155 Acute maxillary sinusitis

A The infection is of dental origin in 1% of cases.
B Tenderness is usually localized over the sinus.
C X-rays are of no value in the acute phase.
D Antral washouts should be performed as soon as possible, to establish the diagnosis and commence treatment.
E Toothache precedes sinusitis in all cases of apical abscess.

156 Acute frontal sinusitis

A The frontal sinus is usually affected alone.
B Pain is typically worse in the morning.
C Discharge is seen in the inferior meatus, where the frontonasal duct opens.
D Treatment is to cannulate the frontonasal duct.
E Trephining the orbital roof should be avoided because of the danger of spreading infection to the eye.

157 Acute sphenoidal sinusitis

A Is not uncommon.
B The posterior ethmoidal cells are involved in most cases.
C Pain may simulate acute mastoiditis.
D Discharge is seen at the back of the nose.
E The sinus can be punctured and washed out transnasally.

158 Treatment of chronic maxillary sinusitis

A Medical treatment is useless; surgery is nearly always required.
B Antral washouts should be performed daily for 3 weeks in the first instance.
C Polyps in the sinus can be removed most effectively via intranasal antrostomy.
D Caldwell–Luc operation involves enlarging the natural ostium to allow free drainage.
E A sublabial antrostomy is contraindicated in the presence of irreversible pathological change in the mucosa.

R. S. Dhillon et al., *Multiple-choice Questions in Otolaryngology*