Letters to the Editor

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Update on Pharmacologic Treatment for Rhinosinusitis

Original Article: Antibiotic Use in Acute Upper Respiratory Tract Infections

Issue Date: November 1, 2012

Available at: http://www.aafp.org/afp/2012/1101/p817.html

TO THE EDITOR: I wanted to make a brief addition to this review. Recent clinical guidelines from the Infectious Diseases Society of America (IDSA) recommend amoxicillin/clavulanate (Augmentin) instead of amoxicillin alone for the treatment of rhinosinusitis in children, with a strong level of recommendation for children and a weaker level for adults.[1] This should be brought to the attention of readers.

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REFERENCE

1. Chow AW, et al. IDSA clinical practice guideline for acute bacterial rhinosinusitis in children and adults. *Clin Infect Dis.* 2012;54(8):e-72-e112.

IN REPLY: We would like to thank Dr. Doering for pointing out the IDSA guideline on the treatment of acute bacterial rhinosinusitis, which was published several months after our manuscript was finalized for publication. The executive summary of the IDSA guideline recommends that amoxicillin/clavulanate be used for empiric antimicrobial therapy for acute bacterial rhinosinusitis in children, rather than amoxicillin alone (strong recommendation, moderate-quality evidence).[1] This recommendation was based primarily on the increase of *Haemophilus influenzae* and decrease of *Streptococcus pneumoniae* prevalence in the post–pneumococcal vaccine era; the high prevalence of ampicillin resistance among *H. influenzae* due to β-lactamase production; and the association between treatment failure with amoxicillin and the isolation of β-lactamase–producing *H. influenzae* in children with acute bacterial rhinosinusitis.

Amoxicillin/clavulanate is also recommended for empiric antimicrobial therapy in adults with acute bacterial rhinosinusitis, rather than amoxicillin alone (weak recommendation, low-quality evidence).[1] This recommendation was also based primarily on in vitro susceptibility data and current prevalence rates of β-lactamase production among *H. influenzae*.

The IDSA guideline is the first to recommend amoxicillin/clavulanate instead of amoxicillin as first-line therapy for acute bacterial sinusitis. However, these recommendations are not based on patient-oriented outcomes, meaning that there is not good evidence that amoxicillin/clavulanate improves clinical outcomes compared with amoxicillin. Family physicians should use clinical judgment and continue to watch for evidence that may confirm or change these recommendations, especially for adults.

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REFERENCE

1. Chow AW, et al. IDSA clinical practice guideline for acute bacterial rhinosinusitis in children and adults. *Clin Infect Dis.* 2012;54(8):e72-e112.

Correction

Error in the features of leptospirosis. The article "Hepatitis A" (December 1, 2012, p. 1027) contained an error in Table 2 (p. 1029) regarding the distinguishing features of leptospirosis. The distinguishing features section for leptospirosis should have read: "History of exposure to water contaminated by animal urine or direct contact with animal urine," rather than "History of animal or tick exposure." The online version of this article has been corrected. ■