

PEDIATRIC SINUSITIS

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INTRODUCTION

Sinusitis is the inflammation of one or more of the sinuses that drain into the nose. Everyone has four sets of sinuses. In children, the maxillary and ethmoid sinuses are most commonly affected, as the frontal and sphenoid sinuses are still developing.

In children, a [common cold or viral infection](#) is the most common event that may lead to a sinus infection. Also, foreign bodies such as a peanut, a raisin or a bead pushed into the nose may cause a nasal infection.



When an infection begins, the lining of the [sinuses](#) may become swollen, blocking the passage where normal sinus mucus drains. This results in a back up of mucus which cannot get out. When this mucus remains in the sinus too long it can become infected.

SIGNS OF SINUSITIS

Many of the signs of childhood sinusitis are the same as the common cold. When the symptoms of a cold last longer than seven or ten days it is time to consider a sinus infection.

Common sinus infection symptoms include:

- fever
- yellow or green nasal discharge
- cough
- headache (in older children)
- facial pain or facial pressure
- congestion
- swelling around the eyes

HOW WILL DOCTOR KNOW IF SINUSITIS IS MY CHILD'S PROBLEM?

Often your doctor is able to diagnose sinusitis from your description of the problem. Sometimes your physician will need imaging (a CT scan) of the sinuses to exactly identify the problem.

HOW WILL MY CHILD BE TREATED?

Antibiotics are the primary medication for the treatment of sinusitis. Other medications include:

- decongestants to decrease mucus

- mucolytics to thin the mucus
- steroid nasal sprays to reduce nasal swelling

It is very important to finish all of the medication, according to the prescription or doctor's instructions, even if the symptoms of the infection seem to have gone away.

Sometimes the medications do not completely clear away the infection. The child then requires a re-evaluation.

Enlargement of a child's adenoids, which are tonsil-like lymphoid tissue located in the back of the nose, may be a cause of sinusitis. If your child has frequent sinus infections and is a "mouth breather", is unable to breath through his/her nose or snores loudly, then he/she should be checked for large adenoids. Your physician will be able to help make this diagnosis based on your child's symptoms. Examination of the child's nose and the use of imaging studies are also important in looking for large adenoids.

When your child continues to have sinus infections despite medical management, your physician will consider obtaining a CT scan to evaluate the sinuses and adenoids. Depending on the findings of the CT scan, your physician may decide there is a need to do surgery. This may include removing the adenoids, opening and washing out the sinuses, or both. Your doctor may perform additional tests to rule out other factors such as allergy, [cystic fibrosis](#), ciliary dyskinesia, and immunodeficiency.

It is very important for you to keep in contact with your physician. Your child depends on you.



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