Patient-Friendly Summary of the ACR Appropriateness Criteria Sinonasal Disease

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Most people who have rhinosinusitis, a runny nose, or a stuffed up feeling in their sinuses don’t need imaging tests. The patient’s symptoms are used to determine the type of rhinosinusitis. If the symptoms are acute and limited to the nose and last less than 4 weeks, no imaging is recommended.

If acute rhinosinusitis comes back more than four times a year, it is considered recurrent acute rhinosinusitis. If the symptoms persist for more than 12 weeks and include mucus draining, pain in the face, stuffy nose, congestion, and a diminished sense of smell, chronic rhinosinusitis is probable. There may also be polyps or a fungus in the nose. In these cases patients may benefit from surgery, and imaging with either CT or cone-beam CT without intravenous contrast is recommended.

If symptoms of acute rhinosinusitis include symptoms pointing to infection in the eye cavity or the brain, MRI with and without intravenous contrast is recommended. If a blockage or mass is suspected because of persistent pain, blocked nasal passages, or bleeding from the nose, both MRI with and without contrast and CT without contrast are recommended.

If symptoms of acute rhinosinusitis include symptoms pointing to infection in the eye cavity or the brain, MRI with and without intravenous contrast is recommended. If a fungal invasion is suspected in the mucus tissues, blood vessels, and/or bones, both CT without contrast and MRI with and without contrast of the sinuses, nearby brain tissues, and eye sockets are recommended. See the full appropriateness criteria for this topic at https://acsearch.acr.org/docs/69502/Narrative/.

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