

Chronic Sinusitis

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They told me to get out of New Orleans,” recalls Roger Ogden, reminiscing about some medical advice he received in Denver a few years ago. His self-described “lifetime proclivity” of upper-respiratory-tract allergies lured him to the National Jewish Medical and Research Center, an internationally respected treatment and research institute dedicated exclusively to respiratory, immune, and allergic disorders. Ogden has many titles: real estate developer, art collector, museum founder, member of the LSU board of supervisors, cattle farmer and lifelong allergy sufferer. His allergy problems germinated during his Lafayette childhood, came into bud during Baton Rouge college days and have continually flowered while living in Uptown New Orleans. “My first memories of a doctor were Lee J. Soniat in Lafayette. He was known as the ‘bull of the bayou’ – 6 feet, 6 inches and built like a linebacker, but with a most tender heart. “As a child, I had all sorts of recurrent sore throats. Dr. Soniat painted my throat dozens and dozens of times. He used a long stick with a swab on the end. I don’t know what he dipped it in, but it worked every time.” “Now every time I get congested, I seem to get an infection,” he adds, noting that his allergy problems intensified after he moved to New Orleans. He saw a variety of doctors in New Orleans for his recurrent allergies and respiratory infections, including internists, allergists and ENT specialists. His New Orleans doctors helped with various potions of antihistamines, decongestants, nasal sprays and years of allergy shots, but Ogden is not one who likes temporary or partial solutions. He was unable to find any long-lasting solutions for his recurrent bouts of sore throats, nasal congestion and sinusitis. Finally Ogden heard about the “National Jewish” in Denver and called to make an appointment. After a week of testing and special procedures costing about \$5,000, he got the verdict: recurrent mold-driven allergies. Skin testing showed only mold allergies, suggesting that his prior allergy shots had successfully desensitized him to many of his former allergy triggers, including cat hair. For a permanent solution, the lead doctor suggested that he move to a drier climate with fewer airborne allergens. Sinusitis is a common malady that comes in all shades of acute, chronic, recurrent, infectious and allergic. Rarely are diagnoses, treatment and prevention clearcut. The anatomical relationships between rhinitis and sinusitis are usually blurred. The more correct term is rhinosinusitis, but by convention most doctors lump these together simply as sinusitis. What are nasal sinuses, anyway, and what good are they? These eight air-filled spaces are paired behind the eyes, cheekbones and forehead. Properly functioning sinuses silently act as filters. They help warm, moisturize and purify inhaled air, and they insulate the front of the skull and decrease head weight just like Styrofoam packing. Normal nasal passages are full of mostly friendly bacteria that enter through the nose, whereas sinuses should be sterile. Cells lining the sinuses secrete thin but sticky mucus, the body’s flypaper, to trap bacteria, dust and other pollutants. Sinusitis refers to any process that interferes with normal mucus drainage, causing congestion and obstruction with varying degrees of infection and inflammation. It is a common cause of short-term disability and office visits to primary care physicians, allergists, otolaryngologists and other specialists. Both acute and recurrent acute sinusitis heal without causing any permanent sinus damage. On the other hand, more troublesome chronic sinusitis symptoms can persist for months and is often associated with abnormal X-ray or CT findings. Recurrent acute sinusitis and chronic sinusitis are often lifelong problems. The afflictions include frequent bouts of nasal congestion and postnasal drip escalating into hoarseness, sinus headaches, sore throats, fatigue, fever and general misery. Decongestants administered in nasal spray form may be used for short-term treatment, although it is not clear if they add any significant benefits. In fact, they thicken secretions in the nasal passages and reduce the ability to clear bacteria. Many people with recurrent sinusitis take antihistamines and decongestants daily. On a long-term basis, I suspect that these are more psychological crutches providing marginal if any long-term benefits. “I told them there was no way I was leaving New Orleans. I asked for their next best option,” says Ogden, recalling how he was introduced to nasal washes. The experts at National Jewish recommended that Ogden begin daily nasal irrigations with saline. Supposedly the saline rinse washes out excess mucus, pollutants, plant pollen, dust and mold allergens, and gently moisturizes the nasal passages. His morning rituals now include mixing non-iodized salt in warm water. Using a baby blue ear syringe, Ogden pumps an ounce or so of the warm salt solution into each nasal passage four times. It is a messy five-minute operation, with the solution pouring out his nostrils and mouth, but it has tremendously reduced his allergy problems. Another more gentle way to irrigate the nasal passages is gaining increased popularity. The SinuCleanse system (see box) uses a small plastic pot with a nozzle on it. SinuCleanse is sold locally at the larger Walgreens stores and is also available through the SinuCleanse Web site for \$14.95. The prescription: A daily nasal douche may make living with allergies easier, but it can take some time to adapt to this technique.