Clinically Significant Rhinosinusitis Can Be Asymptomatic

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We are writing to express significant concern over the definition of rhinosinusitis in the “Clinical Practice Guideline (Update): Adult Sinusitis.” Although this is an important document, we specifically disagree with the statement “Rhinosinusitis is defined as symptomatic [emphasis added] inflammation of the paranasal sinuses and nasal cavity.”

By using the word symptomatic within the definition, the term is being used as a clinical indicator for treatment and not a true definition of a pathologic state. The presence of inflammation, whether symptomatic or asymptomatic, is abnormal. Such inflammation, however, is not an indication for medically supervised management, whether symptomatic or not. Depending on etiology, such inflammation may resolve spontaneously. In our opinion, the definition of the term rhinosinusitis should describe the pathologic condition consistent with medical usage of the suffix -itis as it is used across medicine: “a disease characterized by inflammation.”

Like asthma, atherosclerosis, hypertension, hyperlipidemia, and many other diseases, rhinosinusitis may be silent. Examples of clinically significant asymptomatic rhinosinusitis that can be encountered include the following:

- Patients with ongoing treatment for chronic rhinosinusitis with nasal polyps whose symptoms are in remission but endoscopy shows minor edema or polypoid tissue. Discontinuance of medical therapy nearly always results in return or worsening of disease, leading to return of symptoms.
- Patients who exemplify “united airway disease” not infrequently deny nasal symptoms such as congestion or drainage (possibly a result of insidious onset): (1) mild asthmatics where computed tomography sinus workup reveals unsuspected rhinosinusitis; (2) cystic fibrosis patients where computed tomography sinus workup reveals unsuspected rhinosinusitis.
- During a general otolaryngologic examination, anterior rhinoscopy incidentally reveals asymptomatic small bilateral middle meatal nasal polyps.
- Preoperative imaging of pituitary adenoma identifies bilateral maxillary/ethmoid mucosal thickening with a small air fluid level.
- Silent sinus syndrome.
- Early/recurring antrochoanal polyps.
- Early mucocele formation.

In summary, we believe that the word symptomatic should be removed from the definition. This will eliminate the ICD coding dilemma for meaningful asymptomatic sinus inflammation.
inflammation, especially among patients with ongoing but now asymptomatic disease who are being monitored and treated following surgical intervention. This will help justify appropriate care that could include medical therapy, follow-up appointments, endoscopy, or even imaging. It enables our colleagues (eg, radiology and pathology) who may diagnose rhinosinusitis incidentally to use the term correctly and it prevents confusion in the medical record. This may encourage continued research of sinus inflammation broadly and not just in the case of symptomatic disease.

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Disclosures

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References


Response to “ Clinically Significant Rhinosinusitis Can Be Asymptomatic”

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A clinical practice guideline must have a clearly defined scope, which includes an explicit definition of the target condition or procedure.1 This helps ensure that the guideline is not inappropriately applied beyond the intended patient population. The American Academy of Otolaryngology—Head and Neck Foundation’s clinical practice guideline on adult sinusitis describes the target patient as “age 18 years or older with a clinical diagnosis of uncomplicated rhinosinusitis . . . defined as symptomatic inflammation of the paranasal sinuses and nasal cavity.”2 The word symptomatic is used explicitly because the guideline is not intended for managing asymptomatic rhinosinusitis, as outlined in the letter by Lanza and colleagues.3 In future updates of the guideline, we will emphasize this further by noting that asymptomatic patients are specifically excluded from the guideline scope.

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References


Letter to Editor on “ Factors Associated with Hypertrophy of the Lingual Tonsils”

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I am writing in reference to a well-written article titled “Factors Associated with Hypertrophy of the Lingual Tonsils,”