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CAN YOUNG CHILDREN GET SINUSITIS?

* The human body is amazing in that although all the “parts” are there at birth, some of the “parts” take many years to fully develop. The 4 pairs of sinus cavities in our head are an example. We are born with the cavities behind the eyes and in the cheek area, although they're very small. It will take almost 20 years for the sinus cavities to reach full size. Even though small, **babies and young children can, and do, get sinusitis or sinus infections**, they're just more complex and more difficult to both diagnose and to treat.

* **All children have an immature immune system** which means they're **more likely to get infections** of the nose, sinus and ears, especially in the pre-school years. And when they do get these infections, they can become very severe in a short period of time. Most of these infections are caused by colds or flu (viral infections) yet some can be triggered by allergy. **If the cold or flu or allergy nasal symptoms hang around for more than 10 days**, there is a good possibility the child **may have a sinus infection**. Sinusitis in young children isn't the same as it is for adults, although the root cause leading to symptoms (poor drainage) is similar.

* **What are the signs of a sinus infection in a young child?** Cough, bad breath, crankiness, low energy, swelling around the eyes along with a thick yellow-green nasal discharge, perhaps a low grade fever; post-nasal drip which can lead to a sore throat, cough, nausea or even vomiting; headache (this is usually restricted to kids 6 and up, although younger toddlers or babies may have headache but can't communicate the symptom); irritability. If your child has these symptoms after a lingering cold or flu or exposure to allergens, take them to your healthcare provider immediately.

* **What are the treatments for childhood sinus infections?** If the youngster has acute or sudden onset symptoms caused by a cold, then usually a course of antibiotics will solve the problem because the original viral infection of the cold or flu has developed into a bacterial infection so antibiotics are appropriate. Sometimes a nasal decongestant or spray might be prescribed for very short term use. Remember all **nasal sprays have a tendency for a rebound affect** so they shouldn't be used for more than 2-3 days. If the child is old enough and will allow it, a saline or salt-water rinse or spray can help thin the mucus and let it drain. Generally, the child will start to feel better after a few days of treatment but it's important to use all the antibiotics prescribed to prevent antibiotic resistance later. If the youngster has allergy-induced sinusitis, your healthcare provider may also give other medications besides antibiotics.

* **What happens if all the symptoms don't go away after a few weeks or even months?** If some of the above symptoms persist for more than 12 weeks, **then the youngster may have chronic sinusitis**, recurring bouts of acute sinusitis, probably between 4 and 6 of them a year. This means that you **should make an appointment with an ENT**, an Ear, Nose and Throat specialist. The ENT will take a thorough medical history after an exam of the ears, nose and throat. Sometimes it may be necessary to use a CT scan to see how the child's sinuses are formed and where the blockage is that doesn't allow proper drainage.

* Once the exam and diagnosis is complete there is a **choice of treatment options** depending on each individual child. Most of the time, medical treatments will solve the problem causing the recurring sinusitis, but in a very small percentage of children, endoscopic surgery might be needed to correct a structural problem that is causing the blockages and infections to occur. The ENT surgeon will open the sinus passages during this minimally invasive surgical procedure, making them wider. At that time, the surgeon may take a swab culture from the sinuses to see exactly what bacteria is causing the infections so they can be more selective in antibiotic choice in the future. **Once the sinuses are opened air can then circulate and this will reduce the chance for future infections.**

* The ENT might also suggest removing the adenoids which are located behind the nose. **The adenoids don't cause sinus infections but they can become infected themselves** and this infection **imitates many of the same symptoms as those of sinusitis**: runny nose, post-nasal drip, bad breath, cough and headache. Childhood sinusitis, very troublesome, can occur but can be controlled by seeking medical care promptly. As always, ask your healthcare provider what options are best for your child. For more information on asthma and allergy, refer to www.aafatexas.org or email info@aafatexas.org

Upcoming AAFA-TX programs: 1) **May 12** “Tools To Manage Your Asthma & Allergies” Citi Group, Irving, TX, Andrew D. Beaty, MD, instructor 2) **May 15** “Manage Adolescent and Adult Asthma with a Team Approach: Apply NHLBI Guideline to Your Practice” a CME symposium worth 4.5 category 1 credits (4.5 AOA category 1-B credits and 4.5 ACPE contact hours) for physicians, nurse practitioners, physician assistants, pharmacists, nurses and respiratory therapists. Arlington, TX. To register see <http://aafatexas.org/registration.htm> 3) **June 14** “Asthma Management & Education” a continuing education program for nurses, respiratory therapists and educators worth 3 CEU. Dallas. Pre-registration required with Dallas ISD or AAFA-TX. Questions? Visit www.aafatexas.org for complete symposium details or contact info@aafatexas.org

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