

New drugs and better understanding

are winning the fight against a disease

that once was accepted as a chronic burden.

# Sinusitis Can Be Cured

by Noah D. Fabricant, M.D.

"MY HEAD IS FULL, Doctor, my nose is blocked; I can't breathe." This complaint and similar ones are heard in many doctors' offices all over the country.

A generation ago the attitude of most Americans toward sinus disease was a negative one. Many believed, "Once a sinus, always a sinus," and that one sinus operation always leads to another. This situation has changed. Sinus operations are few today, and sinusitis itself is much easier for physicians to handle and cure than it used to be.

The sinuses are small cavities that lead directly to the interior of the nose. There are eight of them, four on each side of the nose, placed together in intimate relationship. One pair is in the forehead, another in the hollow of the cheekbones, while a third pair is in the upper recesses of the nose. The other group consists of a honeycomb-like nest of sinus cells lodged in either side of the nose.

The sinuses are lined by the same type of mucous membrane that covers the inside of the nose. Any disease that affects the mucous membrane of the nose may affect the sinuses. Consequently, infection moves easily from the nose to the sinuses, and from one sinus to another.

Sinus disease begins during the late stages of a common cold, and blends with it so gradually that most people are unable to distinguish between the head cold and the beginning of the sinus infection. That was the problem facing Robert Brown, only 43, and in the prime of life. He thought he had "just a cold." For several days his nose and throat had been itching, his eyes watering. He went to bed early one night, and after a restless sleep awoke with a slight fever, a running nose, and a dull pain in one of his upper molars.

The thought that it might be anything more than a toothache didn't enter his mind, but Robert Brown had an acute maxillary sinusitis, the commonest of all sinus problems. When his dentist ruled out the possibility of an infected tooth, he went to the doctor for relief from a sinus infection he had never expected.

Nose and throat physicians speak of two chief forms of sinus disease, acute and chronic. The acute form usually follows a head cold and shows up in stuffiness, itching, pain, and other symptoms, depending on which set of sinuses are affected. When any of the sinus passages become blocked by the swelling of the membranes, the infected area becomes tender or painful. But some sinusitis attacks that persist for weeks or months are caused by allergy rather than infection.

When drainage and ventilation of the nose are neglected or the infection becomes virulent, the course of sinus disease may last for months and even years as a chronic condition. The diagnosis of chronic sinusitis should never be left to a well-meaning but poorly informed friend. He is not

in a position to give sound advice, nor is the information he offers likely to be reliable. A complete medical history, a thorough clinical examination, and X rays of the sinuses are necessary to make a definite diagnosis of sinus infection.

Sinusitis isn't as difficult to cure as many people think. Acute sinus infections are overcome by clearing the ventilation and drainage of the nose, and by using drugs. With many to choose from, physicians can select the drug that works best against the particular bacteria producing the trouble. Rest in bed, and nosedrops to help the patient breathe freely, are also valuable. Irrigation of the sinuses is sometimes required.

SEVERAL METHODS are useful for combatting allergic sinusitis. One simple way is to avoid those things that make the problem worse. Sometimes such foods as strawberries, eggs, or chocolate may bring on sneezing. If that seems to be the case, these foods should be avoided. The same can be said about house plants, dust, furs, or animal dander, and many of the other things to which a person may be sensitive. A method of identifying the substances that cause allergy is by scratch and skin tests.

So much for technical terms. Take the case of the sea captain who retired, and developed an allergic sinusitis followed by a severe attack of asthma. His physician found the cause only after he had traced the trouble to the captain's sleeping on a new feather pillow. Then there's the case of the high-school girl who awoke one morning to find her cheeks swollen, her lips ballooned out, and her fingers puffed to double their size. The cause-and-effect search began, and her doctor finally narrowed the reason down to a dish of sea food she had eaten the night before. Now her diet excludes clams, oysters, and lobsters.

In some instances, control of allergic sinusitis requires the injection of a series of gradually increasing doses of the causative substance the patient is sensitive to. Many symptoms are relieved by the older antihistamine drugs and the newer steroid hormones. In general, the success of treatment is measured largely by a thorough understanding of the allergic causes.

If you have a chronic sinus infection, your doctor may use a variety of measures, including shrinkage of the nasal passages, gentle suction to remove excessive discharge, certain forms of heat application, irrigation of the sinuses, and treatment with sulfonamides or antibiotics. These will provide relief and even cure. Most chronic conditions quickly respond to conscientious attention, but some require surgery.

Though sinus disease still has a few unsolved aspects, the prospect for preventing and treating it is full of promise.

