

Chronic Rhinosinusitis

CRS Diagnosis Requires the Presence of at Least 2 Major Symptoms*

	*Major Symptoms	None	Mild Occasional limited episode	Moderate Steady symptoms but easily tolerated	Severe Hard to tolerate and may interfere with activity or sleep
C	Facial C ongestion/fullness				
P	Facial P ain/pressure/fullness				
O	Nasal O bstuction/blockage				
D	Purulent anterior/posterior nasal D rainage				
S	Hyposmia/anosmia (S mell)				

* A diagnosis requires at least 2 CPODS, present for 8 to 12 weeks, plus documented inflammation of the paranasal sinuses or nasal mucosa.

CRS is diagnosed on clinical grounds but must be confirmed with at least 1 objective finding on endoscopy or CT scan.

Immediately Refer

- Urgent consultation for
 - Individuals with severe pain or swelling of the sinus areas or in immunocompromised patients
 - Suspected invasive fungal sinusitis
- Consider referral soon
 - When failing ≥ 1 course of maximal medical therapy
 - For ≥ 4 sinus infections/year

CRSwNP: ≥ 2 major symptoms plus all of the following:

- Presence of bilateral polyps in middle meatus (endoscopy)
- Bilateral mucosal disease (CT imaging)

- INCS
- Short course oral steroids
- Antibiotic if suspicion of infection (purulence or pain)
 - Broad spectrum such as fluoroquinolones or amoxicillin-clavulanic acid combinations
- Consider leukotriene receptor antagonist in appropriate patients
- Specialty referral
- Allergy testing if suspected allergen present in environment

Obtain CT or perform endoscopy

CRSsNP: ≥ 2 major symptoms plus all of the following:

Endoscope:

- Inflammation (eg, discolored mucus, edema of middle meatus or ethmoid area)
- Absence of polyps in middle meatus
- Purulence originating from the ostiomeatal complex

or

CT Image:

- Rhinosinusitis

If positive exam, treat with:

- INCS
- Antibiotics (2nd line)
- Consider short course of oral steroids
- Consider saline irrigation

If negative assume recurrent sinusitis and treat with INCS or consider alternative diagnoses.

+/- specialty assessment

Clinical improvement after 4 weeks?

Yes

No

Continue INCS
consider saline irrigation

Refer for
surgical evaluation

Reassess after 2-4 months

Persistence *or*
Recurrence of symptoms

Persistent improvement

Refer to surgeon

Continue INCS
Consider saline irrigation

Possible Alternative Diagnosis

- Allergic fungal rhinosinusitis
- Allergic rhinitis
- Atypical facial pain
- Invasive fungal rhinosinusitis
- Migraine or other headache diagnosis
- Nasal septal deformation
- Nonallergic rhinitis
- Temporomandibular joint dysfunction (TMD)
- Trigeminal neuralgia
- Vasomotor rhinitis

For reproduction of this algorithm please reference:
Allergy, Asthma Clin Immunol 2011 Feb;10(7):2,
J Otolaryngol Head Neck Surg. 2011 April; 40(2):S91
or reference www.sinuscanada.com