

http://www.entuk.org/export/patient_info/nose/rhinosinusitis_html

Rhino-Sinusitis in Children

Disclaimer: The details in this section are for general information only. Always check with your own doctor.

A runny nose, a blocked nose, mouth breathing, nasal speech and snoring are common in children and often occur as a result of recurrent upper respiratory tract infections (colds), a large adenoidal and/or an allergic lining of the nose (rhinitis). Because their overlapping symptoms and signs are common, and may occur together, it can be difficult to sort out which condition is responsible. Children themselves often seem unconcerned by their symptoms.

The two most common causes of rhino-sinusitis are a large adenoid and recurrent upper respiratory tract infections or colds, particularly under the age of seven. These conditions normally get better on their own and so little treatment is required. Simple measures may help, such as teaching nose-blowing to remove mucus that would otherwise become stagnant and become locally infected. The mucky mucus seen in the nose in young children, particularly those under four years old, is often simply the result of the local germs that are normally found there growing in the stagnant mucus and it rarely indicates that the sinuses are chronically infected.

Treatment by antibiotics is rarely necessary. Antibiotics given for nasal discharge secondary to a cold will often only give short-term relief and the symptoms are still likely to recur with the next cold. Children aged between two and five have on average 8 upper respiratory tract infections a year. These produce a blocked-up and runny nose which then becomes mucky before settling spontaneously in approximately 10 days. In children aged one to three years symptoms may persist for more than 15 days. If there are symptom-free intervals then this implies the child has recurrent colds rather than a persistent rhinitis or marked adenoid enlargement.

Allergic rhinitis may be classified as either intermittent (usually hay fever) or persistent (all the year) depending on the duration of symptoms. Allergic rhinitis is found in approximately 20% of children and is one of the most common chronic illnesses in childhood. When one or both parents have allergic rhinitis the chances of the children having it increases.

In the U.K. most intermittent allergies are associated with tree and grass pollens while persistent allergies are most commonly associated with house dust mite allergen, animal salivary proteins, and fungal moulds. Sneezing bouts, itchy eyes and a family history make a diagnosis of allergic rhinitis more probable. Most parents will be aware of hay fever, but fewer will be aware that persistent symptoms can be due to allergy and that this condition can develop at any age although this is rarer over 60 years.

A large adenoid may cause symptoms that are similar to persistent allergic rhinitis without the symptoms of sneezing or itchy eyes. A trial of a regular topical nasal steroid spray for at least six weeks in persistent rhinitis may help although this is not usually beneficial in children under six. The postnasal space where the adenoid may block the airway increases in area about the age of seven years. Removal of the adenoid should rarely be necessary.

If snoring is a major symptom it is important to ask about symptoms of possible obstructive sleep apnoea. If the child regularly stops breathing for more than 6 seconds when they have no cold or tonsillitis and it ends with an abrupt grunting noise or gasp, or if they are a restless sleeper adopting unusual sleeping positions, then this may indicate sleep apnoea, and further investigation is advised.