

## Diagnostic Criteria for Rhinosinusitis

Term	Definition
<b>Acute rhinosinusitis (ARS)</b>	Up to 4 weeks of <i>purulent nasal drainage</i> (anterior, posterior, or both) accompanied by <i>nasal obstruction</i> , <i>facial pain-pressure-fullness</i> , or both <sup>a</sup> . <i>Purulent nasal discharge</i> is cloudy or colored, in contrast to the clear secretions that typically accompany viral upper respiratory infection, and may be reported by the patient or observed on physical examination. <i>Nasal obstruction</i> may be reported by the patient as nasal obstruction, congestion, blockage, or stuffiness, or may be diagnosed by physical examination. <i>Facial pain-pressure-fullness</i> may involve the anterior face, periorbital region, or manifest with headache that is localized or diffuse
<b>Viral rhinosinusitis (VRS)</b>	Acute rhinosinusitis that is caused by, or is presumed to be caused by, viral infection. A clinician should diagnose VRS when: a. symptoms or signs of acute rhinosinusitis are present less than 10 days and the symptoms are not worsening
<b>Acute bacterial rhinosinusitis (ABRS)</b>	Acute rhinosinusitis that is caused by, or is presumed to be caused by, bacterial infection. A clinician should diagnose ABRS when: a. symptoms or signs of acute rhinosinusitis fail to improve within 10 days or more beyond the onset of upper respiratory symptoms, or b. symptoms or signs of acute rhinosinusitis worsen within 10 days after an initial improvement (double worsening)
<b>Chronic rhinosinusitis</b>	Twelve weeks or longer of two or more of the following signs and symptoms: • mucopurulent drainage (anterior, posterior, or both), • nasal obstruction (congestion), • facial pain-pressure-fullness, or • decreased sense of smell. AND inflammation is documented by one or more of the following findings: • purulent (not clear) mucus or edema in the middle meatus or anterior ethmoid region, • polyps in nasal cavity or the middle meatus, and/or • radiographic imaging showing inflammation of the paranasal sinuses
<b>Recurrent acute rhinosinusitis</b>	Four or more episodes per year of acute bacterial rhinosinusitis (ABRS) without signs or symptoms of rhinosinusitis between episodes: • each episode of ABRS should meet diagnostic criteria in Table 4

<sup>a</sup> Facial pain-pressure-fullness in the absence of purulent nasal discharge is insufficient to establish a diagnosis of ARS.

**Tables 4 & 8** Acute Rhinosinusitis Definitions and Definitions of Chronic Rhinosinusitis and Recurrent Acute Rhinosinusitis from Clinical Practice Guideline: Adult Sinusitis

**SOURCE:** Rosenfeld RM, Piccirillo JF, Chandrasekhar, SS, et al. Clinical Practice Guideline: Adult Sinusitis. *Otolaryngol Head Neck Surg.* April 2015; 152(S2):s1-s39

### About the AAO-HNS

The American Academy of Otolaryngology—Head and Neck Surgery ([www.entnet.org](http://www.entnet.org)), one of the oldest medical associations in the nation, represents about 12,000 physicians and allied health professionals who specialize in the diagnosis and treatment of disorders of the ears, nose, throat, and related structures of the head and neck. The Academy serves its members by facilitating the advancement of the science and art of medicine related to otolaryngology and by representing the specialty in governmental and socioeconomic issues. The AAO-HNS Foundation works to advance the art, science, and ethical practice of otolaryngology-head and neck surgery through education, research, and lifelong learning. The organization's vision: "Empowering otolaryngologist-head and neck surgeons to deliver the best patient care."