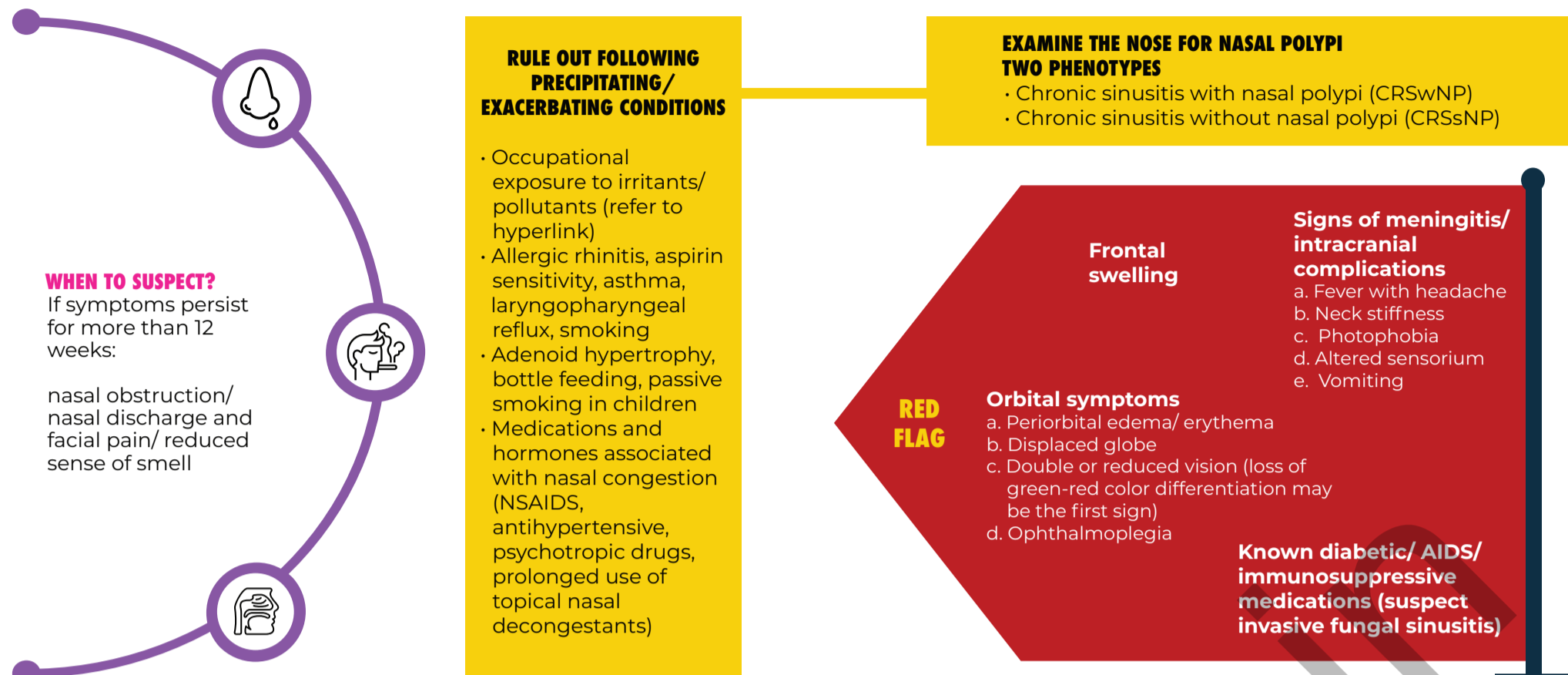




Standard Treatment Workflow (STW) for the Management of CHRONIC RHINOSINUSITIS ICD 10 - J32.9



TREATMENT OF CRS

- Mild/ moderate symptoms (no significant congestion/ discharge/ polypi/ complications)
 - Address etiology and exacerbating factors.
 - For allergic rhinitis, antihistamines and nasal steroid spray to be given.
 - Saline nasal wash
 - Steam inhalation
 - Stretching exercises and yoga are very effective for nasal congestion
 - Topical (oxymetazoline/ xylometazoline) and oral decongestants are associated with cardiovascular risks and rebound phenomenon. Hence, careful patient selection and short course treatment to be followed.
 - Intra nasal steroid sprays for 6-8 weeks (Fluticasone propionate/ Fluticasone furoate/ Mometasone) after discussing risk - benefit - cost issues with patient regarding steroid sprays
If no symptomatic relief to above treatment, perform nasal endoscopy and consider NCCT of paranasal sinuses

IN ALL PATIENTS, ESPECIALLY IN THE PRESENCE OF NASAL POLYPI, RULE OUT ALLERGY/ALLERGIC RHINITIS

- Consider allergen avoidance
- Skin prick test
- Co-existing bronchial asthma needs to be treated
- Consider AIT if indicated.

In presence of nasal purulent discharge

- Culture directed antibiotics to be considered
- If culture is negative, empirical antibiotics (Amoxicillin/ Coamoxycylav/ Fluoroquinolone/ Roxithromycin) to be given for at least 2 weeks.
- Upper dental (particularly 1st molar) infection may cause maxillary sinusitis which is to be treated with metronidazole.

HYPERLINK

(<https://www.dovemed.com/diseases-conditions/airborne-irritant-induced-sinusitis/>)

- In the presence of nasal polypi, initial nasal steroid spray and subsequent endoscopic surgery is to be planned.

- Short course of oral steroid (Prednisolone 0.5 mg/kg for 5 - 10 days) provides temporary relief in nasal obstruction in extensive polypi.
- Steroid therapy is not a replacement for surgery.

1

Identification of precipitating or exacerbating factors is the key to successful treatment outcome.

2

Always rule out DNS/ nasal polypi in CRS, as surgical treatment may be necessary for complete resolution of symptoms.

3

Ensure adherence to nasal saline washes / regular physical activity / medications.

4

Educate patients on correct technique of using steroid nasal sprays and nasal irrigation.

5

Prolonged use of topical nasal decongestant beyond 5-7 days may cause rebound congestion and rhinitis medicamentosa and to be strongly discouraged.

ABBREVIATIONS

CT: Computerized tomogram

AIT: Allergen immunotherapy

DNS: Deviated Nasal Septum

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