



Update - Adult Sinusitis

Summary of Guideline Key Action Statements

Abbreviations: ARS - Acute Rhinosinusitis Sinusitis (RS) | ABRS - Acute Bacterial RS | CRS - Chronic RS | URI - Upper Respiratory Infection | VRS - Viral RS

STATEMENT	ACTION	STRENGTH
KAS 1A: Differential diagnosis	Clinicians should distinguish presumed acute bacterial rhinosinusitis (ABRS) from acute rhinosinusitis caused by viral upper respiratory infections and noninfectious conditions. A clinician should diagnose ABRS when (a) symptoms or signs of acute rhinosinusitis (purulent nasal drainage accompanied by nasal obstruction, facial pain-pressure-fullness, or both) persist without evidence of improvement for at least 10 days 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)	Strong recommendation
KAS 1B: Radiologic imaging and ARS	Clinicians should not obtain radiologic imaging for patients who meet diagnostic criteria for ARS, unless a complication or alternative diagnosis is suspected.	Recommendation (against)
KAS 2: Symptomatic relief of VRS	Clinicians may recommend analgesics, topical intranasal steroids, and/or nasal saline irrigation for symptomatic relief of VRS.	Option
KAS 3: Symptomatic relief of ABRS	Clinicians may recommend analgesics, topical intranasal steroids, and/or nasal saline irrigation for symptomatic relief of ABRS.	Option
KAS 4: Initial management of ABRS	Clinicians should offer watchful waiting (without antibiotics) for adults with uncomplicated ABRS with assurance of follow-up. The duration of watchful waiting may depend on the factors and timing under which the diagnosis was originally made.	Recommendation
KAS 5: Choice of antibiotic for ABRS	If a decision is made to treat ABRS with an antibiotic agent, the clinician should prescribe amoxicillin with or without clavulanate as first-line therapy for 5-7 days for most adults.	Recommendation
KAS 6: Treatment failure for ABRS	If the patient fails to improve or worsens despite being on an appropriate antibiotic for 3-5 days, the clinician should reassess the patient to confirm ABRS, exclude other causes of illness, and detect complications. If ABRS is confirmed, the clinician should change the antibiotic.	Recommendation
KAS 7A: Diagnosis of CRS or RARS	Clinicians should distinguish CRS and RARS from isolated episodes of ABRS and other causes of sinonasal symptoms.	Recommendation
KAS 7B: Objective confirmation of a diagnosis of CRS	The clinician should confirm a clinical diagnosis of CRS with objective documentation of sinonasal inflammation, which may be accomplished using anterior rhinoscopy, nasal endoscopy, or computed tomography.	Strong recommendation
KAS 8: Modifying factors	Clinicians should assess the patient with CRS or RARS for multiple chronic conditions that would modify management such as asthma, cystic fibrosis, immunocompromised state, aspirin-exacerbated respiratory disease, and ciliary dyskinesia.	Recommendation

STATEMENT	ACTION	STRENGTH
KAS 9: Testing for allergy and immune function	The clinician may obtain testing for allergy and immune function in evaluating a patient with CRS or RARS.	Option
KAS 10: CRS with polyps	The clinician should confirm the presence or absence of nasal polyps in a patient with CRS.	Recommendation
KAS 11: Topical intranasal therapy for CRS	Clinicians should recommend saline nasal irrigation, topical intranasal corticosteroids, or both, for symptomatic relief of CRS.	Recommendation
KAS 12: Antifungal therapy for CRS	Clinicians should not prescribe topical or systemic antifungal therapy for patients with CRS.	Recommendation (against therapy)
KAS 13A: Biologics and Lack of Benefit for CRS without Polyps	Clinicians should not routinely prescribe biologics (including, but not limited to, monoclonal antibodies such as dupilumab, mepolizumab, or omalizumab) for the treatment of adults with CRS without polyps.	Recommendation (against therapy)
KAS 13B: Biologics and Patient Education	Clinicians or their designee should educate patients with CRS with nasal polyps about the role of biologics as a means to improve disease-specific quality of life when either prior medical and surgical therapy has failed OR when surgery is not a viable option because of disease status or patient preference.	Recommendation
KAS 14: Antibiotics and CRS	Clinicians should not routinely prescribe antimicrobial therapy for adults with CRS without acute exacerbation OR as a mandatory prerequisite for paranasal sinus imaging or surgery.	Recommendation (against therapy)

Clinical Practice Guideline: Adult Sinusitis Update." *Otolaryngology-Head and Neck Surgery* 173, no. 5 (2025): S1-S56. <https://doi.org/10.1002/ohn.1344>.



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