

Facts about sinusitis

TAREQ SALAHUDDIN

Sinusitis is an infection or inflammation of the membranes that line the nasal passages and sinuses, the air-filled spaces in the front of the skull.

The sinuses are hollow air-filled spaces in the skull bones. They are connected to the nose and lined with the same membrane, called mucous membrane, which produces a slimy secretion (mucus) to keep the nasal passages moist and trap dirt particles.

What is sinusitis?

Sinusitis simply means the sinuses are infected or inflamed, but this gives little indication of the misery and pain this condition can cause. It can be divided into three sorts like acute, which lasts for 3 weeks or less, chronic, which usually lasts for 3 to 8 weeks but can continue for months or even years and recurrent, which is several acute attacks within a year.

In the winter, sinusitis is aggravated in some people.

What are the symptoms of sinusitis?

The location of the sinus pain depends on which sinus is affected.

- Headache when you wake up in the morning is typical of a sinus problem.
- Pain when your forehead over

the frontal sinuses is touched may indicate that your frontal sinuses are inflamed.

• Infection in the maxillary sinuses can cause your upper jaw and teeth to ache and your cheeks to become tender to the touch.

• Since the ethmoid sinuses are near the tear ducts in the corner of the eyes, inflammation of these cavities often causes swelling of the eyelids and tissues around your eyes, and pain between your eyes. Ethmoid inflammation also can cause tenderness when the sides of your nose are touched, a loss of smell, and a stuffy nose.

• Although the sphenoid sinuses are less frequently affected, infection in this area can cause earaches, neck pain, and deep aching at the top of your head.

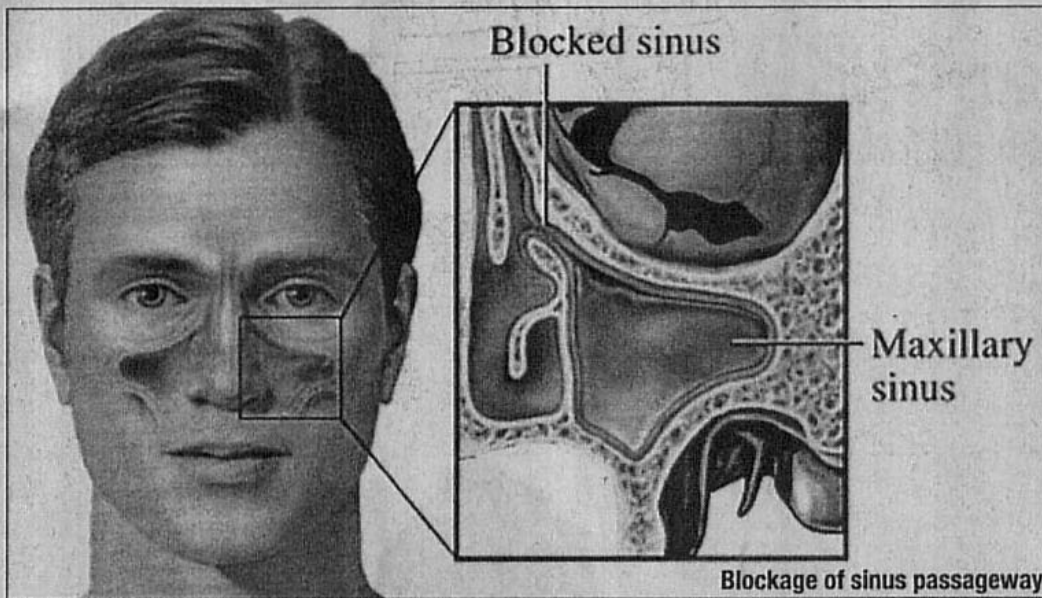
Most people with sinusitis, however, have pain or tenderness in several locations, and their symptoms usually do not clearly indicate which sinuses are inflamed.

Other symptoms of sinusitis can include--

- Fever
- Weakness
- Tiredness
- A cough that may be more severe at night
- Runny nose (rhinitis) or nasal congestion.

What are some causes of acute sinusitis?

Most cases of acute sinusitis start



with a common cold, which is caused by virus. These viral colds do not cause symptoms of sinusitis, but they do inflame the sinuses. Both the cold and the sinus inflammation usually go away without treatment in 2 weeks.

Sometimes fungal infections can also cause acute sinusitis.

Chronic inflammation of the nasal passages also can lead to sinusitis. If you have allergic rhinitis or hay fever, you can develop episodes of acute sinusitis. Vasomotor rhinitis, caused by humidity cold air, alcohol, perfumes, and other environmental conditions, also may be

complicated by sinus infections. **What causes chronic sinusitis?**

If you have asthma, an allergic disease, you may have frequent episodes of chronic sinusitis.

If you are allergic to airborne allergens, such as dust, mold, and pollen, which trigger allergic rhinitis, you may develop chronic sinusitis. In addition, people who are allergic to fungi can develop a condition called "allergic fungal sinusitis."

How is sinusitis treated?

After diagnosing sinusitis and identifying a possible cause, a

doctor can suggest treatments that will reduce the inflammation and relieve the symptoms.

If you have acute sinusitis, physicians may recommend decongestants to reduce congestion; an antibiotic to control the bacterial infection, if present; pain relievers to reduce the pain and anti-histamines if you are prone to allergy. In addition, the doctor may prescribe a steroid nasal spray, along with other treatments, to reduce your sinus congestion, swelling, and inflammation.

When conservative treatment fails, surgery may be the only

alternative for treating chronic sinusitis.

How can sinusitis be prevented?

It is possible to reduce the chances of developing sinusitis and possibly prevent acute sinusitis from becoming chronic. Here are some things that might be helpful, especially for people who are prone to sinusitis--

- You may get some relief from your symptoms with a humidifier, particularly if room air in your home is heated by a dry forced-air system.
- Air conditioners help to provide an even temperature.
- If you are prone to getting sinus disorders, especially if you have allergies, you should avoid cigarette smoke and other air pollutants. If your allergies inflame your nasal passages, you are more likely to have a strong reaction to all irritants.
- If you suspect that your sinus inflammation may be related to dust, mold, pollen, or food or any of the hundreds of allergens that can trigger an upper respiratory reaction, you should consult your doctor.
- Drinking alcohol also causes nasal and sinus membranes to swell. So avoid alcohol.
- Divers often get sinus congestion and infection when water is forced into the sinuses from the nasal passages.

Making history in open heart surgery

Patient having multiple heart disorders survives after surgery

NAIMUL HAQ

It was an exceptional episode in the history of the cardiac surgery of our country when a team of local surgeons, anaesthesiologists, nurses and technicians attempted to save the life of a dying patient who had been suffering extensive rupture in the wall of one of her heart chambers causing internal bleeding and sending the 38 years old housewife to shock. Eventually the pale and exhausted woman was gasping for air at the emer-

gency of the ventricular chambers that caused malfunctioning of the heart leading to irregular blood supply.

As the surgeons relentlessly worked to repair the ruptured wall with synthetic materials they found that the main wall between the two chambers (septum) had also suffered an unexplained split which also caused complications in her heart's usual functioning.

As the surgeons worked for about an hour and a half they also found that one of the main blood

problems; but today we made history achieving success," -- said the delighted surgeon Dr Luthfor Rahman.

"It took us hours of brainstorming and discussions among our team members on how to carry on the difficult surgery. Our mission was to save the patient although Rani's relatives believed there was very little chance of her survival," - explained young surgeon Dr Luthfor Rahman who until now has performed over 800 open heart surgeries without any mortality.

A visibly emotional Janar Dhandas, Rani's husband who had been waiting anxiously outside the intensive care unit said, "It's a miracle! God has given back my wife's life and I will remain grateful to all the members of the team who operated on my wife."

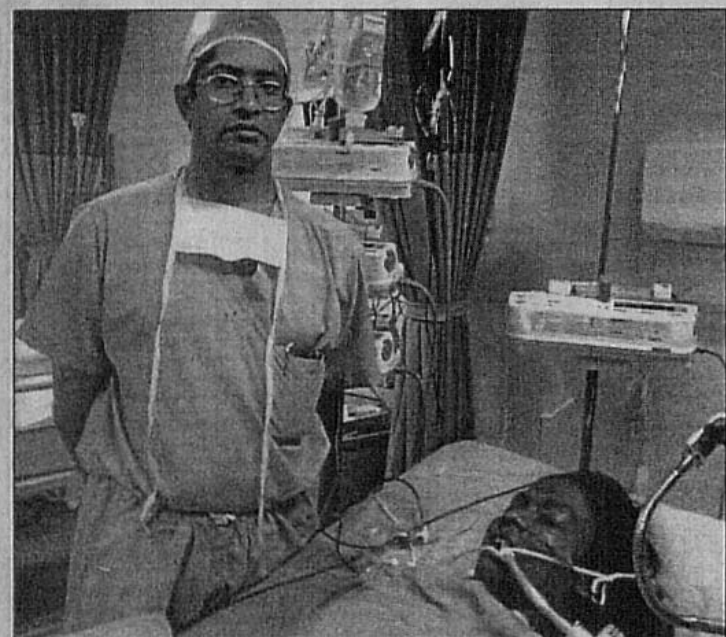
"When we found her critically ill and gradually she was failing we assumed there was very little hope of survival," said Dhandas, a small fish merchant from Daudkandi of Comilla.

When Rani had come to consult Dr Razia Sultana, a senior cardiologist at the LABAID Diagnostic Centre, she hardly had any serious complaints of chest pains. It appeared that Rani, despite having blockade in her heart's own blood vessel and malfunctioning heart chamber, never had been exposed to any life-threatening illness.

"It is incredible that when Rani had come to consult me at my chamber a week ago she did not have any serious symptoms of cardiac complications although before admission to the hospital I assumed that she was already suffering the damage which I believe went quite unnoticed," said Dr Razia Sultana.

Doctors believe Rani, who is now placed in the ICU of Lab Aid Cardiac Hospital would be ready to return home in a week's time.

The fact to be noticed is world class healthcare services are being provided at home now-a-days. So it would be an overindulgence to search it abroad ignoring our dignified physicians



Dr Luthfor Rahman standing next to Rani at the Intensive Care Unit (ICU) of Lab Aid Cardiac Hospital.

gency.

Knowing the risks of high incidence of fatality from such rare but extremely complex open heart surgery the chief cardiac surgeon Dr Luthfor Rahman of LABAID Cardiac Hospital assisted by his experienced team mates went ahead in a daring challenge to restore the woman's life.

Having studied for several hours the complex syndrome Ratna Rani Das had been surviving surgeons in the afternoon of last January 8 at the recently introduced modern cardiac hospital at Dhanmandi cut open her chest to find her heart's severed wall of one

vessels that supplied blood to the heart had a blockade that denied access to normal flow of blood to Rani's heart.

Apparently, in a painstaking endeavour both the disorders in Rani's ventricular heart chambers were successfully repaired preventing future risk of malfunctioning. In fact, repairing of the disorder would prolong Rani's life as the complications have been removed.

"Accomplishing success on such critical disorder through surgery has been very rare in the global context. About 75 per cent of such complex surgeries end up unsuccessfully due to multiple

Check your oral and dental health during pregnancy

DR MD MUJIBUR R HOWLADER

Gingival (gum) changes during pregnancy are a generalised health problem of the pregnant women in our community.

Most of the pregnant women suffer from swollen up and bleeding gum. Clinically the gingiva of the pregnant women is characterised by inflammatory changes.

There may be collection of fluid in the gum; it may be hyperplastic and dark red. There is a tendency of bleeding when brushing teeth or chewing food.

Evidences suggested that local and hormonal factors play the main role. There seems to be a strong correlation between the severity of gingival inflammation and the rise of gonadotropin (a hormone) production during the first trimester.

During the second and third trimester the gingival response corresponds to an increase in the concentration of estrogen (a sex hormone), progesterone and relaxin.

However, research data

seems to support the theory that local irritants are the initiating factors in precipitating gingival inflammation.

Oral and dental health During pregnancy

Oral health during pregnancy has long been a focus of interest. Hormonal effects result 25 to 100 per cent gingivitis in western society. 10 per cent develop pyogenic granuloma or pregnancy epulis (a tumour). 95 per cent pregnant women suffers from gingivitis in Bangladesh community.

Causative factors

Dental Plaque, calculus etc. act as a precipitating factor for initiation of gingivitis. Alteration in progesterone and estrogen levels effect the immune system, rate and pattern of collagen production in gingiva and reduce body's ability to repair and maintain gingival tissue. Periodontal infections can be a reservoir for inflammatory mediators. They may pose a potential threat to fetus (baby in the womb). They increase the likelihood of pre-term delivery.

Periodontal infection and pre-term birth (PTD)

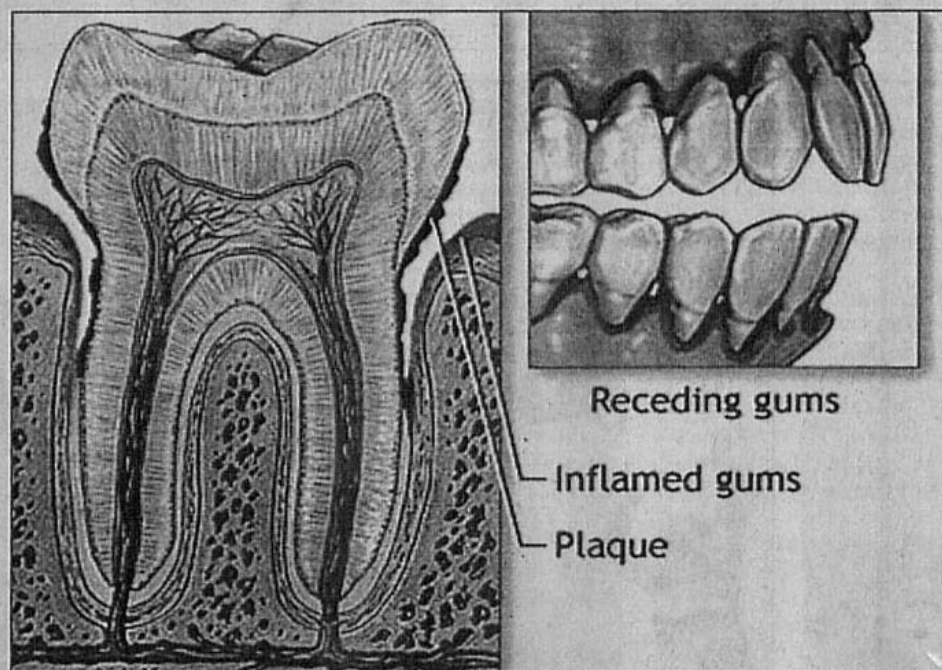
PTD is the major cause of neonatal mortality. PTD tolls the chance of long term neurological morbidity to 50 per cent. Pre-existing periodontal disease in the second trimester of pregnancy increases the risk of pre term birth. There is a significant association between PTD and periodontitis at 21 to 24 weeks gestation.

Treatment of periodontitis will reduce the chances of PTD. Best advice to pregnant women is to prevent periodontal disease by-

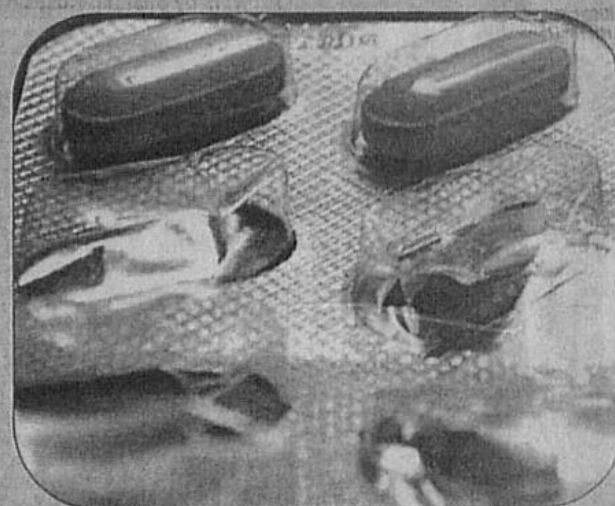
- (i) At least two times dental visits during pregnancy
- (ii) Removal of potential source of infection e.g. dental plaque and calculus

Dental check up is an integral part of antenatal care and it should be followed strictly.

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Painkillers may damage your intestine!



More than 70 percent of patients who took painkillers such as ibuprofen for more than three months suffered damage to their small intestines, U.S. researchers reported.

The study is yet another blow to patients trying to find ways to treat arthritis pain, after reports that the most advanced drugs, called COX-2 inhibitors, can raise the risk of heart disease.

Dr David Y. Graham of the Baylor College of Medicine in Houston and colleagues studied 21 patients taking a range of drugs called non-steroidal anti-inflammatory drugs, or NSAIDs. They compared them to 20 patients taking either acetaminophen, an unrelated painkiller, or nothing.

"Small-bowel injury was seen in 71 percent of NSAID users compared with 10 percent of controls," they wrote in the journal *Clinical Gastroenterology and Hepatology*.

"We have always known that NSAIDs can cause potentially deadly stomach complications, but the extent of the impact on the small intestine was largely unknown until now," Graham added.

Arthritis pain is incurable but can be treated with a range of drugs, including NSAIDs such as aspirin, ibuprofen or naproxen; acetaminophen; or the newer drugs called COX-2 inhibitors.

NSAIDs work very well but damage the stomach and intestine.

Benefit vs risk

"Anybody who takes aspirin or (other) NSAIDs for a year has a 1 to 4 percent risk of serious gastrointestinal complications," Graham expressed.

The COX-2s were designed specifically to overcome the deadly side-effects of NSAIDs.

A study indicated that an over-the-counter NSAID called naproxen might also raise the risk of heart attack and stroke.

Graham's team used an endoscope in the form of a swallowed camera in a capsule to examine the intestines of their volunteers. Although people taking NSAIDs frequently suffer stomach pain or anemia, none of the volunteers in this study had any symptoms.

"We saw some ulcers and we saw lots of erosions," Graham said.

Some experts have recommended using antacid drugs called proton pump inhibitors (PPI) to reduce the damaging effects of stomach acid in NSAID patients. But PPIs do not affect the small intestine, Graham said.

Instead, he said, an older drug called misoprostol can help protect the stomach lining.

"It is the only drug approved to reduce the rate of bleeding," Graham said.

It is observed that many people take over-the-counter or prescription drugs for headaches and arthritis.

Source: <http://www.reuters.com>