

acute sinus symptoms

- ▣ facial pain, nasal discharge, dental pain, nasal congestion
- ▣ mainly viral – rare very sick
- ▣ viral vs bacterial ??? not easy

acute sinus symptoms

▣ majority are of viral aetiology.

▣ duration >10 days may indicate bacterial cause.

▣ imaging is not required unless complicated

▣

▣ usually self-limiting; symptomatic therapy only

▣

▣ antibiotics are only recommended in select patient groups (e.g., immunocompromised or with severe disease).

▣ BMJ best practice website

acute sinus symptoms rx

1st line ∨ supportive therapy

Adjunct ∨ analgesic/antipyretic

Adjunct ∨ decongestant

Adjunct ∨ intranasal corticosteroid

Adjunct ∨ ipratropium

Adjunct ∨ intranasal saline

Adjunct ∨ mucolytic

decongestant

☐oxymetazoline

☐children 2-5 years of age: (0.025%)
2-3 sprays/drops BD prn

☐children >5 years of age and adults:
(0.05%) 1-2 sprays/drops BD prn

☐pseudoephedrine in adults: 30-60 mg
orally every ??? mane only

intranasal steroid

- ☐ high dose

- ☐ flixonase 50 II mane or BD for 1/12

ipratropium

☐ children ≥ 6 years of age: (0.03%) 42 micrograms (2 sprays) in each nostril two or three times daily;

☐ adults: (0.03%) 84 micrograms (4 sprays) in each nostril three times daily

intranasal saline

☐ children and adults: 1-2 sprays/drops into each nostril every 2-3 hours or when required

☐ **mucolytics**

☐ guaifenesin – absence of evidence

immune system ok not severe

1st line ✓ watchful waiting for up to 10 days, or immediate commencement of antibiotics,

Adjunct ✓ antibiotic therapy

Adjunct ✓ analgesic/antipyretic

Adjunct ✓ decongestant

Adjunct ✓ intranasal corticosteroid

Adjunct ✓ intranasal saline

Adjunct ✓ mucolytic

Adjunct ✓ ENT specialist referral

acute sinus symptoms

▣ second sickening > 10 days

▣ or if very toxic

▣ antibiotics if symptoms last >10 d

▣ severe symptoms last for >3 days consecutive days, or worsening symptoms last after 3 consecutive days

acute bacterial sinusitis

▣ amoxil 500 mg to 1000 tds 7 days

▣ doxycycline 100 mg

child > 12 years: 200 mg on day one, followed by 100 mg, once daily, on days 2 to 7

▣ augmentin if not getting better and or referral to ENT

Augmentin free office



acute sinus symptoms

▣ which abs

▣ duration- unclear ? 10 days

▣ if no improvement after 5 days
change ab

Ear - otitis media

☐ high risk = with systemic symptoms

☐ or < 6 months

☐

☐ aged < 2 years with severe or bilateral infection, with perforation, and/or otorrhoea

☐ no improvement within 48 hours.

☐

☐ children with recurrent infections

☐ otherwise treat symptomatically, e.g. paracetamol, + back-pocket script

Ear – BPAC- otitis media

☐ amoxicillin

☐ child: 15 mg/kg/dose, three times daily, for five days

☐ N.B. Treat for seven to ten days if aged < 2 years, underlying medical condition, bilateral otitis media or perforated ear drum

☐ severe or recurrent infection

☐ higher doses 30 mg/kg/dose

Ear

▣ **Augmentin for 5 vs 10 days**

▣ **80% vs 90% reduction in symptoms**

▣ **30% got diarrhoea and nappy rash**

▣ **NEJM 2016; 375;2446-56**

Ear canal pus

❑ **otitis externa vs CSOM**

❑ **abs + steroids**

❑ **steroids alone ??**

❑ **acetic acid < abs + steroids**

Pus in ear canal

☐no swab

☐no oral antibiotics

☐suction ? not needed

☐kids CSOM

☐adult otitis externa

☐-elderly maori

☐if funded then cipro + HC

☐Cochrane: steroid or ab, or both???

BPAC - pus in ear canal

- ☐ **vosol 2% (acetic acid) if mild**
- ☐ **locorten (steroid + clioquinol)**
- ☐ **kenacomb funded**
 - ☐ **steroid, 2 abs and nystatin**
- ☐ **sofradex (part charge)**
 - ☐ **2 abs + steroid**

Pus in ear canal- BPAC

- ▣antibiotics alone include**
- ▣framycetin (part charge)**
- ▣ciprofloxacin eye drops (funded)**
- ▣topical steroids alone no evidence**

- ▣necrotising fasciitis (diabetic) pain+++**

Ear canal pus - complications

▣necrotizing otitis externa

▣immune status, DM?

▣cholesteatoma

▣mastoiditis

case

☐ **5 month old**

☐ **fever 38**

☐ **not eating**

☐ **right otitis media**

☐ **size of ear speculum**

?

case

☐ **12 month old**

☐ **fever 38**

☐ **not eating**

☐ **right otitis media**

☐ **how negotiate antibiotics**

?

case

- ❑ **12 month old**
- ❑ **fever 38**
- ❑ **not eating**
- ❑ **resist examination**
- ❑ **right otitis media**
- ❑ **Maori**

case

☐ **12 month old**

☐ **fever 38**

☐ **not eating**

☐ **vomiting**

☐ **resist examination**

☐ **bilateral otitis media**

☐ **follow up ?**

case

☐ **12 month old**

☐ **fever 38**

☐ **not eating**

☐ **vomiting**

☐ **resist examination**

☐ **bilateral otitis media**

☐ **follow up ?**

case

☐ **25 year old**

☐ **runny nose cough 2 days**

☐ **afebrile**

☐ **bilateral maxillary pressure 5/10**

☐ **No dental pain**

☐ **Rx**

case

☐ **25 year old**

☐ **runny nose cough 8 days**

☐ **afebrile**

☐ **bilateral maxillary pressure 5/10**

☐ **dental pain**

☐ **got better then worse**

☐ **tried a sudomyl no help**

case

□ 25 year old

□ runny nose cough 8 days

□ temp 39

□ unilateral maxillary pressure 9/10

□ ?management

case

▣ **55 year old**

▣ **right cochlear implant**

▣ **pus coming right ear -profuse**

▣ **ear full of pus**

▣ **afebrile**

▣ **Rx**

case

□ **55 year old**

□ **pus coming right ear**

□ **ear full of pus**

□ **afebrile**

□ **Rx**