect, this was a poor choice
- Fibrous dysplasia spread throughout the nasal cavity and exacerbated patients situation
- Case evolved into occipital neuralgia



Summary



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- ENT surgeon might be the first doctor to present an alternative diagnosis for sinusitis symptoms – requiring extensive counselling and reorientation of patient.
- CT scan is our friend and helps correlate symptoms to the signs. The picture of sinus mucosa can be dynamic and might require multiple scans to achieve diagnosis.
- Appreciate the panel's willingness to discuss these common challenges in our practice and open-mindedness to the variety of approaches used in tackling them.