

Rhinosinusitis and the revised “Sinusitis practice parameters”

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We applaud the work done by our colleagues to create the latest version of the “Sinusitis practice parameters.” These parameters, first published in 1998, are described as a “broadly accepted consensus opinion” for evaluation and treatment of this condition. We wish to highlight an important difference in terminology in this document compared with other recently published consensus reports. This involves use of the term *sinusitis* rather than *rhinosinusitis*. We believe that this difference in terminology will result in confusion among readers of the Journal and perhaps thereby diminish the effect of this document and perhaps other consensus reports in this field. Our preference would have been for the parameters to adopt the term *rhinosinusitis* for the reasons outlined below.

The decision by several consensus groups to adopt the term *rhinosinusitis* was not an arbitrary one. The term *rhinosinusitis* can be found in the medical literature dating back to at least 1953.¹ A survey of the medical literature from 1953 to the present identified 1127 citations for *rhinosinusitis* (Table I). Of these, 676 occurred over the past 5 years. During this same 5-year span, there were 3060 citations for *sinusitis*. The vast majority of these used the term *sinusitis* without using the term *rhinosinusitis*. However, as summarized in Table I, there has been less imbalance in terms of recent review articles, clinical trials, randomized controlled trials, and practice guidelines, especially over the past 5 years. Furthermore, we found

use of the term *rhinosinusitis* in recent publications in which the US Food and Drug Administration and the Centers for Disease Control participated. For instance, the US Food and Drug Administration participated in the International Rhinosinusitis Advisory Board in 1997.² Quoting from this document:

Rhinosinusitis is one of the most common disorders encountered by primary care physicians and ear, nose and throat specialists. It is therefore surprising that no consensus exists on the definition of the disease nor the classification of its different clinical forms. This review aims to discuss the definitions and classification of infectious rhinosinusitis, together with a summary of current views on its etiology and management, resulting from the deliberations of an international group of clinicians with a special interest in this area.

In 2001, an important position paper that involved the Centers for Disease Control and Prevention was published regarding the appropriate use of antibiotics for upper respiratory tract infections.³ This paper, which was also endorsed by the American Academy of Family Physicians and the American College of Physicians/American Society of Internal Medicine and the Infectious Diseases Society of America, contained the following statement:

The following principles of appropriate antibiotic use for adults with acute rhinosinusitis apply to the diagnosis and treatment of acute maxillary and ethmoid rhinosinusitis in adults who are not immunocompromised.

Our colleagues in otolaryngology have been using the term *rhinosinusitis* for several years. An expert panel document was published in 1997 entitled: “Adult rhinosinusitis defined.”⁴ It is apparent from this document that *rhinosinusitis* was adopted to replace the previously used term *sinusitis*. These authors and their contributors intended to help promulgate the term for several reasons. First, it was thought that sinusitis without rhinitis was indeed a rare phenomenon. Isolated sinusitis (eg, dental origin) was acknowledged to occur but not nearly as commonly as the more general rhinosinusitis that usually follows a viral upper respiratory infection. Thirty-three percent of those exposed to the common cold virus (rhinovirus) were found to have magnetic resonance imaging

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TABLE I. Summary of literature citations generated with the PubMed Web site (<http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?DB=pubmed>)

Search term	Sinusitis	Sinusitis not rhinosinusitis	Rhinosinusitis
All citations	13,298	12,404	1127
Last 10 y	5318	4619	877
Last 5 y	3060	2507	676
Last 2 y	1319	1041	348
Last 5 y only			
Reviews	620	484	165
Clinical trials	201	140	70
Randomized controlled trial	123	78	46
Practice guideline	17	10	7
Meta-analysis	8	7	1

abnormalities of the ethmoid or maxillary sinuses that were temporally associated with the acute infection.⁵ As put forth in the 1997 document,⁴ the diagnosis of rhinosinusitis was not intended to exclude other coexisting diagnoses (eg, allergic rhinitis, vasomotor rhinitis, and atrophic rhinitis). Furthermore, it was believed that use of the term *rhinosinusitis* would help educate physicians and the lay public that the nasal passages, as well as the sinuses, are involved with the disorder.

We believe the term *rhinosinusitis* highlights the complexity of this clinical condition. Coexisting sources of nasal inflammation can manifest themselves with similar symptoms and can participate in the diffuse problem of rhinosinusitis. Thus coexisting disease can be clinically indistinct unless additional testing is used. As a result, theoretically speaking, rhinosinusitis could become either underdiagnosed or overdiagnosed.

Interestingly, data have emerged since 1997 that support the use of the term *rhinosinusitis*. Bhattacharyya⁶ evaluated paired specimens of nasal septal mucosa and ethmoid sinus mucosa in a prospective cohort of 42 patients undergoing endoscopic sinus surgery for chronic rhinosinusitis. There was histopathologic evidence that rhinitis was associated with chronic sinusitis.

Another expert panel document published in 2003 dealt with "adult chronic rhinosinusitis."⁷ In line with these documents, the American Academy of Otolaryngology—Head and Neck Surgery has adopted the term *rhinosinusitis* on their Web page, citing their preference for this term over *sinusitis* on the basis of recent literature.⁸ Arguing further for the broad acceptance of the term *rhinosinusitis*, recent consensus reports involving experts from the United States, Asia, and Europe have endorsed use of the term *rhinosinusitis* in preference to *sinusitis*.⁹⁻¹¹

We were involved in preparation of several of the consensus documents mentioned above, most recently that published simultaneously in the *Journal of Allergy and Clinical Immunology* and *Otolaryngology—Head and Neck Surgery* in December 2004.^{9,10} This consensus

group officially adopted the term *rhinosinusitis* in preference to *sinusitis*, reflecting the opinion of greater than 80% of the participants at the conference. We believe this accurately reflects the current international consensus opinion on terminology, and we wish that this opinion could be brought into line with the current version of the parameters.

We acknowledge that the term *sinusitis* has been widely used in the literature and is still in common use today. However, it is apparent that the term *rhinosinusitis* is emerging as the preferred term among several expert panel groups and societies. For this reason, and in the interest of creating consistency rather than confusion among those we choose to serve, including specialists and general physicians alike, we strongly recommend that expert panels from the United States adopt a uniform application of the term *rhinosinusitis*. We believe this would best serve the cause of advancing medical therapeutics for this condition, as well as helping to achieve greater acceptance of disease definitions useful in clinical research. It is unfortunate that so few randomized controlled clinical trials have been conducted, for instance, in the area of chronic rhinosinusitis. We believe that building greater consensus on disease definitions and terminology will help to alleviate this problem. A good place to start would be to adopt the term *rhinosinusitis* in the latest version of the practice parameters.

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