(See page 48)

One

Q1 e) In a series of 973 patients presumed to have rhinosinusitis only ten percent had the disease when investigated fully. This means the correct diagnosis may be missed or delayed and lead to inappropriate treatment.

Two

Q2 e) Midfacial segment pain (symmetrical pain around the nose and eyes that is constant and not intermittent or severe, but still distressing) is similar to tension headache. It is really a diagnosis of exclusion particularly from sinusitis. The presence of nasal congestion complicates the diagnosis, but does NOT mean that there is sinusitis or rhinitis. This may be why so many misdiagnoses of rhinosinusitis are made.

Three

Q3 e) Once you are confident of the diagnosis, low dose amitriptyline, given for a minimum of 6 months, is a reasonable choice of therapy. Anti-inflammatories and steroids have no effect.

Four

Q4 a) b) c) d) The combination of these signs and symptoms all indicate cluster headaches and the need for urgent treatment. Acute therapy includes high flow oxygen and subcutaneous tryptan. The patient may need neuroimaging. Acute treatment with aspirin, paracetamol and non-steroidal anti-inflammatories is NOT recommended. Purulent nasal secretions are not a red flag, but they do indicate that the patient has rhinosinusitis!

Anita progressed well, if slowly to begin with on the amitriptyline, and after 6 months was able to withdraw it without initiating further orofacial pain.