



## AMERICAN ACADEMY OF OTOLARYNGOLOGY– HEAD AND NECK SURGERY

### Expert ENT Q & A – Cold and Flu Season



*Expert Q&A with AAO-HNS Member Farrel Buchinsky, MD, of Allegheny Pediatric ENT Associates in Pittsburgh, PA*

**Q. How often do you see patients this time of year who are confused by their symptoms and what they might have, whether it's a cold, or sinusitis, or the flu?**

**A.** The overwhelming majority of the patients I see are referred to me by primary care practitioners. They would not refer a patient because of flu, but rather for some other otolaryngic problem. That said, when it happens to be in the middle of flu season (December

through March), then simply by chance, a few of the patients who come to see me may have flu.

**Q. Are there any tips you can offer for figuring out what a patient might have?**

**A.** The three clinical conditions that can get confused are flu, a common cold (upper respiratory tract infection by a virus other than influenza) and bacterial acute rhinosinusitis (or even chronic sinusitis with an acute exacerbation).

The easiest one to differentiate from those three is the flu. People might think the flu is just a bad cold. It's not. There are some features that are particular to the flu, such as high fever (above 102 degrees Fahrenheit). Another feature that's quite specific to the flu is myalgia (muscle aches). You feel like you had an incident with a Mack truck, and the Mack truck won. It's the overwhelming fatigue and muscle ache, particularly in the back and upper legs that is relatively specific.

**Q. Are there any tips for avoiding these conditions?**

**A.** The most concrete action one can take is for the flu--get the vaccine, which needs to be administered before the flu season takes off. The vaccine is

available as either a nasal spray or as an injection. This is by far the most effective way to decrease your chances of developing flu.

The other ways to decrease the probability of flu or the common cold are all related to common sense hygiene. Widespread hand washing will decrease the spread of the viruses. Sneezing or coughing into one's elbow rather than out into the shared airspace, will also help. The germs are spread both by airborne particles and by hand contact, or even sometimes by fomites (objects that are shared with others, such as toys in a daycare location).

The other thing is to understand when a cold is a cold, and you should wait for it to go away, or when it's more than a cold and should perhaps receive therapy.

**Q. And how can they do that?**

**A.** The easiest way to do that is by paying attention to how long it's been going on for. Besides duration, one can also be alerted by symptoms or associated complications that aren't typical of the common cold.

If symptoms have been going on for less than ten days, you're probably better off just waiting for it to go away by itself. At ten days, if it's gone away, you've probably got nothing to worry about. Even if it has not resolved, but the symptoms are only improving, then you should probably also do nothing. But if at day 10 it's not improving, or showing signs of getting worse, then it's time to say, "Wait a minute, I might not just have plain old cold symptoms, I might have bacterial rhinosinusitis going on, or something more severe."

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