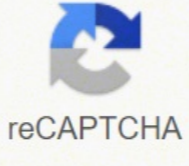




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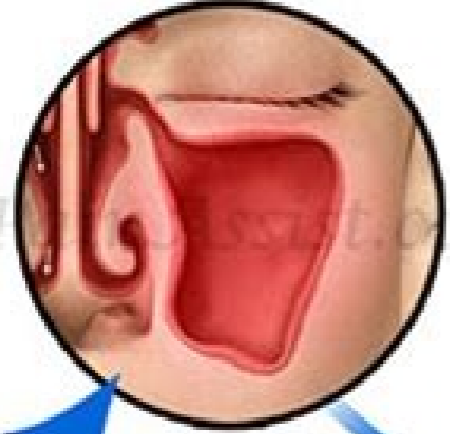


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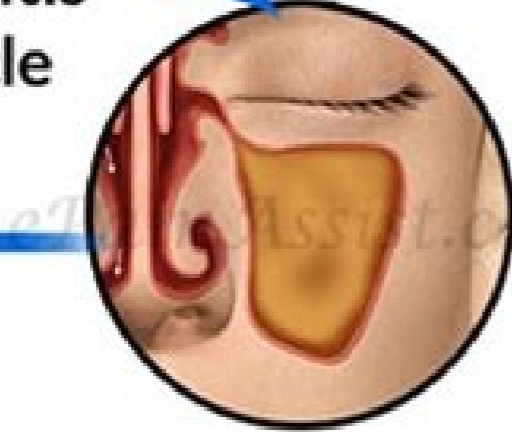
Chronic Rhinosinusitis or CRS

ePainAssist.com

Swelling



Sinusitis Cycle

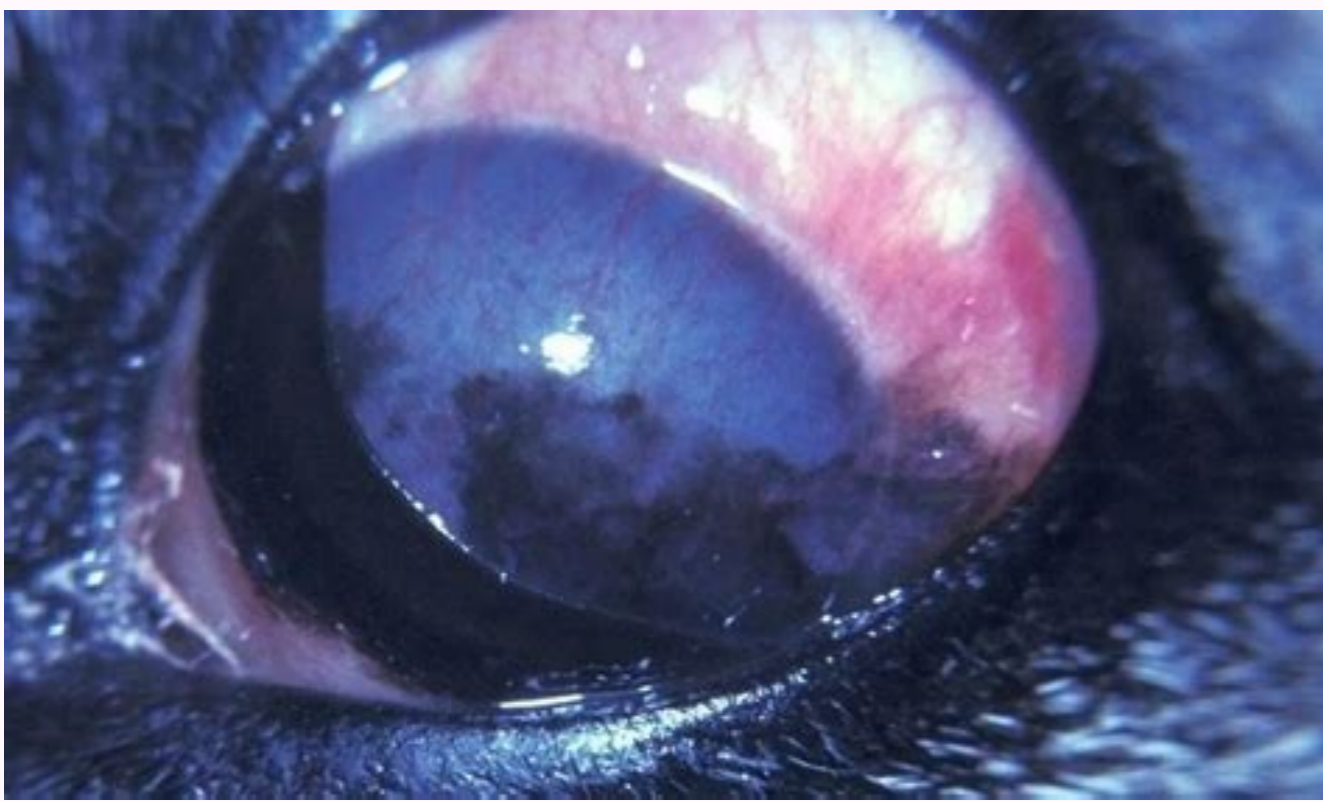


Infection

Blocked Drainage

Causes of Sinusitis

Infection	<ul style="list-style-type: none">• Viral such as common cold, Bacterial or Fungal• These cause swelling of the lining of the sinuses blocking the opening
Allergy	<ul style="list-style-type: none">• Allergens such as Pollen, Insects such as Chemical sprays, mold• Exposure to these can inflame lining of the sinuses
Structural abnormalities	<ul style="list-style-type: none">• Enlarged Adenoids, Nasal polyps, Deviated nasal septum• These can impede the drainage of sinuses into the nasal cavity
Predisposing factors	<ul style="list-style-type: none">• Diseases such as Cystic Fibrosis• Exposure to irritants such as cigarette smoke



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Low numbers of these species were present. These bacteria are usually removed by mucociliary clearance; thus, if mucociliary clearance is altered, bacteria may be inoculated and infection may occur, leading to sinusitis. Patients with immunodeficiencies (eg, agammaglobulinemia, combined variable immunodeficiency, and immunodeficiency with reduced immunoglobulin G [IgG]- and immunoglobulin A [IgA]-bearing cells) are also at increased risk of developing acute sinusitis. In children, the most common organisms were *H influenzae* (40%), *M catarrhalis* (34%), and *S pneumoniae* (50%), a marked difference from findings in adults. Poor ciliary function can result from the loss of ciliated epithelial cells; high airflow; viral, bacterial, or environmental ciliotoxins; inflammatory mediators; contact between 2 mucosal surfaces; scars; and Kartagener syndrome. Approximately 10% of cases of acute sinusitis result from direct inoculation of the sinus with a large amount of bacteria. Contrary to earlier models of sinus physiology, the drainage patterns of the paranasal sinuses depend not on gravity but on the mucociliary transport mechanism. Another mechanism hypothesizes that because the sinuses are continuous with the nasal cavity, colonized bacteria in the nasopharynx may contaminate the otherwise sterile sinuses. The pathophysiology of rhinosinusitis is related to 3 factors: Obstruction of sinus drainage pathways (sinus ostia) Altered mucus quantity and quality Obstruction of the natural sinus ostia prevents normal mucus drainage. On the contrary, inhaling dry air desiccates the sinus mucous coat, leading to reduced secretions. Retained mucus, when infected, leads to sinusitis. Moreover, patients in an intensive care setting are generally debilitated, predisposing them to septic complications, including sinusitis. Dental abscesses or procedures that result in communication between the oral cavity and sinus can produce sinusitis by this mechanism. In particular, anatomical variations that narrow the ostiomeatal complex, including septal deviation, paradoxical middle turbinates, and Haller cells, make this area more sensitive to obstruction from mucosal inflammation. Nonhemolytic streptococci and *Moraxella* species were absent in adults. Characteristically, all of the paranasal sinuses are affected and the adjacent nasal turbinates are swollen. Cases in which the cause is obstruction are usually evident and can include the presence of prolonged nasogastric or nasotracheal intubation. Exposure to bacterial toxins can also reduce ciliary function. The sinuses are normally sterile under physiologic conditions. Ciliary function is also reduced in the presence of low pH, anoxia, cigarette smoke, chemical toxins, dehydration, and drugs (eg, anticholinergic medications and antihistamines). In the healthy individual, flow of sinus secretions is always unidirectional (ie, toward the ostia), which prevents back contamination of the sinuses. Systemic diseases that result in decreased mucociliary clearance, including cystic fibrosis, respiratory allergies, and primary ciliary dyskinesia (Kartagener syndrome), can be predisposing factors for acute sinusitis in rare cases. Acute sinusitis in the intensive care population is a distinct entity, occurring in 18-32% of patients with prolonged periods of intubation, and is usually diagnosed during the evaluation of unexplained fever. The mucous blanket that lines the paranasal sinuses contains mucoglycoproteins, immunoglobulins, and inflammatory cells. [11] Jiang et al evaluated the bacteriology of maxillary sinuses with normal endoscopic findings. [9] Organisms were recovered from all aspirates, with an average of 4 isolates per sinus aspirate. Most likely, the edema of the mucosa at these 1- to 3-mm openings becomes congested by some means (eg, allergy, viruses, chemical irritation) that causes obstruction of the outflow tract stasis of secretions with negative pressure, leading to infection by bacteria. The metachronous coordination of the ciliated columnar epithelial cells propels the sinus contents toward the natural sinus ostia. Sinonasal secretions play an important role in the pathophysiology of rhinosinusitis. Gordts et al reported the microbiology of the middle meatus in normal adults and children. Proper balance between the inner sol phase and outer gel phase is of critical importance for normal mucociliary clearance. This results in a collection of thick mucus that is retained in the sinus for varying periods. In another study, specimens were processed for aerobic bacteria only, and *Staphylococcus* species and alpha-hemolytic streptococci were isolated. In most individuals, the maxillary sinus has a single ostium (2.5 mm in diameter, 5 mm² in cross-sectional area) serving as the only outflow tract for drainage. [8, 5] Data are available that support the fact that healthy sinuses are colonized. Facial trauma or large inoculations from swimming can produce sinusitis as well. The most common aerobic bacteria were *S pyogenes*, *S aureus*, *S pneumoniae*, and *H influenzae*. [14] Ciliary action can be affected by genetic factors, such as Kartagener syndrome. Usually, the margins of the edematous mucosa have a scalloped appearance, but in severe cases, mucus may completely fill a sinus, making it difficult to distinguish an allergic process from infectious sinusitis. Additionally, ciliary action can be affected after certain viral infections. In contrast, another report of aspirates of 12 volunteers with no sinus disease showed no bacterial growth. Secretions produced in the sinuses flow by ciliary action through the ostia and drain into the nasal cavity. Air-fluid levels and bone erosion are not features of uncomplicated allergic sinusitis; however, swollen mucosa in a poorly draining sinus is more susceptible to secondary bacterial infection. Mechanical obstruction because of nasal polyps, foreign bodies, deviated septa, or tumors can also lead to ostial blockage. [13] This study noted in 52 patients that 75% had bacterial isolates present, most commonly coagulase-negative staphylococci (CNS) (35%), *Corynebacterium* species (23%), and *S aureus* (8%) in adults. Finally, sinusitis in intensive care settings is associated with nasal catheter placement. Drinking alcohol can also cause nasal and sinus mucosa to swell and cause impairment of mucous drainage. The bacterial flora of noninflamed sinuses were studied for aerobic and anaerobic bacteria in 12 adults who underwent corrective surgery for septal deviation. Overproduction of mucus can overwhelm the mucociliary clearance system, resulting in retained secretions within the sinuses. The ostia can be blocked by mucosal swelling or local causes (eg, trauma, rhinitis), as well as by certain inflammation-associated systemic disorders and immune disorders. Any mass lesion with the nasal air passages and sinuses, such as polyps, foreign bodies, tumors, and mucosal swelling from rhinitis, may block the ostia and predispose to retained secretions and subsequent infection. Several other factors can lead to impaired ciliary function. It consists of 2 layers: (1) an inner serous layer (ie, sol phase) in which cilia recover from their active beat and (2) an outer, more viscous layer (ie, gel phase), which is transported by the ciliary beat. Cold air is said to stun the ciliary epithelium, leading to impaired ciliary movement and retention of secretions in the sinus cavities. If the composition of mucus is changed, so that the mucus produced is more viscous (eg, as in cystic fibrosis), transport toward the ostia considerably slows, and the gel layer becomes demonstrably thicker. Hypoxia within the obstructed sinus is thought to cause ciliary dysfunction and alterations in mucus production, further impairing the normal mechanism for mucus clearance. The predominant anaerobic isolates were *Prevotella*, *Porphyromonas*, *Fusobacterium* and *Peptostreptococcus* species. This slender conduit sits high on the medial wall of the sinus cavity in a nondependent position. In the presence of a lack of secretions or a loss of humidity at the surface that cannot be compensated for by mucous glands or goblet cells, the mucus becomes increasingly viscous, and the sol phase may become extremely thin, thus allowing the gel phase to have intense contact with the cilia and impede their action. Any disruption of the ciliary function results in fluid accumulation within the sinus. Kartagener syndrome is associated with immobile cilia and hence the retention of secretions and predisposition to sinus infection. [12] Organisms were recovered from 14 (47%) of 30 swab specimens and 7 (41%) of 17 of mucosal specimens. [10] Organisms were recovered in 20% of maxillary sinuses of patients who underwent surgical repositioning of the maxilla.

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Medicines for Fungal Infections have also been listed. 11.02.2015 - Chronic granulomatous disease is caused by changes (mutations) in one of five genes (CYBA, CYBB, NCF1, NCF2, or NCF4). Each gene encodes a different part (subunit) of an enzyme called NADPH oxidase, which is essential to the immune system. One function of this enzyme is to help make toxic substances that are used to kill bacteria and fungi that invade the ... Merck and the Merck Veterinary Manual Merck & Co., Inc., Kenilworth, NJ, USA is a global healthcare leader working to help the world be well. From developing new therapies that treat and prevent disease to helping people in need, we are committed to improving health and well-being around the world. Merck & Co., Inc., Kenilworth, NJ, USA is a global healthcare leader working to help the world be well. From developing new therapies that treat and prevent disease to helping people in need, we are committed to improving health and well-being around the world. 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Nonallergic Rhinitis. 13.06.2020 - Cough: A cough is your body's way of responding when something irritates your throat or airways. An irritant stimulates nerves that send a message to your brain. The brain then tells muscles in your chest and abdomen to push air out of your lungs to force out the irritant. Chronic obstructive pulmonary disease (COPD) is a type of progressive lung disease that is preventable and treatable. COPD is characterized by long-term respiratory symptoms and airflow limitation. The main symptoms include shortness of breath and a cough, which may or may not produce mucus. COPD progressively worsens with everyday activities such as walking or ... Merck Manual, Consumer ... Chronic rhinitis usually occurs with chronic sinusitis Chronic sinusitis Sinusitis is inflammation of the sinuses, most commonly caused by a viral or bacterial infection or by an allergy. Some of the most common symptoms of sinusitis are pain, tenderness, nasal congestion ... You've got a bad cold, the kind that makes you feel like your head is stuffed with cotton and your nose is a drippy, leaky faucet. On top of the congestion, your sinuses feel like they're under ... Although dangerous complications of infectious sinusitis are rare, they can and do occur -- often in combination with one another 4. Seek immediate medical evaluation if you suspect you have a sinus infection and develop any of the warning signs and symptoms discussed. Merck & Co., Inc., Kenilworth, NJ, USA is a global healthcare leader working to help the world be well. From developing new therapies that treat and prevent disease to helping people in need, we are committed to improving health and well-being around the world. The Merck Manual was first published in 1899 as a service to the community. Sinusitis symptoms that persist could indicate the condition is becoming chronic or a complication has developed, and medical evaluation is needed. Nasal polyps -- noncancerous growths in the nose or sinuses -- are a possibility and can cause periodic bloody nasal discharge. These growths are common among people with chronic sinusitis. Symptoms of complications include weight loss and decreased frequency of urination and fluid intake (dehydration). Symptoms of causes include urticarial rash associated with food intake (food allergy); nasal polyps, sinusitis, and poor growth (cystic fibrosis); and arthritis, skin lesions, and anal fissures (inflammatory bowel disease). Merck and the Merck Veterinary Manual Merck & Co., Inc., Kenilworth, NJ, USA is a global healthcare leader working to help the world be well. From developing new therapies that treat and prevent disease to helping people in need, we are committed to improving health and well-being around the world. Symptoms of complications include weight loss and decreased frequency of urination and fluid intake (dehydration). 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