# EMERGENCY MEDICINE GRAND ROUNDS

# The Common Cold, Influenza and Sinusitis: Evidence-Based Treatment of Acute Rhinosinusitis

It happens to us all. The common cold. It's not an emergency, but people want an instant cure.

#### CAUSES



### Fever is nature's engine which she brings to the battlefield to vanquish her enemies.

—English physician Thomas Syndenham (1624 – 1689)

Recommendations

- Antiviral antibiotic zinc (ZiCam Rapidmelts) will shorten your cold by 1-2 days.
- Combination cold medications, Motrin, Aleve, aspirin and acetaminophen (*Tγlenol*) will make you feel better but get sicker.
- Don't treat fever < 104°F (40°C); do use an electric blanket for muscle aches and to kill viruses and bacteria. Use a zap-in-themicrowave heat pack on the sinuses.
- Use honey, naproxen and 12-hour dextromethorphan for bad cough.
- Use oxymetazoline (Afrin) nasal spray up to 10 days, for those > 2 years old.
- Use salt water saline nasal spray frequently. For infants, use a blue bulb syringe to suck out the nose afterwards.
- If cold worse at 5-6 days, or lasts > 10 days for adults (14 days for kids) still with cough, nasal discharge, fever, or sinus pain, use a steroid nasal spray and consult a doctor for an antibacterial antibiotic.

COLDS ARE "CAUSED" by rhinovirus (>100 types of picornavirus), coronavirus, adenovirus, coxsackievirus, echovirus, orthomyxovirus, paramyxovirus (parainfluenza), enterovirus, metapneumovirus, influenza (flu), Covid-19 and respiratory syncytial virus (RSV), which is severe in kids but mild in adults and may cause asthma. Still, we don't know the cause of  $^{4}-^{1/2}$  of colds. Some infected with a virus don't notice it but can spread it.<sup>1</sup> Colds with bacterial overgrowth (~20%, usually *S. pneumoniae*, *H. influenzae*, or *M. catarrhalis*) are worse; but antibiotics don't help.<sup>2</sup> Whooping cough (*Bordetella pertussis*) is like a cold, with bouts of cough so bad you may vomit, and often with red eyes; treat with azithromycin if you suspect it as pertussis tests take a long time.

Winter is cold and flu season, maybe from crowding or cold noses. Being out in the cold briefly doesn't cause colds,<sup>3</sup> but cold feet will cause a cold, likely from viruses replicating better in cold, so get an electric blanket.<sup>4</sup> Sleep deprivation makes you twice as likely to get a cold.<sup>5</sup> Flu vaccines make you 50% less likely to get the flu or a cold that is really mild flu. Flu shots protect against heart attack, stroke and likely Alzheimer's<sup>6,7</sup> and are safe and effective when pregnant, protecting the unborn baby.<sup>8</sup>

Stress and allergic rhinitis make colds more likely, though exercise, except strenuous military PT, makes you *less* likely to get a bad cold.<sup>9</sup> Neither diet nor big tonsils make colds more likely.<sup>10</sup> ICAM-1, a cell membrane receptor that rhinovirus uses to infect cells, increases with dust, pollen and tobacco smoke, predisposing to colds.<sup>11</sup> Those with low vitamin D deficiency are more likely to get colds,<sup>12</sup> and Vitamin D can prevent colds (but not the flu)<sup>13</sup> Those who taste bitter better are less likely to get colds.<sup>14</sup> If you feel lonely your cold will be worse.<sup>15</sup>

## EPIDEMIOLOGY AND ECONOMICS (US FIGURES)

- 1 billion colds/yr
- Kids: every 6 weeks; once/month if in school/daycare11
- Adults: 2-4/yr, decreases with age
- 27% of kid's ED visits in 2010 for colds
- 22 million school days/yr lost
- >\$20 billion/year work loss (>1/3 caring for sick kids)
- We spend \$4 billion a year on OTC cold medications
- We spend \$400 million/year on R "cold" medications

#### NATURAL HISTORY/SYMPTOMS

ONSET IS ~10 HOURS; symptoms peak in 2-3 days, and last 2-14 days, smokers 3 days longer.<sup>16</sup> A cold is contagious from a day *before* symptoms to 5 days (flu: 5-7 days) after.

Symptoms depend more on *you* than the specific virus. It usually starts with a *sore throat* (usually normal on exam) – helpful to distinguish a cold from allergy – as well as *coryza*: red, swollen nasal mucosa (not pale and boggy like allergy) and clear nasal drainage. Later, there is *catarrh*: purulent yellow-green nasal discharge. Colored drainage does *not* mean bacterial infection.<sup>17</sup> With a *winter* cold, adults get chills and a *low* body temperature, but kids < 12 usually get a



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fever. Adults with a summer cold may get fever for 2-3 days.18 Poor appetite, malaise, and headache are common; half get muscle aches (myalgias) but not as bad as with the flu. This is from immune-system cytokines, which is why non-steroidal anti-inflammatory drugs (NSAIDs: ibuprofen = Motrin, Advil, *Nuprin* and naproxen = *Aleve*), and acetaminophen (*Tylenol*), which inhibit cytokines, make you feel better temporarily but make you sicker, sick longer, and more likely to give the cold/ flu to others.<sup>19,20</sup> British statisticians estimate that people taking cold/flu medicines with NSAIDs or acetaminophen kills ~700 people each US flu/cold season.<sup>21</sup> Some argue that acetaminophen and NSAIDs make feverish kids better able to eat, but Zofran (ondansetron) nausea medicine is likely safer. Cough is universal, and the major cause of medical visits.<sup>10,17</sup> If winter and there's fever (in adults) and bad myalgias (muscle aches), especially if vomiting or diarrhea, then it's likely the flu. Rapid flu tests miss 1/3-2/3 of flu; see flu score on next page.22-27

#### COMPLICATIONS

ALMOST A QUARTER of kids with a cold get an ear infection. Pneumonia is common after a cold, often mixed viral and bacterial, especially in kids. Asthma usually gets worse with a cold. Flu (which often just seems like a cold) makes you 2-5x more likely to have a myocardial infarction or stroke;<sup>28</sup> taking ibuprofen triples that risk; the IV NSAID ketorolac increases it 7x.<sup>29</sup> Covid (which also often just seems like a cold) increases your MI/stroke risk 6x;<sup>30</sup> taking NSAIDs increases it even more.<sup>31</sup>

#### Cough

COLDS ARE THE #1 CAUSE of cough.<sup>32</sup> Most OTC (over-thecounter) and R (prescription) medicines - like guaifenesin (Robitussin, Mucinex) and diphenhydramine (Benadryl) are useless; codeine is useless, has bad side effects, kills infants, and is addictive.<sup>33-40</sup> Benzonatate (Tessalon) does little for cough, and if you take too much, you may seize or die.41-44 Dextromethorphan (DM) is the best of the over-the-counter and prescription cough medicines, but doesn't help much; 12-hour syrups are best. Honey is as good as DM so use both; avoid in kids <1.45 Avoid pollen-less honey smuggled in from China. NSAIDs like ibuprofen and naproxen (Aleve) help cough.46,47 One study shows ibuprofen is safe in pregnancy except maybe 6 weeks before delivery, and is safe with breastfeeding, 48-51 but another study shows that NSAIDs make miscarriage more likely.52 Naproxen is otherwise better: ibuprofen is 4x/day, naproxen just 2x/day. Ibuprofen is associated with male infertility,53 and at higher doses, makes myocardial infarction or stroke more likely, especially if you have a cold or the flu, <sup>7,29</sup> which naproxen doesn't. An albuterol inhaler and spacer will help cough if wheezing or a family history of asthma.54 A cough lasts 17.8 days, so 2-3 weeks of lingering cough is normal.5.

#### **RHINORRHEA/NASAL CONGESTION**

FIRST GENERATION ANTIHISTAMINES like diphenhydramine (*Benadryl*), help runny nose the first 2-3 days but makes you sleepy; second-generation ones (*Claritin, Zyrtec, Allegra*) are useless for this.<sup>49,50</sup> Antihistamines later clog up the sinuses.

Pseudoephedrine (e.g., *Sudafed*) helps a bit, but has bad side effects.<sup>56</sup> OTC phenylephrine has bad side effects *and* is use-less.<sup>57</sup> Oxymetazoline nasal spray (e.g., *Afrin*) helps, and makes you less contagious.<sup>58</sup> Don't use for >10 days (not 3 days as on the bottle) or you'll have to use it the rest of your life to breathe through your nose (rhinitis medicamentosa).<sup>56,59</sup>

Ipratropium (*Atrovent*) nasal spray (R only, \$56 for generic) helps a bit.<sup>59</sup> Steroid sprays (e.g., *Flonase, Nasonex*) don't help colds,<sup>60</sup> but help sinusitis.<sup>61-63</sup> Saline (salt water) spray helps colds<sup>64</sup> and sinusitis.<sup>65,66</sup> Don't use a neti pot with unboiled tap water unless you want an amebic brain abscess. Sealed, pressur-

#### THE COST OF THE COMMON COLD & INFLUENZA



2	fever plus cough
2	muscle aches
1	< 48 hours
,	chills or sweats
	CHIIIS OF SWEALS
Total	% chance flu
Total	% chance flu 8%
Total 0-2 3	% chance flu           8%           30%

#### ized saline is best.

#### MYALGIA/MALAISE/FEVER

MANY "COLDS" are mild influenza: don't take aspirin which can cause Reye's Syndrome (liver failure). Both aspirin and acetaminophen (e.g., Tylenol) make your nose more stuffy, and make you sick longer.6 Tylenol worsens asthma,68 and ibuprofen (Motrin, Advil, Nuprin) likely does too.69 NSAIDS decrease malaise, myalgias and cough.70 But, fever fights infections;<sup>21,71,72</sup> suppressing fever makes you sicker and spreads infection. Treating the fever of the flu kills 700 people a year in the US.<sup>21</sup> Treat only if >104°F=40°C. An electric blanket is probably better than medicine!

#### **COMBINATION COLD MEDICATIONS**

COMBINATION MEDICATIONS (e.g., Theraflu, NyQuil, DayQuil) include two or more of: acetaminophen (Tylenol; see above); an antihistamine; a decongestant; or a cough suppressant. Useless for those < 12,

they also kill those under 2 who get the wrong dose.73 Manufacturers can afford expensive lobbyists; thus, they can market useless medications to children 2-12. Canada does not allow marketing to kids under 6.74 2/3 of US homes have combination cold meds;75 even in adults, there's no real evidence they help. Given bad side effects, avoid them.<sup>34</sup>

# ZINC, "Alternative" Therapies and Homeopathy

ZICAM ZINC NASAL SPRAY WAS SOLD as "homeopathic" (to get around FDA regulations) but it contained large concentrations of zinc. The FDA made them stop selling it after hundreds permanently lost their sense of smell.76 ZiCam Nasal Spray is now just expensive Afrin. Zinc oral spray and lozenges (e.g. ZiCam), however, are safe and effective: if you start within 24 hours, will make you feel 10-20% better and shorten your cold (or maybe flu) by 1-2 days. You need ~90 mg a day to work; each ZiCam has 10 mg. It's an antiviral antibiotic.77

To make a homeopathic remedy, put a tiny bit of an ingredient that cause the symptoms you want to cure, sometimes a poison. Dilute this over and over while hitting the bottle with a leather paddle (has to be leather). This magically changes the water, even though there may not be a single molecule of the original ingredient left. Properly-prepared homeopathic remedies are harmless, though they may keep you from getting something better;<sup>78</sup> but one homeopathic teething gel killed 10 babies.

Hot baths are long recommended,<sup>79</sup> and fever kills viruses,<sup>71</sup> as may warmth on the sinuses. Breathing warm, humidified air for 20 minutes helps in the UK (where there is little central heat: colder noses?) and Israel, but not in the US.<sup>80,81</sup>

Echinacea,<sup>82</sup> Vitamin C<sup>83</sup> and garlic<sup>84</sup> are useless for treatment. Vitamin C prevents colds at the risk of kidney stones.83,85 Chicken soup improves nasal mucus drainage,86 and decreases inflammation.87 Elderberry might help influenza, but might be worse than nothing.<sup>88</sup> Some prescribe steroids such as prednisone but even short courses double or triple the risk of a blood clot in the leg, long-bone fracture, or overwhelming bacterial sepsis.89

#### **INFLUENZA**

FLU TREATMENT IS THE SAME as for a cold, but also the prescription nausea medication ondansetron (Zofran) and the OTC diarrhea medication loperamide (Imodium-This work is licensed under the AD) may help. A large, high-quality study in 2019, recommends oseltamivir Creative Commons Attributionfor anyone with flu symptoms (cold symptoms plus fever and cough and Share Alike 3.0 United States License. To view a copy of this muscle aches) regardless of flu test results: Adding oseltamivir [Tamiflu] to license, visit http://creativecommensor sust internet to the state of the sta send a letter to Creative Commons, by a mean of about one day, and slightly longer in individuals with risk factors,



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TI Second Street, Suite 300, San Francisco, California, 94105, USA. irrespective of influenza status. Initiating oseltamivir 48–72 h after illness onset appears to give similar benefit to earlier initiation. Clinicians might consider treatment in patients who are sicker or older, who have comorbidities, and

who have been unwell for longer, because oseltamivir might reduce their illness by as much as 2-3 days.90 In 2017, H3N2 influenza killed 80,000 people in the US, and it's contagious from a day before symptoms until 5-7 days later. Don't kill people: stay home for 7 days. After the flu, you feel tired for a month (post-influenza asthenia); there is no treatment.

#### **COLDS VS. "SINUSITIS"**

THREE DAYS of nasal congestion, and now your snot is yellow, green or mercial use. This is the license used purple? An antibacterial antibiotic will *not* help. Really. Despite this 53% by Wikipedia, and is recommended think they need an antibacterial antibiotic for a cold,<sup>91,92</sup> and thousands o think they need an antibacterial antibiotic for a cold,<sup>91,92</sup> and thousands of doctors give them.<sup>92</sup> Call a cold acute viral rhinosinusitis: yes, your sinuses are infected - but with a virus and you need the antiviral antibiotic zinc. Some colds have bacterial superinfection,<sup>93</sup> but antibacterial antibiotic benefit is outweighed by side effects, especially diarrhea.

Sinus opacification shows on CT scans of ~90% with a cold and ~40% without a cold, so is useless for diagnosing "sinusitis," as are X-rays. 18,93-95 The diagnosis is based on history. Precise criteria are controversial.<sup>63,96,97</sup> The real question is: when will an antibacterial antibiotic help more than harm? (a) onset with very severe symptoms or high fever for at least 3-4 days, or (b) worsening after 5-6 days or (c) with ongoing nasal discharge (or daytime cough in kids) > 10 days in adults or >14 days in kids.98-100 Steroid nasal spray helps, even in kids, but oral steroids are not recommended.18,100,101 Amoxicillin, Bactrim and Zithromax no longer work due to resistant pneumococcus; top choices are Augmentin, high-dose if high fever, daycare, age <2 or >65, recent hospitalization, antibiotics in the past month, or immunocompromised (high-dose is 2 g BID for adults, 90 mg/ kg/day for kids), doxycycline, or Levaquin/Avelox97,100 but now with bad side effects of quinolones like Levaquin/Avelox,102,103 cefdinir is now second-line for kids and Ceftin is third-line for adults, both safe with penicillin allergy.<sup>104</sup> Those with bad nasal allergies also get bacterial sinusitis.

 J. King L. Wongshin M. Elaboratis for the common coil and a consequence of mains. Second Science of Constant Programs in Barry 19, 2019.
 Jongshin K. Lindger M. Caccosk B. Acute could be accurate the constant of the accurate second science of the countrol of constant in the transmitter of could be accurate the countrol of the countrol of the countrol of constant in the countrol of the countrol Taylor JA, Novack AH, Aumquist JA, nitiers in Rogers JE. Efficacy of cough suppressants in children. J Pediatr 1993;12:2799-802.
 T. Eccles R, Morris S, Jawad M. Lack of effect of codeine in the treatment of cough associated indicator treat infection. J King IL, Divangahi M. Editorial: Evolvi Mechanisms of Disease Tolerance. Frontie Immunology 2019;10.
 Arroll B, Kenealy T. Antibiotics for the common cold and acute purulent rhinitis. Wald RE, Applegne KE, Bordley C, et al. Clinical Period: Guideline for the Dargonsia and Management of Asute Batern Dargonsia and Management of Asute Batern Poliatrics 2013.
 MacKowak PA, Physiological rationale for poliatrics 2013.
 MacKowak PA, Physiological rationale for Asute Partice Asute Particular Report Partice Asute Partice Asute Particular Infection systematic review and mets analysis infection systematic review and mets analysis partice and the Royal Society of Medicine 2010;10:3001-11.
 MacKowa MC, Bater MM, Population-Ived Telefsco 4 suppressing fover. Proceedings of the Royal Society E Biological Uniliation of a diminal decision relief or the 2012;21:354-20.
 Heilmer A, Kirberg H, et al. Poor diminal constructive for a strapenetic 2012;25:54-20.
 Dereder JF, Hehmer A, Kirberg H, et al. Poor diminal constructive for a strapenetic antigenetic and the strapenetic and strapenetic 2012;25:54-20. 51, Jansen NM, Genta MS. The effects of immunosuppressive and anti-inflammatory medications on fertility, pregnancy, and lacta-tion. Arch Intern Med 2000;1605610-9. 52. Nakhai-Pour HR, Broy P, Sheshy O, Bérrad A. Use of nonaspirin nonsteroidal anti-ifikation of spontaneous abortion. Canadian Medi-cal Association Journal 2011;183:713-20. risk of spontaneouïs abortiòri. Canadian Medi-cal Association Journal 2011;183:1713-20. 53. Katz J, Kangi AY, Ramasamy R. Re: Ibuprofen Alters Human Testicular Physiology To Produce a State of Compensated Hypogo-nadism. Eur Vrol 2018. 54. Smucny J, Becker LA, Glazier R. Beta2-ago-nists for acutte bronchitis. Cochrane Database 54. Simony J, Becker LA, Glatter R, Beta-Jogon S, Bornson K, Sorkan S, Santo S, S com clinical sensitivity of rapid antigen test for influenza A pandemic (H1N1) 2009 virus. Emerging infectious diseases 2009;15:1662-4. 24. Fader RC. Comparison of the Binax NOW Flu A enzyme immunochromatographic Flu A enzyme immunochromatographic assay and R-Mix shell vial culture for the 2003-2004 influenza season. J Clin Microbiol 2003-2004 influenza season J Clin Microbiol 2005/336133- 2005 25. Landry ML, Cohen S, Ferguen D, Gron rapid detection of influenza A and B, J Clin Virol 2004/31:113-5. S. Rahman M, Vandermaase MR, Kieke BA, Belongia LA, Performance of Binax NOW on Comparison with a composite of viral culture or reverse transcription polymerase chain creation for detection of influenza infection

cold: ACCP evidence's based drinnel practice guidelines. Chert 2006 (12972)-84. 33. Coregulars Ministaur MS, Petrul TB, ministaur MS, Petrul TB, Ministaur MS, Petrul TB, Bararl Fam Pract 1993;6 (19-15. 34. Smith MS, Petrul TB, Ministaur M, Petrul TB, Ministaur M, Petrul TB, Ministaur M, Petrul MS, Marin MS, Petrul TB, Ministaur M, Petrul MS, Marin MJ, Stenker J, Stehar T, Dener Her-counter (TOC) medications for scatter couple conduct and systematic Review. Charlense Database of Systematic Review. Unclusters: UK JMM wiley & Soma, Lid, 2008.

Debelle P. Davies L. Adverse effects of aspirin, actaminophen, and hupprofen on immune function, viral sheadhing and clinical status 1990;162:1277-82. estimation of the status of the status of the estimation of the status of the status of the estimation of the status of the status of the estimation of the status of the status of the Actaminophen versus libuprofen for Young Children with Mild Persistent Ashma, New England Journal of Medicine 2015;75:163-30.

70. Kim Sy, Chang Y-J, Cho HM, Hwang Y-w, Moon YS. Non-steroidal anti-inflammatory Moon YS. Non-steroidal anti-inflammalory drugs for the common cold. Cochrane Database of Systematic Reviews. Chichester, UK. John Wiley & Sons, Lidz 2009. 71. Kluger MJ, Kozak W, Conn CA, Leon LR, Soszynski D. The adaptive value of fever Infectious disease clinics of North America Intectious disease clinics of North America 1996;10:1-20. 72. Camarena-Michel A. Fever in the Emergency Department Predicts Survival o Patients with Severe Sepsis and Septic Shocl Admitted to the ICU Journal of Emergency Medicine;52:907-8. Medicine;52:907-8. 73. Sharfstein JM, North M, Serwint JR. Over the counter but no longer under the radar--mediatric cough and cold medications. N En the counter but no longer under the radar -pediatric cough and cold medications. N J Med 2007;357:2321-4. 74. Shefrin AE, Goldman RD. Use of over-<sup>7</sup>1. Shefrin AE, Goldman RD. Use of over-he-counter coupin and cold medications in children. Can Fam Physician 2009;55:1081-3. 75. Mosad 3R J. Tentimetri of the common cold 76. Jarke BW, Linschoten MR, Murrow BW, Anomia after intransal zing eutomate use. Am J Rhinol 2004;18:137-41. 77. Singh M, Das RR. Zinc for the common cold. Cochrane Database of Systematic Review111. Reviews. Chichester, UK: John Wiley & Sons Ltd; 2011. 78. Shang A, Huwiler-Muntener K, Nartey L, et al. Are the clinical effects of homoeopathy

78: Shang A, Howler-Muniterry R, Natrey LJ, Tackber effect: Comparative study of placebe-controlled trains of homoscopathy and hopathy. Lancel 2005;58:e72-32. 79: Johnson HA. Viral Infections of respira-tion and trains and trains of homoscopathy and the common code (Sci2):48:e73-48. 80: Singh A, Singh AI. Heated, humidified air wiley & Sons, Lick 2011. 81: Tyrei II. Barenev A, Huttar J, Local hy-cumano code. Ban J 1999;29:2120-3. Toring B, Barenev C, Horken T, Local hy-tering this remove C. R. Cherlm T, Data Wiley & Sons, Lick 2011. 81: Tyrei II. Barenev B, Alther J, Local hy-tering the science of the Common Code Common code. Ban J 1999;29:2120-3. Cher B, Hennik H, Local A, Local hy-tering the science of the Common Code Common code. Ban J 1999;29:2120-3. Sons, Lick 2006. 81: Hennik H, Challer E, Dougla B, Vlamin Code preventing and sciencing the common Code preventing and science UK ploymers and Code preventing the common Code for the Common code. Cochara Carline for the Common common common code. Cochara Carline for the Co

Reviews, Chichester, UK: John Wiley & Sons, Lid. 2007. Build Street L. Cohmen Lid. 2007. Sense Links Rev L. Cohmen Links and Street L. Cohmen Links and Street L. Cohmen Links and Systematic Reviews. Chichester, UK: John Wiley & Sons, Lid. 2009. Str. Taylor ENS, Shangfer MJ, Curhan CC, Janger Datasy, Links and Street Links and Lin Ther 2019;61:32. 89. Waljee AK, Rogers MA, Lin P, et al. Short term use of oral corticosteroids and

Butler CC, van der Velden AW, Bongard t al. Oseltamivir plus usual care versus

90. Bullet CL, van der Velden AW, Bongaret R, et al. Oschlamitter pais sunal era versus usen at one for instant pais sunal era versus usen at the other pais human era instant and the comparison of the compar

1996;42:357-61. 93. Kaiser L, Lew D, Hirschel B, et al. Effects of antibiotic treatment in the Effects of antibiotic treatment in the subset of common-cold patients who hav bacteria in nasopharyngeal secretions. La 1996;347:1507-10.

1996;347:1507-f0. Otolaryngology 2001;124:160-3. ;124:160-3. Gwaltney JM, Jr., Phillips CD, Miller RD r DK. Computed tomographic study of common cold. The New England journa

rater DK. Computed tomographic study of the common cold. The New Print Information State Common Cold. The New Print Information States and DK. Kennedy DW. Adult hinoismus its defined. Oldosarpology-head and neck surgery: official journal of American Academy 1997;11751-77.
97. Garbutt JM. Banister C., Spirmagel E., Piccrillo JF. Amoustillin for acuter hinois-tic structure of the American Academy 2012;1251-77.
98. Benninger MS, Sedory Holzer SL, Lui J. Dagonsis and treatment of uncomplicated evaluation of the American Academy and a section and neck surgery: Olical journal of American and neck surgery: Olical journal of American and neck surgery: 2000;1221-77.

Surgery 2000;122:1-7. 99. Ahovuo-Saloranta A, Rautakorpi U-M, Borisenko OV, Liira H, Williams JJW, Mäkeli M. Antibiotics for acute maxillary sinusitis. Betriento GV, Line H, Williams JJW, Mikedi Bottento, GV, Line H, Williams JW, Barkes JD, Coherne Dathaskee of Systematic Reviews Chichester, UK: John Wiley & Sons, Lid. 2008. UD G, Dow AW, Benninger MS, Brook J, et al. UDSA Clinical Practice Gaideline for Acute Audits. Clin Infect Do 2012;54:e72-e112. UO. Versekamp RR Thompson MJ, Hayward Audits. Clin Infect Do 2012;54:e72-e112. UO. 2 Dareman N, Ju H, Reddmeier DA. Fluoroquinolones and collagen associated servers adverse events: a longitudinal coldort verses (Colline) 2011;CD00211 Collor 103. Lee CC, Lee MT, Chen YS, et al. Risk Artic Dissection and Aortic Anzeryns in Patients Taking Oral Fluoroquinolone. JAMA 103. Patro CL, Lee MT, Chen YS, et al. Risk Artic Dissection and Aortic Anzeryns in Patients Taking Oral Fluoroquinolone. JAMA

 Aortic Dissection and Aortic Aneurysm in Patients Taking Oral Fluoroquinolone. JAM. internal medicine 2015;175:1839-47.
 104. Pichichero ME, Casey JR. Safe use of selected cephalosporins in penicillin-allergid patients: a meta-analysis. Otola Neck Surg 2007;136:340-7.

or reverse transcription polymerase chain resting the form 2007 research. Distance Microbiol Infect Dis 2008;62:162-63. 27. Smitt M, Byenon K, Murdoch DB, Jer-ming ILC, Comparison of the XVW Influence of the state and B virtues. Disput Microbiol Infect Dis 28. Mittheman NA, Mostokly E, Physical, psychological and Chenical Progens of acute caldiovascular events preventive strategies. 28. Mittheman NA, Mostokly E, Physical, psychological and PS - C, Cana KA, Lin Z-F. Shen L-J, Frag C-C. Acute respiratory infe-tion and use of nonetroid anti-influentatory drugs on its of scatte myocardul influention; and infections disease 2017;215:530-8 or intranssa sytometazonne, atone or in combination with ipratropium, in patients wi common cold. Curr Med Res Opin 2010. 60. Puhakka T, Makeha MJ, Malmstrom K, et al. The common cold: effects of intranasal fluticasone propionate treatment. J Allergy Clin Immunol 1998;101:726-31. tion and use of nonsteroidal anti-inflummost tion and use of nonsteroidal anti-inflummost of infertorus diseases 2017215503-9. So. Katouliris, I. Smoace-Rodriguez O. Farrington P. Lindmark K. Foros Cannolly A. Risk of acta removersibil inferction A. Risk of acta removersibil inferction A. Risk of acta removersibility of the con-tract of the temperature of the second removersibility of the controlled case release and removersibility of the controlled case releases and removersibility of the control of the cont bd. Majad, I. Skönpe J. Strinda P. Horma. V the treatment and prevention of rhinitia in children. Arch Ordaryngol Head Neck Surg (2003) 146:77-40. String C. String C. Star M. S. San H. J. G. Wing Y. H. Jang C. Star M. San H. J. San M. S. San H. J. San M. San M. San M. San M. San M. San M. San International journal of pediatric outbrinders. International journal of pediatric outbrinders in submitted in the string of the string of the string string of the string of the string of the string string of the string string of the string of the string with simultic a randomized controlled trial the Journal of fam yractics 2022;1:1049. G. Graham NM, Barrell CJ. Dunglas RM, externing of the string of the string of the string of the scattering of the string of the scattering of the string of the string of the string of the scattering of the string of the scattering of the string of t