

Adult Sinusitis

Your sinuses are air-filled cavities in your face and head, lying behind your eyebrows and your cheekbones and between your eyes. Normally, the sinuses are lined with a mucous membrane that functions to produce and circulate normal mucus into your nose, which helps filter dust and particles as well as moisten the air that you breathe. When these cavities become inflamed or swollen, you have **sinusitis**. This usually happens because a virus, allergy, or other inflammation creates swollen mucous membranes that block the natural drainage pathway of the sinuses. The most common cause of acute sinusitis is the common cold.

SYMPTOMS OF SINUSITIS

- Pressure or fullness around your nose, behind or between your eyes, or in your forehead
- Stuffy nose
- Thick, discolored nasal discharge
- Decreased sense of smell

TYPES OF SINUSITIS

Sinusitis that lasts less than 4 weeks is called **acute sinusitis**. Most cases of acute sinusitis start with a cold virus, and the associated symptoms usually run their course in 7 to 10 days. Occasionally (less than 2% of the time), the episode becomes a bacterial infection and may require treatment with an antibiotic. In these cases, the symptoms typically last longer than 10 days.

When symptoms last for more than 3 months it is called **chronic sinusitis**. Patients with chronic sinusitis often describe feeling as though they have a cold that does not go away for months or years.

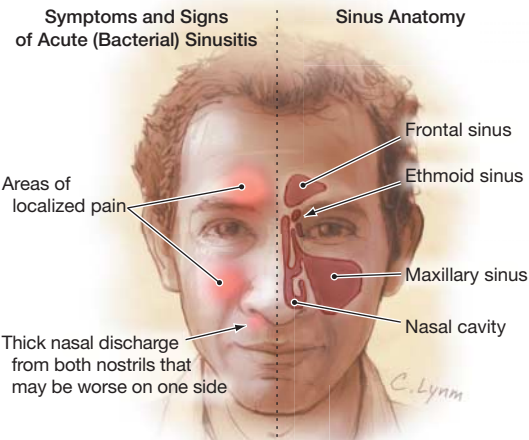
DIAGNOSIS

Sinusitis can usually be diagnosed based on your symptoms, the time frame of your symptoms, and an examination by your health care professional. Tests such as computed tomography (CT) scans are usually needed only if you develop long-term symptoms or frequent episodes of sinusitis or are thinking about having sinus surgery.

TREATMENT

Most cases of **acute sinusitis** are treated by simply treating the symptoms and helping the person feel more comfortable during the episode. Treating pain and fever with over-the-counter medications may be helpful. Topical decongestant sprays may help relieve nasal stuffiness. However, this benefit may be offset by development of worsened nasal congestion after the decongestant is stopped, especially if the topical decongestant is used for longer than 3 days. Some patients experience symptom relief using saline rinses of the nasal cavities. Antibiotics are *not* used to treat most cases of acute sinusitis because most cases do not involve a bacterial infection. It is important to avoid using unnecessary antibiotics since antibiotics can cause adverse effects and their overuse can generate resistant bacteria (infections that no longer respond to antibiotics). Your medical professional can help you determine if treatment with antibiotics is necessary.

Because **chronic sinusitis** is a long-term condition, its treatment generally involves a long-term strategy to control the inflammation and swelling in the nose and sinuses. This may involve topical corticosteroid nasal sprays, nasal saline rinses, and treatment of allergy, among many other treatment options.



Rare but important symptoms may include severe headaches and redness, tenderness, or swelling in or around the eyebrow or eye.

FOR MORE INFORMATION

- American Academy of Allergy, Asthma, and Immunology
www.aaaai.org/home.aspx
- Choosing Wisely
www.choosingwisely.org
- National Library of Medicine
www.ncbi.nlm.nih.gov/pubmedhealth/PMH0001670
- National Institute of Allergy and Infectious Diseases
www.niaid.nih.gov/topics/sinusitis/Pages/Index.aspx
- American Academy of Otolaryngology–Head and Neck Surgery
www.entnet.org/HealthInformation/Sinusitis.cfm
- US Food and Drug Administration
www.fda.gov/ForConsumers/ConsumerUpdates/ucm316375.htm

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Sources: American Academy of Allergy, Asthma, and Immunology; National Library of Medicine; National Institute of Allergy and Infectious Diseases; American Academy of Otolaryngology–Head and Neck Surgery; US Food and Drug Administration; DeMuri GP, Wald ER. Acute bacterial sinusitis in children. *N Engl J Med*. 2012;367:1128-1134; Clinical practice guideline: adult sinusitis. *Otolaryngol Head Neck Surg*. 2007;137:S1-S31

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