DEFINITION

Chronic Sinusitis is an inflammation of the paranasal sinuses. It is characterized clinically by sinus symptomatology lasting three or more months. Chronic Sinusitis may be of infectious (bacterial, viral or fungal) or non-infectious origins.

This guideline excludes Acute Sinusitis.

Please note: Entitlement should be granted for a chronic condition only. Although the literature defines chronic sinusitis as a condition lasting 3 or more months,”chronic sinusitis”, for VAC pension purposes, means that the condition has existed for at least 6 months. Signs and symptoms are generally expected to persist despite medical attention, although they may wax and wane over the 6 month period and thereafter.

DIAGNOSTIC STANDARD

Diagnosis by a qualified medical practitioner is required. Supportive clinical findings and relevant investigations are required. Relevant investigative findings may be in the form of x-rays, CT scans, MRI scans etc. The disability should be present for at least 6 months and deemed permanent.

Evidence of duration of a disability for at least 6 months should be provided.

ANATOMY AND PHYSIOLOGY

Sinusitis is usually subdivided into acute (symptoms for less than three weeks) and chronic (symptoms for greater than three months) cases. There is also subacute sinusitis (symptoms for three weeks to three months).

The paranasal sinuses are aerated cavities of the bones of the face that develop from the nasal cavity and communicate with the nasal cavity throughout life. Like the nose, the sinuses are lined with respiratory epithelium that includes mucous producing cells.
and cilia (hair). Obstruction of the serous openings, usually by swelling (edema), may lead to retained secretions and sinusitis.

Chronic Sinusitis is considered to be the result of repeated inflammations causing dysfunction of the mucous and cilia layer of the lining of the sinuses. It is not considered to be the result of chronic infections.

CLINICAL FEATURES

Signs and symptoms of sinusitis include:
• constant sinus pressure
• nasal congestion
• facial and/or tooth pain
• frontal headaches
• post nasal drainage, especially in the morning

Fevers are rare and may indicate an acute or chronic infection.

Maxillary sinusitis is the most common type of sinusitis.

Persons are often evaluated for allergens and immuno-deficiencies. Treatment is directed towards the cause, and in some cases surgical options may be considered.

PENSION CONSIDERATIONS

A. CAUSES AND/OR AGGRAVATION

THE TIMELINES CITED BELOW ARE NOT BINDING. EACH CASE SHOULD BE ADJUDICATED ON THE EVIDENCE PROVIDED AND ITS OWN MERITS.

1. Suffering from an acute sinusitis which does not resolve prior to clinical onset or aggravation

Acute sinusitis may be caused by, but is not limited to:
• viral infections of the upper respiratory tract
• bacterial infections of the upper respiratory tract
• fungal infections of the upper respiratory tract
• dental infections involving the bicuspid and wisdom teeth roots
• barotrauma resulting from diving, flying, etc.
• chemical irritants
2. **Suffering from the mechanical obstruction of the sinus immediately before clinical onset or aggravation**

*Mechanical obstruction of the sinus* is any obstruction which impairs sinus drainage

Mechanical obstruction would include, but is not limited to:
- nasal or facial fracture which compromises nasal airflow or sinus drainage
- foreign bodies which are unable to be removed (e.g. shrapnel)
- nasal septal deviation which compromises nasal airflow
- nasogastric intubation for greater than 24 hours
- cleft palate
- nasal turbinate enlargement
- adenoid tissue enlargement
- benign or malignant tumours involving the sinuses
- congenital velopharyngeal insufficiency (an incomplete closure of the velopharyngeal sphincter between the oropharynx and nasopharynx)

3. **Suffering from a muco-ciliary transport abnormality immediately before clinical onset or aggravation**

*Muco-ciliary transport abnormality* is one of several hereditary disorders characterized by abnormal composition and function of the mucus and cilia of the epithelial cells.

Muco-ciliary transport would include, but is not limited to:
- Cystic Fibrosis
- Young’s syndrome
- Mercury exposure
- Congenital Immotile-Cilia syndrome
- Kartagener’s syndrome

4. **Being in an immuno-compromised state including HIV/AIDS immediately before clinical onset or aggravation**

*Immuno-compromised state* is a state where the immune response has been diminished by administration of immunosuppressive drugs, or by irradiation, certain types of infection, malnutrition, or a malignant disease process.

5. **Suffering from a granulomatous disease before clinical onset or aggravation**
Granulomatous disease includes, but is not limited to:

- Wegener’s granulomatosis
- Midline granuloma
- Sarcoidosis

6. Inability to obtain appropriate clinical management

B. MEDICAL CONDITIONS WHICH ARE TO BE INCLUDED IN ENTITLEMENT/ASSESSMENT

- Entitlement for sinusitis in one sinus will be assessed to include all the paranasal sinuses
- Sinus Polyps
- Chronic sinus headache
- Mucocele

C. COMMON MEDICAL CONDITIONS WHICH MAY RESULT IN WHOLE OR IN PART FROM CHRONIC SINUSITIS AND/OR ITS TREATMENT

- Asthma

Although the following conditions normally resolve completely, in some instances, permanent sequellae may result and consideration for pensioned entitlement could be considered. Medical consultation(s) should be requested on the following:

- Orbital cellulitis
- Frontal subperiosteal abscess (Pott’s puffy tumour)
- Orbital abscess
- Epidural abscess
- Subdural empyema
- Meningitis
- Cerebral abcess
- Dural vein thrombophlebitis
REFERENCES FOR CHRONIC SINUSITIS

1. Australia. Department of Veterans Affairs: medical research in relation to the Statement of Principles concerning Chronic Sinusitis, which cites the following as references:

