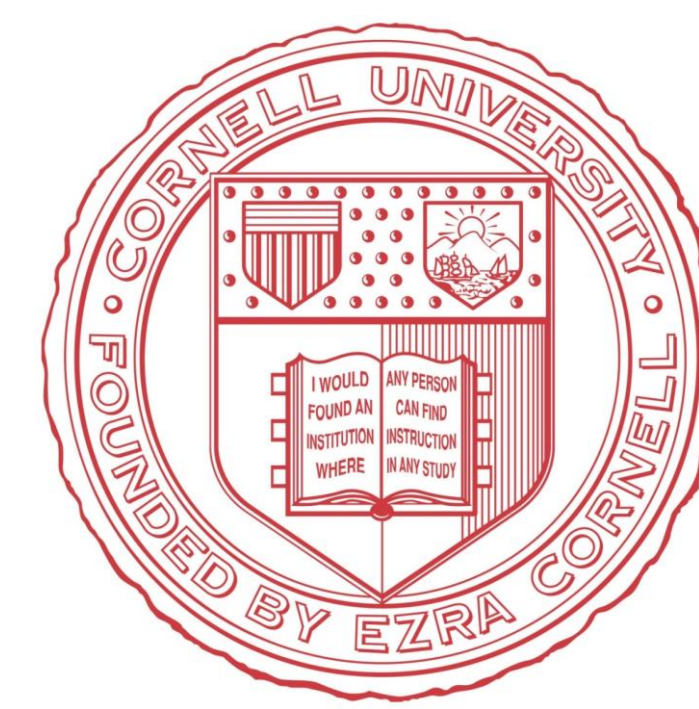


Management Strategies for Recurrent Acute Rhinosinusitis

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INTRODUCTION

Recurrent acute rhinosinusitis (RARS) is defined as 4 or more episodes of acute bacterial rhinosinusitis in a 12 month period without symptoms of rhinosinusitis in between episodes.¹ Management of patients with RARS is often challenging, and robust data in the literature is scant. The most recent updated clinical practice guidelines published for adult sinusitis made various recommendations in terms of diagnosis and testing with patients with RARS, but does not comment on surgical management, as there was not sufficient data to make any evidence-based recommendations.² The aim of this study is to better characterize the current treatment strategies for RARS used by otolaryngologists.

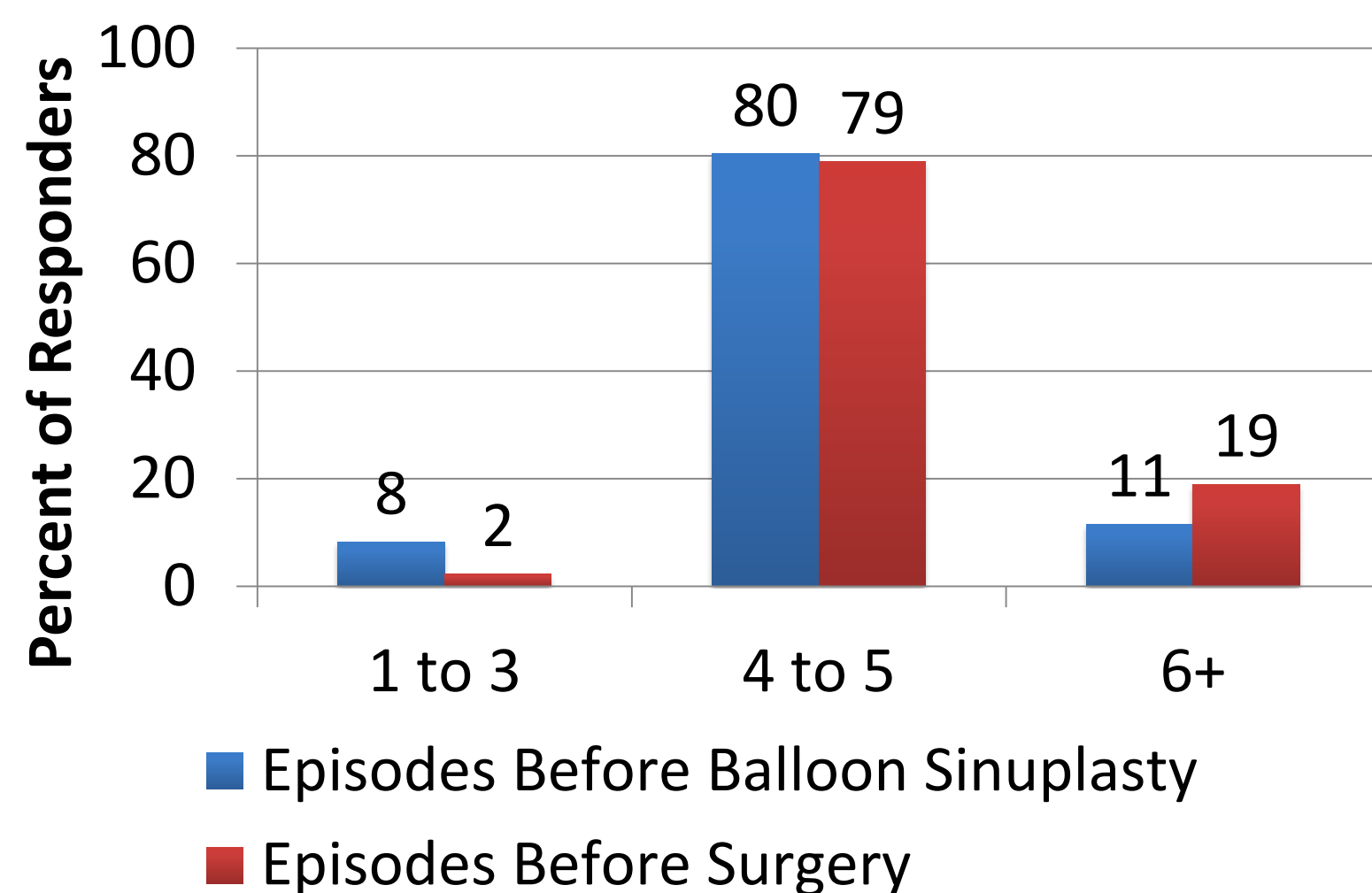
METHODS

- Descriptive study.
- Surveys were sent via e-mail to all members of the American Rhinologic Society in May 2015 .
- Survey evaluated demographics, practice characteristics, and management strategies for patients with RARS, subdivided into those with (RARSwD) and without (RARSsD) septal deviation.

Table 1. Responder Demographics

Number of Responders	94
Level of Training	
Fellowship-Trained Rhinologists	38%
Other Otolaryngologists in Practice	56%
Fellows	4%
Residents	2%
Subspecialists	
General	46%
Rhinology	36%
Otology/Neurotology	2%
Head and Neck	1%
Facial Plastics	5%

Figure 1. Episodes of RARSsD Before Intervention



RESULTS

Figure 2. Primary Treatment Modalities

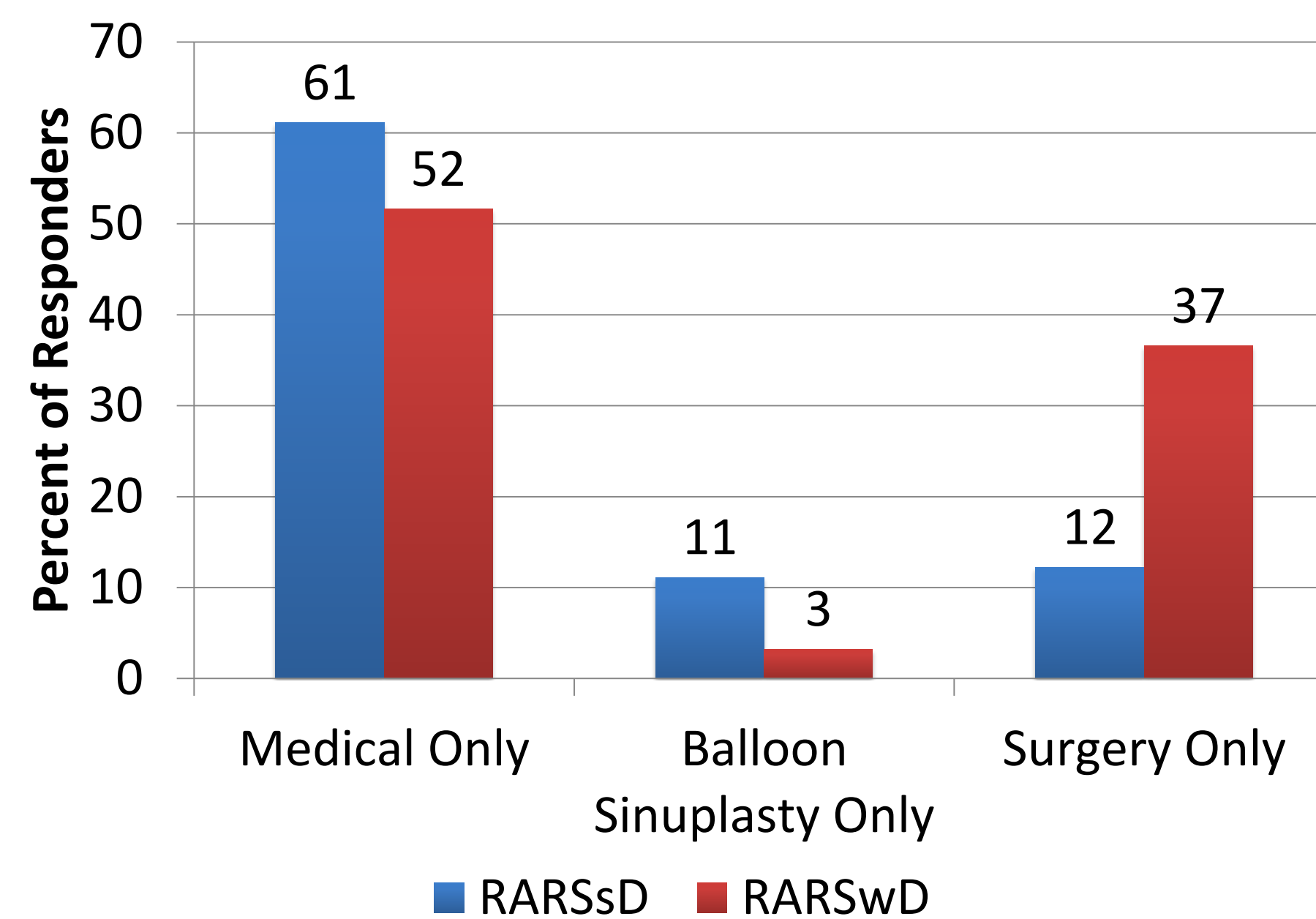


Figure 3. Surgery of Choice for RARSsD

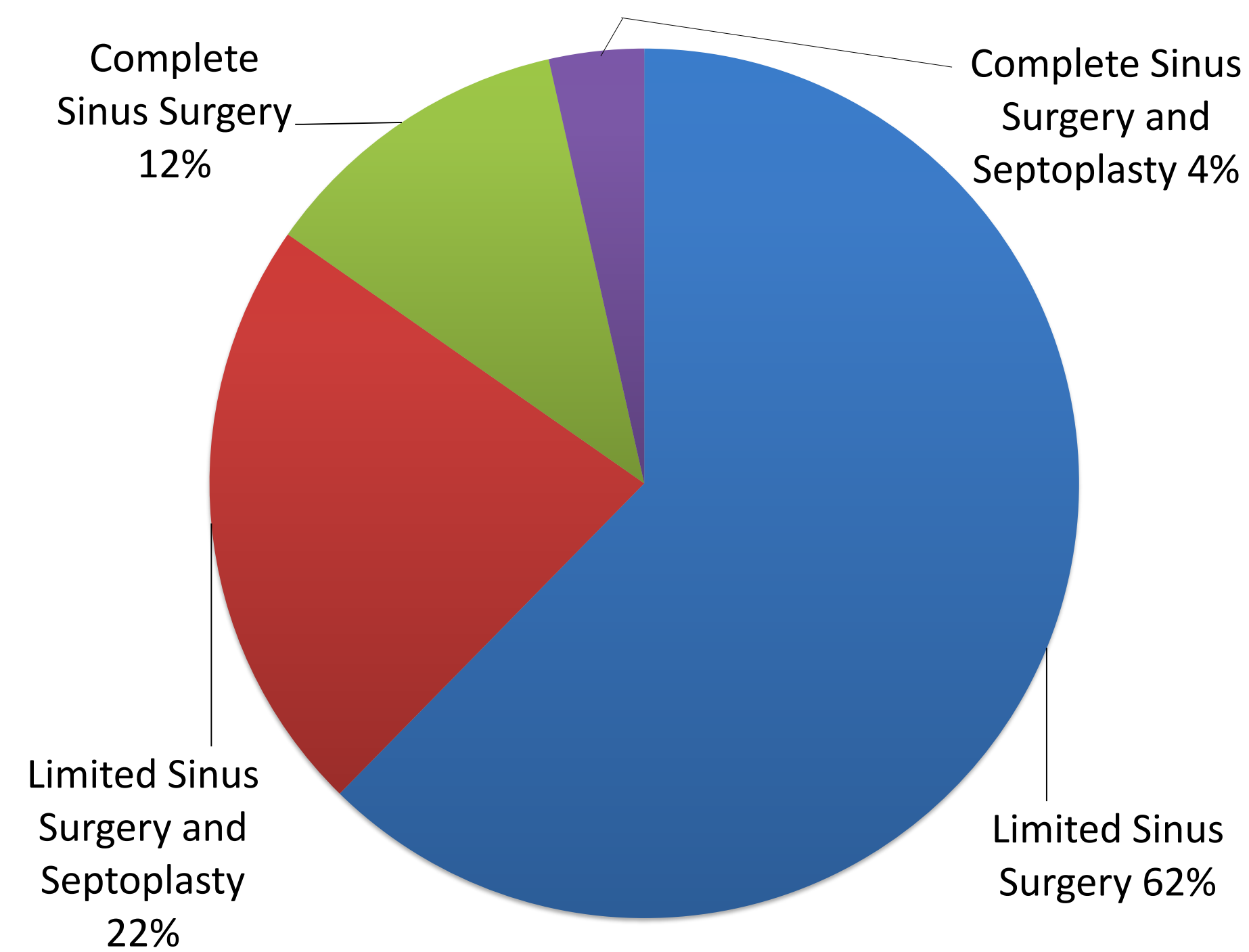


Figure 4. Episodes of RARSwD Prior to Balloon Sinuplasty

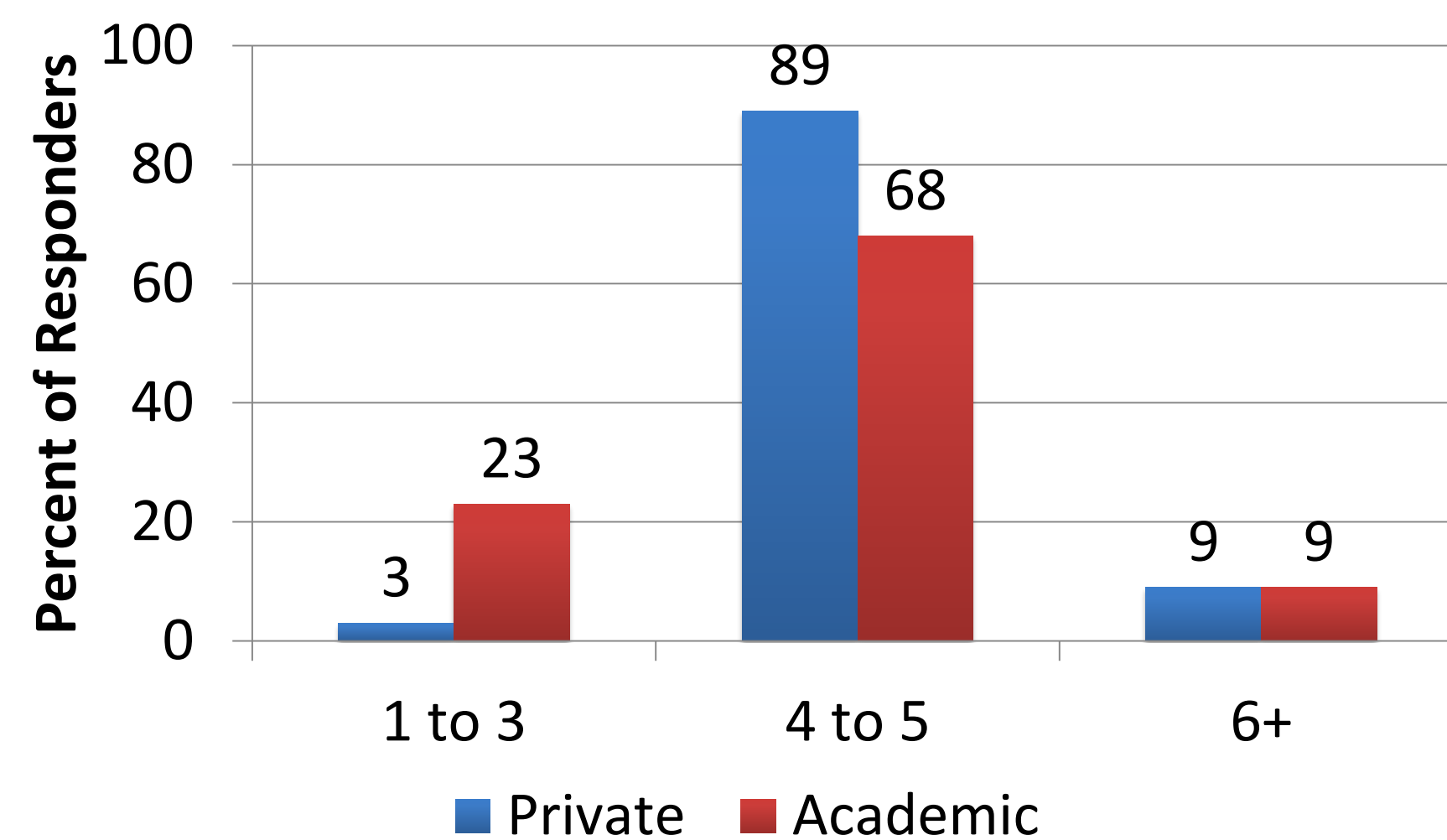
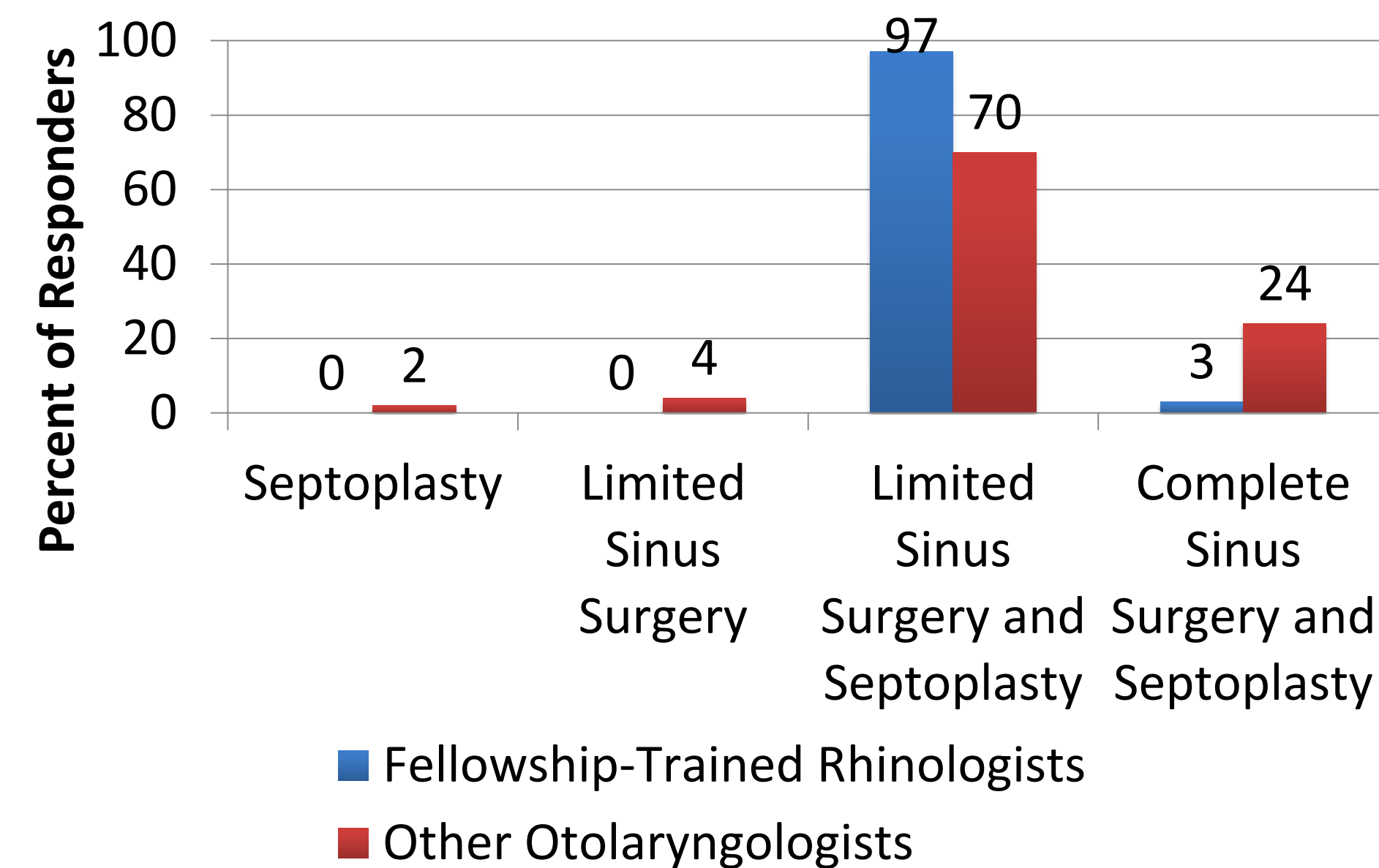


Figure 6. Surgery of Choice for RARSwD



DISCUSSION

Most practitioners began with medical management as their primary modality of treatment, waiting for patients to experience 4 to 5 episodes prior to balloon sinuplasty or other surgical procedures. However, practitioners were more likely to consider surgery as first-line therapy in RARSwD than RARSsD. For RARSwD, those in private practice were more likely to wait to perform balloon sinuplasty, and fellowship-trained rhinologists preferred limited over complex sinus surgery compared to other otolaryngologists.

LIMITATIONS

- Modest survey response rate.
- Reliance on opinions and reports of responding members, which is not verifiable by another measure.
- Survey queried responders about general management strategies, rather than individualized cases.

CONCLUSION

Treatment of patients with RARS is complex, and the differences in strategies employed between groups of otolaryngologists may reflect their training backgrounds and different patient populations, as well as a need for further research to establish more definitive guidelines for management.

REFERENCES

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