



The child with CRS

Dr. Sietze Reitsma

Amsterdam UMC, location AMC

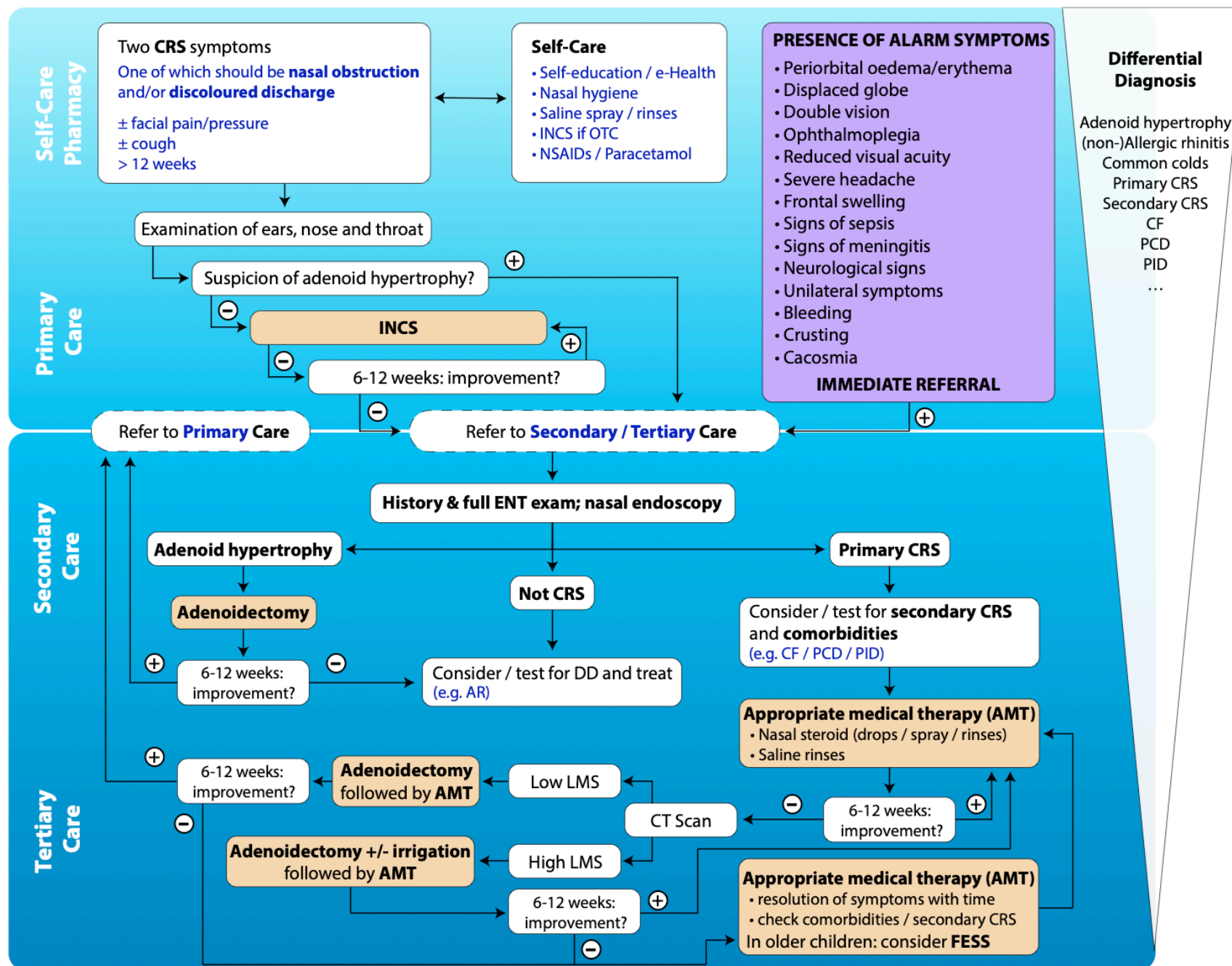


The child with CRS?

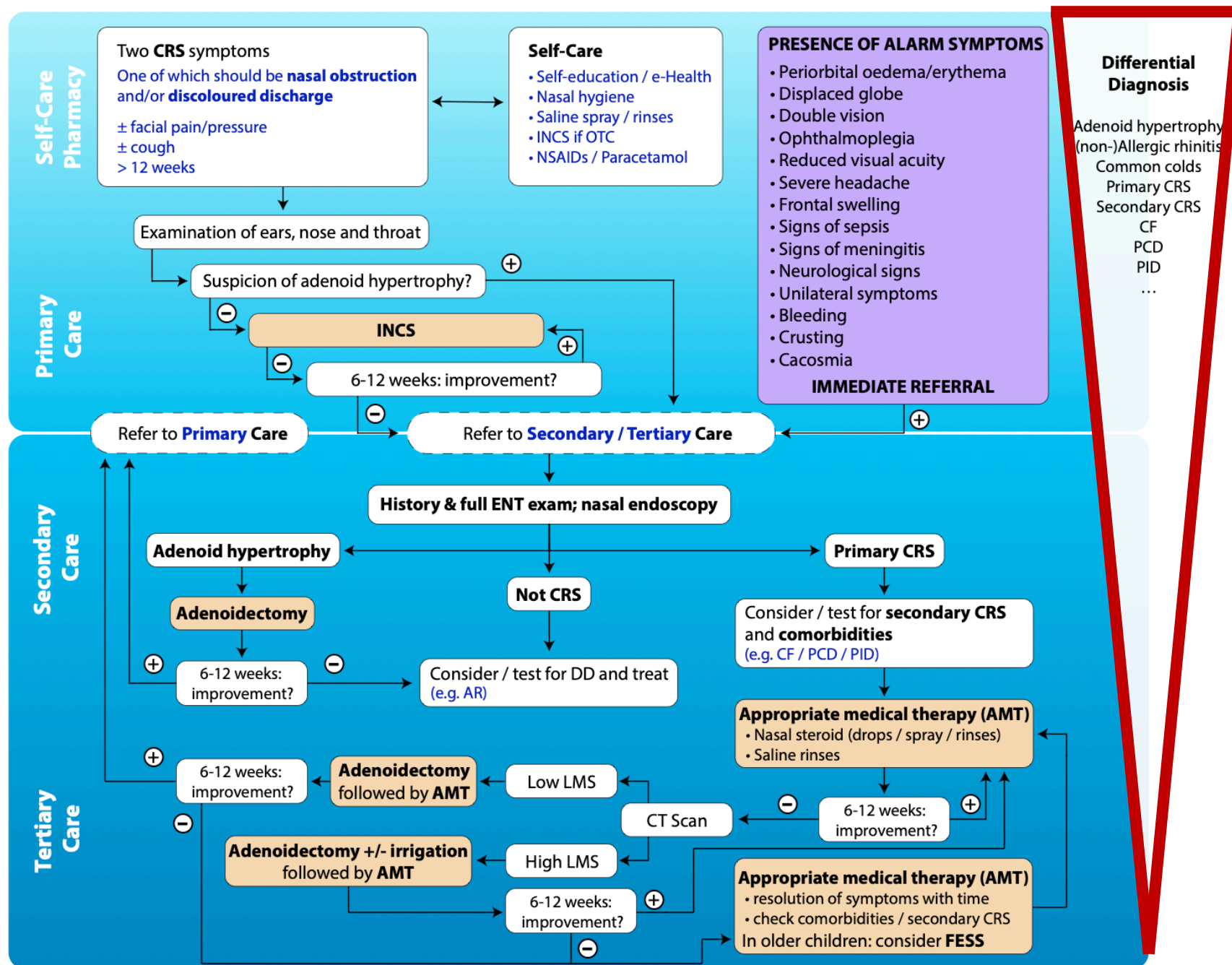
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EPOS 2020: Care pathways for Paediatric CRS



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Self-Care
Pharmacy

Two **CRS** symptoms
One of which should be **nasal obstruction**
and/or **discoloured discharge**
± facial pain/pressure
± cough
> 12 weeks

Self-Care

- Self-education / e-Health
- Nasal hygiene
- Saline spray / rinses
- INCS if OTC
- NSAIDs / Paracetamol

PRESENCE OF ALARM SYMPTOMS

- Periorbital oedema/erythema
- Displaced globe
- Double vision
- Ophthalmoplegia
- Reduced visual acuity
- Severe headache
- Frontal swelling
- Signs of sepsis
- Signs of meningitis
- Neurological signs
- Unilateral symptoms
- Bleeding
- Crusting
- Cacosmia

IMMEDIATE REFERRAL

Primary
Care

Examination of ears, nose and throat

Suspicion of adenoid hypertrophy?

+

INCS

-

-

6-12 weeks: improvement?

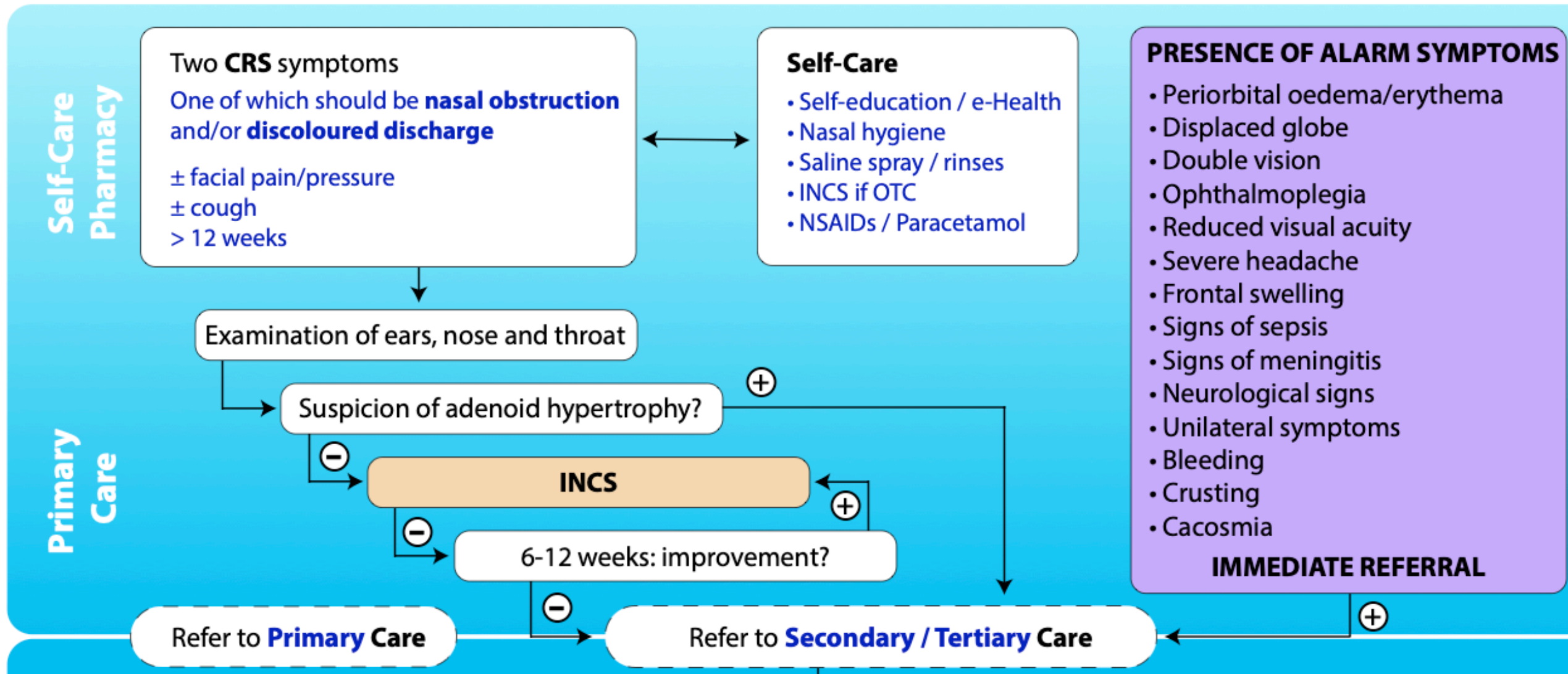
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Refer to **Primary Care**

Refer to **Secondary / Tertiary Care**

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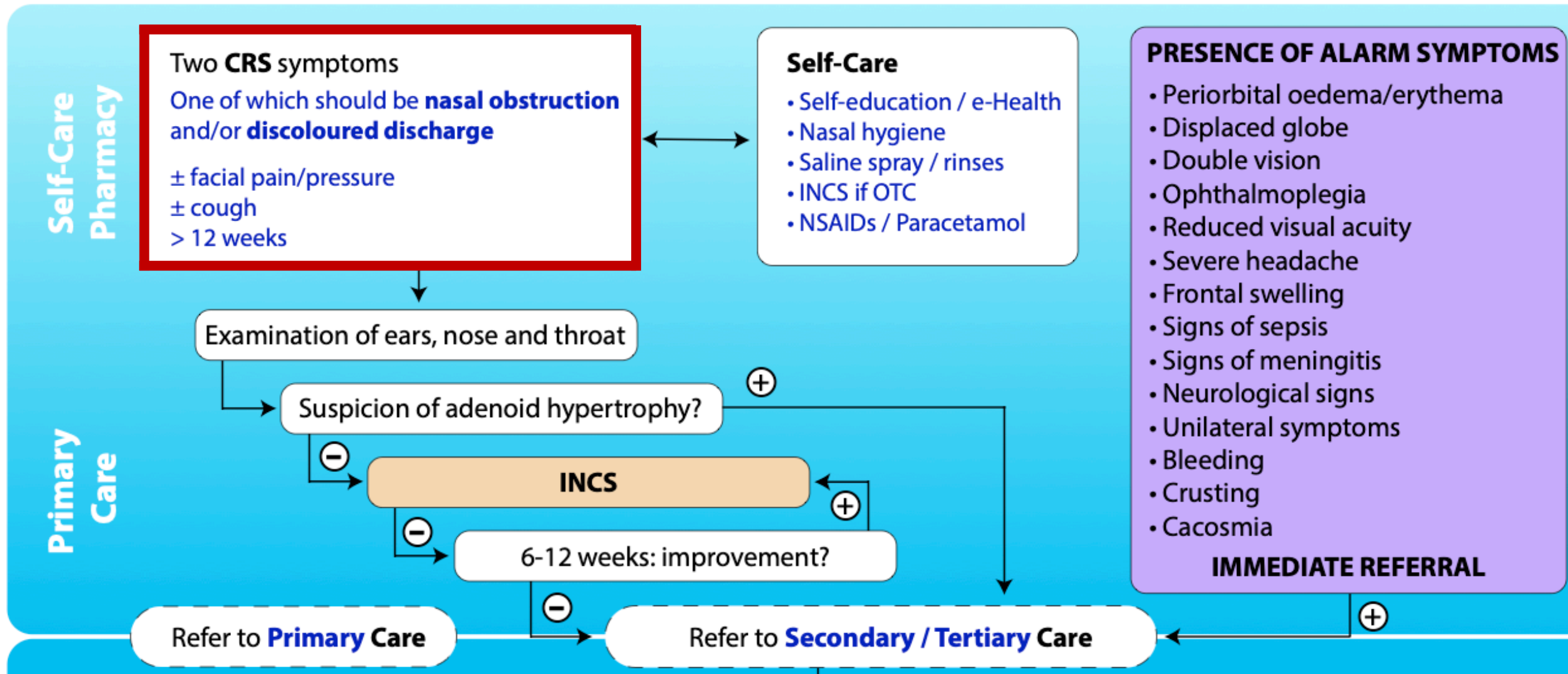
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Secondary Care

Tertiary Care

Refer to **Primary Care**

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History & full ENT exam; nasal endoscopy

Adenoid hypertrophy

Primary CRS

Adenoidectomy

Not CRS

Consider / test for **secondary CRS** and **comorbidities** (e.g. CF / PCD / PID)

6-12 weeks: improvement? (+) (-)

Consider / test for DD and treat (e.g. AR)

Appropriate medical therapy (AMT)

- Nasal steroid (drops / spray / rinses)
- Saline rinses

6-12 weeks: improvement? (+) (-) **Adenoidectomy followed by AMT**

Low LMS

CT Scan

6-12 weeks: improvement? (+) (-)

Adenoidectomy +/- irrigation followed by AMT

High LMS

6-12 weeks: improvement? (+) (-)

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- resolution of symptoms with time
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- In older children: consider **FESS**

(-)

(+)

(+)

(-)

(+)

(-)

(-)

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(+)

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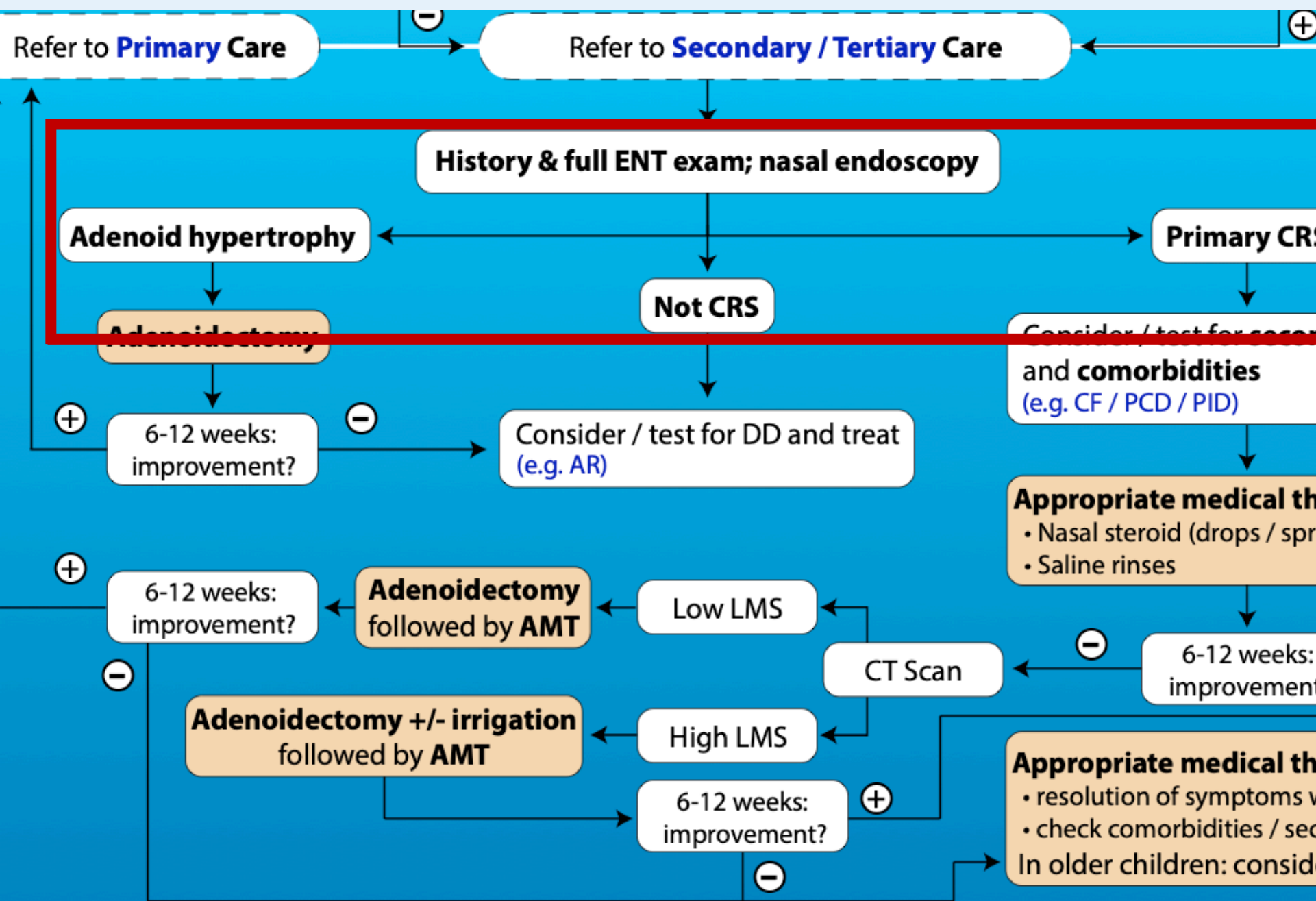
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Secondary CRS

Anatomic distribution

Localized
(unilateral)

Diffuse
(bilateral)

Endotype dominance

Local pathology

Mechanical

Inflammatory

Immunity

Examples of phenotypes

Odontogenic
Fungal Ball
Tumour

PCD
CF

GPA
EGPA

Selective
immunodeficiency

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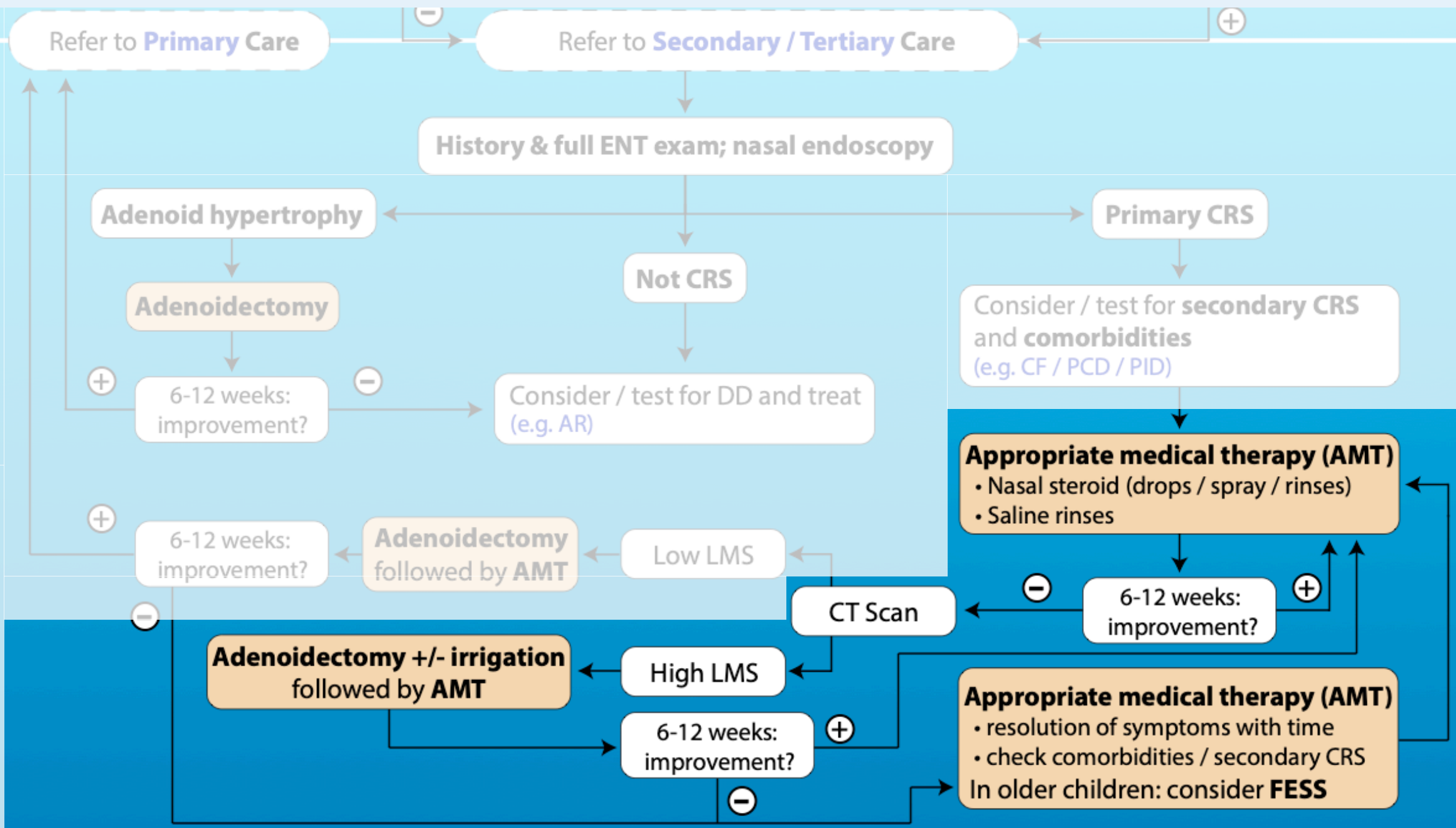
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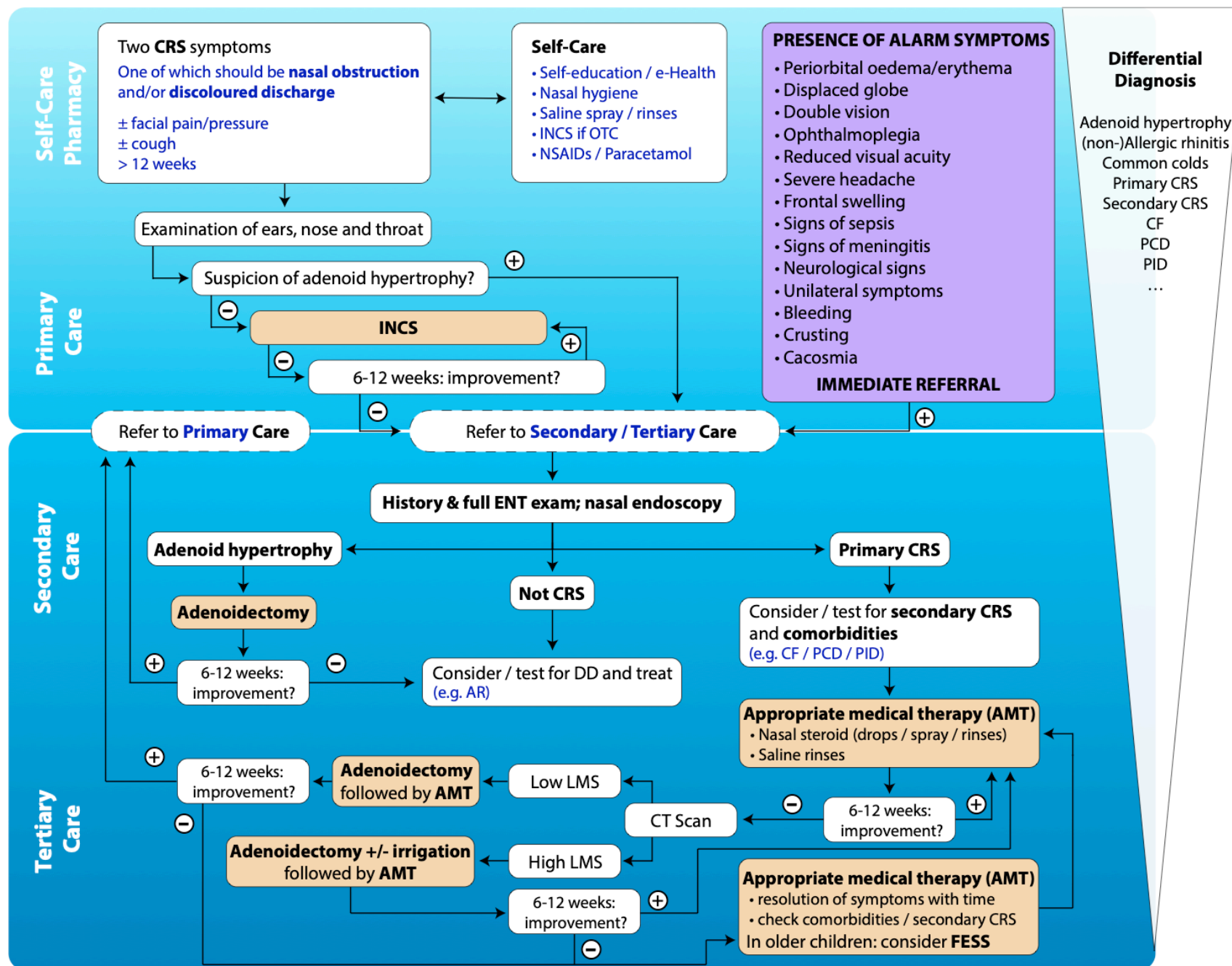
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Tertiary Care



EPOS 2020: Care pathways for Paediatric CRS



Key points EPOS 2020: Care pathways for Paediatric CRS

- CRS in children is rare
- Comorbidities are (more) likely
- If indeed CRS
 - Remember secondary
 - Be cautious indicating surgery

