

EAR, NOSE & THROAT

Beyond a snort & snuffle

They may cause you to snuffle, but sinuses are not located in the nose. Here's what to do when these 10 air cavities in the face next to, below, above and behind the eyes become inflamed and infected.



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Cells lining the sinuses into the nose, lungs and throat continuously secrete mucus to protect against foreign particles and infection. Sinusitis refers to an infection or inflammation of these sinuses. Symptoms may include fever, headache, facial/ear/eye/tooth pressure or pain, nose discharge, blocked nose, and loss of smell and taste.

Mucus back drip results in cough and sore throat. Eye swelling, brain infection and invasive fungal infections are considered complications and emergencies. If blood-stained mucus persists, nasopharyngeal cancer must be excluded.

Inhalant allergies usually happen at certain times of the day; for example, a dust mite allergy is worse in the morning and at night. Cold symptoms due to viruses continue throughout the day and last for seven to 10 days. Sinusitis lasts even longer and patients are more ill. Chronic sinusitis may result in polyps, permanently narrowed sinus openings, and deep-seated bone infection.

Diagnosis

An ENT specialist will examine the nose, ear and throat. Age, ethnicity and occupation need to be considered. For example, the frontal sinuses are not developed till 12 years old, so eye swelling may be the first sign of sinus disease in a young child, whereas complex cystic fibrosis sinusitis is more common in Caucasians and Middle Easterners.

A flexible fibre-optic scope is passed through the nose and throat. The patient is awake and will feel the scope as something that tickles — he should not experience any pain. The doctor is looking for redness, swelling, discharge, polyps, a deviated nose bone and enlarged turbinates. Nasal swabs guide medication, and biopsies of polyps and tumours are done. CT and MRI scans are only needed if medical treatment fails, complications are suspected or surgery planned.

Treatment

Treatment should be tailored. Avoid smoking, wear a mask to protect against fumes and dust, control diabetes and get vaccinations if you have lowered immunity. Get allergens identified and treat allergies aggressively to



reduce progression to infective sinusitis. Sinus medications include antihistamines, nasal decongestants and steroid sprays. Use boiled water that has cooled down in nasal rinses, and use only one-way flow bottles for non-contamination.

For bacterial infections, the correct antibiotic must be used at the appropriate dose and for at least seven to 10 days, guided by reports of where the bacteria is growing in the sinus area — important in this age of antibiotic resistance, drug allergies and crowded enclosed spaces. Fungal infections, chronic sinusitis and structural nose changes often require surgery.

Nowadays, functional endoscopic sinus surgery (FESS) does not require external incisions — real-time CT-scan image guidance and refined endoscopic instruments have increased safety when conducting surgery on areas around the eyes and brain. Balloon sinuplasty procedures may sometimes be considered when the disease is isolated to certain sinus cavities. The midline nose bone septum and inferior turbinates may also have to be concurrently straightened and reduced in size if they are impinging on the sinus openings.

Many patients with chronic sinusitis are so used to their symptoms that they don't realise there's a problem. But once diagnosed, they can tap on the many treatment options available to greatly improve their quality of life. [👉](#)