ALLERGIES AND SINUSITIS

The sinuses, cavities in the skull bones, act to humidify, warm and filter air inhaled through the nose. The tiny sinus openings, which allow mucus to drain, are only about two to three millimeters. When these openings become blocked, their ability to drain is greatly reduced and fluids called mucus build up. This stagnant mucus allows infections to develop.

Allergies, a major cause of swelling in the nose, also block these sinus openings and can result in acute infections. Sinusitis can be caused by bacteria, viruses or other types of germs.

Four groups of sinuses exist. These include the maxillary sinuses, situated under the eyes; the ethmoid sinuses, located between the eyes; the frontal sinuses, positioned above the eyes; and the sphenoid sinuses, set behind the nose.

Acute sinusitis symptoms may include headache, sinus pressure, discolored nasal drainage, nosebleeds, tooth pain, decreased sense of smell, fever, night cough and fatigue.

Chronic sinusitis is more likely due to continued inflammation of the tissues lining the sinuses rather than from an active infection. Chronic sinusitis is characterized by thickening of the sinus linings and may be present without obvious symptoms.

The treatment of acute sinusitis may include antibiotics, nasal irrigation with salt water, nasal steroid sprays to reduce swelling and, sometimes, decongestants. Antibiotics generally are prescribed for at least two weeks to eradicate the infection. If treatment with nasal irrigation is advised, tap water never should be used; boiled or distilled water is safer and should be used instead. Oral decongestants such as pseudoephedrine or phenylephrine can increase heart rate and blood pressure, therefore these should be reserved for more severe infections.

COMMON SIGNS OF ALLERGY

1) Sneezing
2) Nasal congestion
3) Recurrent infections or chronic “cold” symptoms
4) Sinus pressure
5) Postnasal drip
6) Itchy, red eyes
7) Coughing
8) Wheezing
9) Hives
10) Eczema
11) Headaches or dizziness
12) Loss of smell, taste or hearing
13) Fatigue
14) Snoring
15) Bloating, gas pains
16) Muscle or joint aches

The physicians of Allergy & Asthma Associates are all Board-Certified (from left): Kathy Sonenthal, M.D., Salmon Goldberg, M.D., David Chudwin, M.D., J.K. Lawson M.D., and Irma Oliff, M.D.

ALLERGIES SEASON BY SEASON

While some patients with allergies notice symptoms year-around, many encounter symptoms only on a seasonal basis. The season associated with a flare-up of the allergy can provide clues as to the substance causing the symptoms.

Patients who fare worse during the early Spring are often allergic to tree pollens and mold. Trees start to bud any time from the end of February to May. As they start to flower, millions of microscopic pollen grains are released into the air. Winds pick up the pollen grains and disperse them over a wide area. It is the pollen that triggers allergic symptoms such as nasal congestion, runny nose, postnasal drip and itching. (People actually are not allergic to the tree itself but to the pollen; for example, oak pollen causes trouble, but not the oak itself).

Dampness is the main cause of mold. As snow melts and temperatures increase during the spring, mold can grow on decaying left-over plants from the previous season. Mold spores then spread through the air, causing symptoms among susceptible people. Mold growth tends to be greater in areas with higher underlying humidity, such as in Southeastern states and in agricultural areas. Spring showers accelerate mold growth.

Grasses usually flower beginning the end of April, depending on the climate, and produce large quantities of air-borne pollens. The winds blow the grass pollen for long distances. As the grass pollen continues into June, it overlaps the appearance of white, fluffy cottonwood seeds in the air. Most people may think they are allergic to the cottonwood seeds, however they actually are allergic to grass pollen.

Normally, molds are the main culprits during the mid-summer months when the humidity outside tends to increase, although, often, there is a respite from pollen allergies between July 4, until and mid-August. Air conditioning helps reduce indoor mold exposure by dramatically decreasing mold growth indoors and by filtering mold spores in the air.

Almost like clockwork, ragweed pollinates on August 15, give or take a week. Ragweed is located along sides of roads, in fields, and where the soil has been disturbed, such as around construction sites. Ragweed pollen is the prime cause of Fall hay fever. The ragweed season lasts from mid-August through the first frost.

During late September and October, other fall weeds begin to appear and release their particular pollens. These late fall weeds include cocklebur, thistle and plantain. As the leaves begin to drop from trees, wet, fallen leaves become a main source for mold.

During the Winter, dust and dust mites are usually the main allergy producing culprits. Since furnaces are turned on during Winter months, this leads to increased dust exposure to the dust that has been sitting undisturbed in the system since the last time the furnace was used.

NEW MONDAY HOURS
Buffalo Grove: 10 a.m. - 5 p.m.
Northbrook: Closed (effective 8/17)

We accept most health insurance plans, including many PPOs, and are Medicare participants.
ALLERGIES AND SINUSITIS

On the other hand, chronic sinusitis may not be readily apparent. Non-specific symptoms may include headache, night cough (especially in children), nasal congestion and fatigue.

The best way to diagnose chronic sinusitis is with a CT scan of the sinuses; this scan can show sinus mucosal thickening as well as other findings such as nasal and sinus polyps, nasal septal deviation, or air pockets in nasal bones.

Patients with repeated episodes of acute or chronic sinusitis should seek an evaluation by a board-certified allergist. Allergy treatments that incorporate medication and allergy shots, along with avoiding allergic triggers may help prevent sinusitis.

“PRECISION MEDICINE”

AND ASTHMA

Precision medicine is a new concept in which medications are based on molecular diagnoses and patient genetic makeup. Some examples of this include treatments for breast cancer or melanomas that are tailored to patients with specific mutations.

We are just now experiencing that approach with bronchial asthma. Clinicians long have known that asthma varies from patient to patient. In recent years several specific phenotypes, or clinical presentations, have been described. These can be broken down into four main groups.

One group of asthmatics is highly allergic to elevated levels of IgE antibodies. This condition is more common in children and younger adults.

Another group, patients have high levels of anti-IgG antibodies in their blood. Eosinophils play an important role in allergic reactions. Some older patients possess this phenotype.

A third group of asthmatics has increased numbers of blood neoplasms, a cell involved in inflammation. This type is more common in older adults and in patients who have components of both asthma and chronic lung disease (COPD).

A fourth group may occur in older, obese women. These patients often are resistant to steroid medications.

All these patients benefit from treatment with short-acting bronchodilator sprays such as Albuterol. Many may then require an inhaled anti-inflammatory steroid such as Flonase or Volar. Combination inhalers may contain both a long-acting bronchodilator and a steroid such as Brea, Symbicort or Tulera.

However, the development of new biologic treatments for asthma now allows a more focused approach to treatment.

Xolair, the first biologic released, targets IgE allergic antibodies. It is given as an injection every two to six weeks. The medication is approved for steroid-dependent asthma as well as for chronic hives. Patients with allergic asthma who have elevated IgE levels respond best to this therapy.

Two new biologic treatments are now available for patients with the eosinophilic type. Both are novel and may greatly reduce the eosinophils in the blood by targeting interleukin-5, a chemical in the body which promotes eosinophil growth and survival. Nucala is given via a monthly injection while Cinqair requires a monthly intravenous injection.

A number of other biologic asthma therapies are in the pipeline for other asthma phenotypes. Allergists are best trained and equipped to treat patients with these newer medications.

CALL NOW FOR MORE INFORMATION OR APPOINTMENT
150 W. Half Day Road, Suite 200 Buffalo Grove, Illinois 60089 • (847) 793-0777
500 Skokie Blvd., Suite 140, Northbrook, Illinois 60062 • (847) 272-4296
475 Brown Blvd., Bourbonnais, Illinois 60914 • (815) 933-5692
5911 Northwest Hwy., Suite 208, Crystal Lake, Illinois 60014 • (815) 455-7289
http://www.allergyasthmados.com
24 Hour Answering Service
Evening Hours Available

ALLERGIES SEASON BY SEASON

People also spend more time indoors at this time of year, so there is increased exposure to house dust. At times in late winter, or during periods of thaw, snow molds may cause allergy symptoms in some individuals.

Allergies to indoor allergens such as pet dander, dust mites and mold may be considered "perennial," but even these may have seasonal flare-ups.

A specific diagnosis of allergies can be most effectively accomplished by skin testing or by having a blood test performed by a Board-Certified Allergist.