BEYOND THE SINUSES: RECOGNIZING AND TREATING THE CHRONIC RHINITIS COMPONENT IN SELECT CRS PATIENTS

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The sinus surgery was successful, so why is the patient still reaching for tissues? It's a familiar situation in sinus practice: the procedure goes well, healing progresses as expected, and the sinuses look good postoperatively, yet the patient still complains of persistent nasal drainage or a runny nose. When symptoms persist despite a successful sinus intervention, the underlying cause may not be residual sinus disease. Chronic rhinosinusitis (CRS) and chronic rhinitis frequently coexist, yet the rhinitis component is often overlooked when attention is focused primarily on sinus pathology. As a result, some patients continue to experience rhinorrhea or drainage even after otherwise successful sinus surgery. As awareness of this overlap grows, physicians are increasingly evaluating whether chronic rhinitis may also be contributing to the patient's overall symptom burden.

Clinical and real-world data reinforce this observation. In a large claims analysis of more than 150,000 patients undergoing functional endoscopic sinus surgery (FESS), over one-third of patients continued to seek care for chronic rhinitis symptoms within one year of surgery.[1] In a separate clinical study of 107 patients, nearly half of the patients reported persistent nasal discharge symptoms approximately eight months after FESS.[2] These findings suggest that sinus surgery alone may not fully address the symptom burden in patients with a significant rhinitis component.

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Recognizing the Rhinitis Component

Identifying chronic rhinitis in patients presenting with CRS often begins with structured symptom assessment. Diagnostic tools such as the Total Nasal Symptom Score (TNSS) and the Sino-Nasal Outcome Test (SNOT-22) can help clarify how much rhinorrhea, congestion, and drainage are affecting a patient's daily life. In Dr. Joseph Capo's practice, patients with prominent rhinorrhea or persistent drainage despite prior sinus-directed therapy often raise suspicion for a contributing rhinitis component. Routine use of symptom scoring has helped highlight how frequently chronic rhinitis symptoms coexist with sinus disease.

Targeted patient questions can also help uncover patterns that may not emerge during a standard sinus-focused evaluation. When symptom scoring and directed questioning are incorporated into the workup, physicians may identify patients whose overall symptom burden is influenced by both sinus disease and a rhinitis component. For example, asking whether rhinorrhea persists despite prior sinus treatment or occurs independently of acute infection can help clarify the contribution of rhinitis.

Some physicians also use a short trial of intranasal ipratropium bromide when rhinorrhea is a dominant complaint. In Dr. Scott McCusker's practice, a positive response can help identify patients whose symptoms may be driven in part by parasympathetic activity and who may benefit from treatment directed at the posterior nasal nerve. Importantly, lack of response does not necessarily exclude patients from consideration for procedural therapy.

Endoscopic examination and imaging are also important components of the assessment. These findings help confirm the presence and extent of sinus disease while providing context for the patient's overall clinical picture. When rhinitis symptoms remain prominent, particularly in patients who have failed medical management, this information may influence how physicians approach procedural planning.

Treatment Options for the Rhinitis Component

Addressing the chronic rhinitis component in patients with CRS has not always been straightforward. While sinus procedures effectively treat sinus disease, procedural options specifically targeting chronic rhinitis were limited for many years. Some earlier surgical approaches attempted to interrupt parasympathetic innervation of the nasal mucosa, but these procedures carried potential side effects such as dry eye. As a result, physicians often focused on treating the sinus disease while accepting that certain rhinitis symptoms might persist.

Technologies designed to target the posterior nasal nerve, including RhinAer®, have provided a more focused approach to managing chronic rhinitis symptoms. For physicians who routinely see CRS patients with prominent rhinorrhea or drainage, these tools offer another option for addressing symptoms more directly.

Addressing Rhinitis During Functional Endoscopic Sinus Surgery (FESS)

In Dr. McCusker's practice, structured symptom scoring and targeted patient questions help identify CRS patients who may also have a significant rhinitis component. When both conditions are present, patients are often considered for concurrent treatment with RhinAer during FESS.

Incorporating RhinAer into the surgical workflow can typically be done without significantly altering the structure of the case. Treating both contributors during the same procedure has demonstrated improvement in overall symptom resolution and patient satisfaction. In Dr. McCusker's experience, integrating the treatment has been seamless, as the RhinAer procedure can be performed at the beginning of the case while other instruments are still being prepared, adding little additional time to the overall procedure.

A recent case from his practice illustrates this approach. The patient presented with chronic rhinitis symptoms and elevated TNSS scores at the time of evaluation and underwent FESS with concurrent RhinAer treatment. At one month postoperatively, follow up TNSS scoring showed a substantial reduction in symptoms, with the patient reporting resolution of the persistent runny nose and drainage that had previously been the most bothersome complaints.

As with other procedural decisions, careful patient selection remains important. Not every patient with CRS requires additional treatment directed at chronic rhinitis, and response can vary among individuals. In cases where the underlying pathology is primarily mechanical rather than driven by a rhinitis component, addressing the sinus disease alone may be the more appropriate approach. This may occur in conditions such as odontogenic sinusitis or silent sinus syndrome, where the symptoms are not primarily related to mucosal hypersecretion.

Combining Balloon Sinuplasty (BSP) with Rhinitis Treatment

A similar approach may also apply when BSP procedures are performed. In Dr. Capo's practice, patients who are determined to be appropriate candidates for adjunct treatment with RhinAer may have both conditions addressed during the same procedural session rather than staging separate interventions. Because these procedures are commonly performed in the office setting, the preparation and local anesthesia used for BSP can also accommodate treatment with RhinAer.

In Dr. Capo's workflow, RhinAer treatment is typically performed first, followed by the sinus procedure. This approach allows both conditions to be addressed efficiently during a single visit while maintaining the same

procedural setup used for balloon sinus dilation alone and without meaningfully altering the overall workflow. When concurrent treatment is not pursued, patients are counseled that symptoms such as persistent rhinorrhea may remain even after otherwise successful sinus treatment.

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Looking Beyond the Sinuses

Recognizing the role of chronic rhinitis has become an increasingly important part of evaluating patients with CRS. In both practices, greater attention to the rhinitis component has helped identify patients whose symptoms are not explained by sinus disease alone.

For selected individuals undergoing FESS or BSP, managing both sinus disease and chronic rhinitis during the same treatment session has been shown to improve overall symptom relief. Incorporating treatment options such as RhinAer provides physicians with an additional tool to address the full spectrum of nasal symptoms that many CRS patients experience.

References

1. CLN2587. AcuityMD claims data (CY2024). Analysis of unique patients with FESS (10 CPT codes) and subsequent chronic rhinitis diagnosis (ICD-10: J30, J31) within 12 months.

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