

Ostre zapalenie błony śluzowej nosa i zatok przynosowych u dzieci w praktyce lekarza rodzinnego

Acute rhinosinusitis at children in the family doctor's practice

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Summary

Rhinosinusitis is one of the most common medical complaints. Multiple medical professionals including emergency medicine, internal medicine, allergy, and otolaryngology treat rhinosinusitis, resulting in high-practice variability. The task force for recommendations defines rhinosinusitis as follows: acute bacterial, viral, chronic, or recurrent acute rhinosinusitis. For acute rhinosinusitis three symptoms are required: purulent nasal discharge with nasal obstruction and/or facial pain-pressure-fullness lasting between 10 days and 4 weeks. For viral rhinosinusitis, imaging is not recommended and treatment is symptomatic. For acute bacterial rhinosinusitis in an otherwise healthy patient, symptomatic relief is recommended including pain control. Amoxicillin is the first-line antibiotic of choice if needed. Radiographic imaging should be considered if an infectious complication is suspected. Chronic rhinosinusitis is likely when symptoms persist for greater than 12 weeks, with computed tomography being the gold standard for diagnostic testing. Nasal endoscopy and allergy/immune testing are also considered.

Keywords: rhinosinusitis, children, diagnosis, treatment

Słowa kluczowe: zapalenie zatok przynosowych, dzieci, diagnostyka, leczenie