

# SINUSITIS

**The duration of nasal symptoms is more important than the colour of secretions:**

- If symptoms persist for up to 10 days without complications: more likely viral
- If symptoms persist after 10 days: more likely bacterial.
- If symptoms worsen after 5-7 days: more likely bacterial

**Special investigations:** Not recommended in GP practice. X-rays of limited value, CT scans to be done before surgery. Nasal swabs from nasal puncture by ENT surgeon only.

**SYMPTOMS & SIGNS OF ACUTE BACTERIAL SINUSITIS**  
**DURATION**  
 1. Nasal symptoms that **worsen after 5-7 days** or **persist for longer than 10 days**.  
**ASSOCIATED SYMPTOMS (Some or all)**

- Documented fever > 38 °C
- Facial tenderness, particularly unilateral or focused in the region of a sinus group (peri-orbital, maxillary, frontal)
- Dental tenderness
- Nasal discharge, nasal congestion, anosmia, cough, ear fullness and pressure in the ear.

Note: Frontal sinusitis does not occur in toddlers <4 years of age.

**ACUTE BACTERIAL SINUSITIS**

**REFER TO THE ENT SPECIALIST IF:**

- Failure to respond after 72 hours of therapy
- Peri-orbital swelling
- Evidence of CNS extension (meningism, focal neurological signs, altered level of consciousness)
- Severe systemic illness
- Chronic sinusitis

**IF THERE IS NO REASON TO REFER: EMPIRIC ANTIBIOTIC TREATMENT**

**ADULTS**

**CHILDREN**

**DRUG OF CHOICE: ORAL AMOXYCILLIN**  
 • **Adults:** 1000mg tds for 10 days

**ALTERNATIVE ANTIBIOTIC CHOICES**

**SEVERE BETA-LACTAM ALLERGY**  
**Macrolides/azalide/lincosamide/ketolide**

- Erythromycin estolate, 500mg qid for 10 days
- Azithromycin, 500mg once daily for 3 days
- Clarithromycin (Modified release), 1000mg once daily for 10 days
- Telithromycin, 800mg once daily for 5-10 days

**Fluoroquinolones**

- Gatifloxacin, 400mg once daily for 5-10 days.
- Levofloxacin, 500mg once or twice daily for 10 days
- Moxifloxacin, 400mg once daily for 5-10 days

**BETA-LACTAMASE STABLE AGENTS**

- Amoxicillin-clavulanate, 1000mg bd plus additional amoxicillin, 500mg bd for 10 days
- Cefpodoxime proxetil, 200-400mg bd for 10 days
- Cefprozil, 500mg-1000mg bd for 10 days
- Cefuroxime axetil, 500mg-1000 mg bd for 10 days

**FAILED INITIAL THERAPY**

- Amoxicillin-clavulanate, 1000mg bd plus additional amoxicillin, 500mg bd for 10 days
- Telithromycin 800mg once daily for 5-10 days
- Respiratory fluoroquinolones at the above doses
- Ceftriaxone IV or IMI 1-2g once daily for 3-5 days

**DRUG OF CHOICE ORAL AMOXYCILLIN**  
 • **Children:** 90mg/kg/day in 3 divided doses for 10 days

**ALTERNATIVE ANTIBIOTIC CHOICES**

**SEVERE BETA-LACTAM ALLERGY**

- Erythromycin estolate, 40mg/kg bd for 10 days
- Azithromycin, 10mg/kg once daily for 3 days
- Clarithromycin, 15mg/kg bd for 10 days

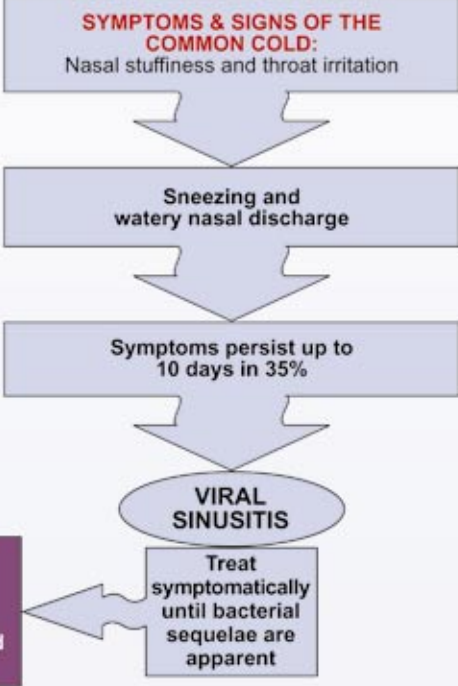
**BETA-LACTAMASE STABLE AGENTS**

- Amoxicillin-clavulanate, plus additional amoxicillin (to 90mg/kg amoxicillin per day in three divided doses for 10 days)
- Cefpodoxime proxetil, 8-16mg bd for 10 days
- Cefprozil, 15-30mg/kg bd for 10 days
- Cefuroxime axetil, 15-30mg/kg bd for 10 days

**FAILED INITIAL THERAPY**

- Amoxicillin-clavulanate, plus additional amoxicillin (to 90mg/kg amoxicillin per day in three divided doses for 10 days)
- Ceftriaxone, IV or IMI 50-75mg/kg once daily for 3-5 days

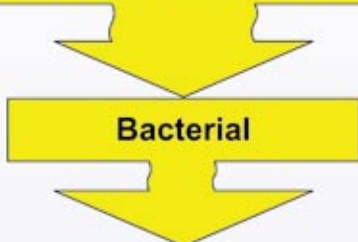
**Special notes**  
 Subsequent to the recent publication of the recommendations for the antibiotic treatment of upper respiratory tract infections in the SAMJ (2004), a new slow release formulation of amoxicillin-clavulanate (2000mg SR bd) was licensed for use in South Africa. This formulation would be a suitable replacement for the previously recommended amoxicillin-clavulanate and additional amoxicillin, formulation.



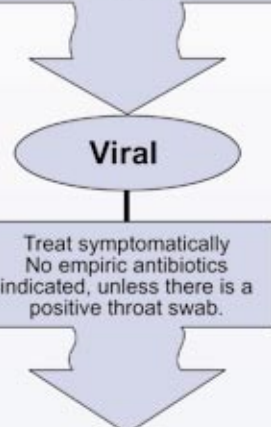
# SORE THROAT

Determine **clinically** what the most likely pathogen is:  
(Throat swabs: Only if the sore throat is recurrent despite antibiotic treatment)

- Symptom cluster**
- Acute onset
  - Temperature >38C
  - Tender anterior cervical nodes
  - Tonsillar erythema or exudates
  - Age: 3-15 years
  - Previous or current rheumatic heart disease



- Symptom cluster**
- Rhinorrhoea
  - Cough
  - Diarrhoea
  - Conjunctivitis
  - Age >45 years



**REFER IF COMPLICATIONS OCCUR**

**REFER TO ENT SPECIALIST IF:**

**Local complications:**

- Peritonsillar sepsis including: quinsy abscess, cellulites, trismus and/or asymmetrical peritonsillar swelling
- Recurrent infections (4 or more episodes per annum)
- No response to initial therapy

**Systemic complications:**

- Acute rheumatic fever
- Severe systemic illness

**IF THERE IS NO REASON TO REFER: EMPIRIC ANTIBIOTIC TREATMENT**

**DRUG OF CHOICE: PENICILLIN**

**Children**  
Oral therapy: dose according to weight

- 27kg: PenVK: 250mg bd for 10 days (30 min before meals)
- >27kg: Pen VK: 500mg bd for 10 days (30min before meals)

OR Intramuscular therapy: dose according to age

- 3-5years: 600 000 U benzathine penicillin
- >5years: 1.2 MU benzathine penicillin

**Adults**

- Oral: 500mg Pen VK bd for 10 days OR,
- IMI: 1.2 MU Benzathine penicillin OR,
- IMI: 900 000 U Benzathine PLUS 300 000 U procaine penicillin.

**ALTERNATIVE DRUGS FOR BACTERIAL TONSILITIS TO BE SELECTED IN THE FOLLOWING CASES:**

**A. CONFIRMED GROUP A BETA-HAEMOLYTIC STREPTOCOCCI (S. PYOGENES) ON A THROAT SWAB:**

**Children**

- Amoxycillin, 25mg/kg bd for 10 days

**Adults**

- Amoxycillin, 500mg bd for 10 days

**B. SEVERE BETA LACTAM ALLERGY**

**Children:**

- Erythromycin estolate, 40mg/kg bd for 10 days
- Azithromycin, 10-20mg/kg once daily for 3 days
- Clarithromycin, 7.5-15mg/kg bd for 5 days

**Adults**

- Erythromycin estolate, 500mg bd for 10 days
- Azithromycin, 500mg once daily for 3 days
- Clarithromycin (Modified release), 500mg once daily for 5 days
- Telithromycin, 800mg once daily for 5 days

**C. SHORT COURSE THERAPY (3-5 DAYS)**

**Children:**

- Amoxycillin-clavulanate, 40mg/kg/day in 3 divided doses\*
- Azithromycin, 10-20mg/kg once daily for 3 days
- Clarithromycin, 7.5mg/kg bd\*
- Cefpodoxime proxetil, 4mg bd\*
- Cefprozil, 7.5mg/kg bd\*
- Cefuroxime axetil, 10mg/kg bd\*

**Adults**

- Amoxycillin-clavulanate 375mg tds\*
- Azithromycin, 500mg once daily for 3 days
- Clarithromycin (Modified release), 500mg once daily\*
- Telithromycin, 800mg once daily\*
- Cefpodoxime proxetil, 100mg bd\*
- Cefprozil, 500mg bd\*
- Cefuroxime axetil, 250mg bd\*

\* 5 days