UPPER RESPIRATORY TRACT INFECTIONS
Chronic Bacterial 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.

Chronic sinusitis is primarily an inflammatory disease. There may be occasional exacerbations associated with infection but treating the episodic infections alone leaves the underlying condition untreated, likely contributing to an increased frequency of exacerbations [Sedaghat, 2017]. Therefore, when chronic sinusitis is present, it should be treated with medications and other therapies that will target the underlying inflammatory disorder.

Arrange admission if sinusitis is associated with a severe systemic infection (see NICE guideline on sepsis), 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.
In situations where the nose is very blocked, consider temporarily adding a nasal decongestant to nasal corticosteroid treatment.

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

Consider seeking specialist advice if considering the following:

- Intranasal corticosteroid for a child
- Oral corticosteroid
- Long-term antibiotics.

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.