

Adult Inpatient Acute Rhinosinusitis Management and Outcomes Stratified by Age and Sex

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Abstract

Objective: This study aims to compare the management of male and female inpatients with acute rhinosinusitis (ARS) within the following age cohorts: 18-40 years, 41-59 years, and 60 years.

Study Design: Retrospective cohort study.

Setting: National administrative database.

Methods: The 2017 National Inpatient Sample was queried for adult inpatients (>18 years old) with ARS (ICD-10: J01). Orbital and intracranial sequelae were selected via ICD-10 codes. Statistical associations by sex were determined via univariate and multivariable analyses. Weighted measures are reported to provide national estimates.

Results: Of the 4,355 patients identified with ARS, 2,555 (58.7%) were female and 1,800 (41.3%) were male. Males were younger than females (mean, 56.89 vs 61.14 years; P<.001). Multivariable analysis indicated that males had greater total charges (\$44,878 vs \$37,188, P<0.001), length of stay (LOS) (4.09 vs 3.66 days, P=.003), and odds for intracranial complications (OR, 5.740; P<0.001) than females. Although males underwent a similar number of total procedures as females (1.25 vs 1.02, P=0.053), age stratification revealed males aged 60 years had greater total charges, length of stay, and numbers of procedures undergone (1.13 vs 0.78, P < 0.001) than females in this age group.

Conclusion: In a cohort of adult inpatients with ARS, males had greater total charges, LOS, and odds for intracranial complications. Males aged 60+ years also had a greater number of procedures undergone than females in this age group.

Introduction

- ARS is a common condition in adults, which in severe cases can lead to hospitalization, often due to complications.^{1,2}

- Severe complications include intracranial abscess, periorbital and orbital cellulitis, meningitis, venous sinus thrombosis, osteomyelitis, and sepsis.^{3,4}

- Many studies have investigated sex-dependent differences in the incidence, management, and outcomes of chronic rhinosinusitis.¹

- This study aimed to highlight the age-stratified impact of sex on the management of ARS in adult inpatients.

Methods

- A population-based retrospective analysis of the 2017 National Inpatient Sample (NIS) was performed to identify adults with acute rhinosinusitis.

- Patient demographics, hospital stay information, comorbidities, and complications were collected and analyzed.

- Univariate and multivariable analyses were utilized to assess for potential statistical associations between sex and ARS management, procedures, and complications.

- Further analyses were conducted among age-stratified groups to analyze the impact of age.

Results

Table 1. Univariate Analysis of Demographics, Comorbidities, and Sinusitis Location in Adult Patients with Acute Rhinosinusitis					
		Total (N=4,355)	Male (N=1,800)	Female (N=2,555)	P value
Age	Age, y, mean (SE)	59.38	56.89	61.14	<0.001
Race	White	70.5%	73.0%	68.7%	0.008
	Black	13.3%	12.6%	13.8%	
	Other	16.2%	14.4%	17.4%	
Household income quartile, %	0-25	28.0%	26.2%	29.2%	0.045
	26-50	26.5%	28.5%	25.2%	
	51-75	23.3%	23.7%	23.0%	
	76-100	22.2%	21.7%	22.6%	
Primary payer status	Medicare	51.2%	44.4%	56.1%	<0.001
	Medicaid	12.6%	14.2%	11.5%	
	Private Insurance	30.0%	33.1%	27.8%	
	Other	6.2%	8.3%	4.7%	
Admission Month	January-March	32.2%	29.5%	34.1%	<0.001
	April-June	24.8%	22.0%	26.8%	
	July-September	19.0%	22.3%	16.6%	
	October-December	24.0%	26.2%	22.5%	
Hospital Region	Northeast	32.9%	21.9%	21.1%	0.324
	Midwest	25.2%	24.4%	22.5%	
	South	18.7%	40.0%	42.1%	
	West	23.2%	13.6%	14.3%	
Teaching Status	Rural	11.0%	10.0%	11.7%	0.190
	Urban/nonteaching	23.0%	23.1%	22.9%	
	Urban/teaching	66.0%	66.9%	65.4%	
Comorbidities	Asthma	14.8%	9.7%	18.4%	<0.001
	Obesity	9.4%	10.3%	8.8%	0.102
	Type I diabetes mellitus	1.1%	1.7%	0.8%	0.007
	Allergic rhinitis	2.9%	2.8%	2.9%	0.759
Sinusitis location	Unspecified sinusitis	35.9%	35.6%	36.2%	<0.001
	Maxillary sinusitis	26.9%	26.7%	27.0%	
	Frontal sinusitis	5.3%	4.7%	5.7%	
	Ethmoid sinusitis	5.2%	7.2%	3.7%	
	Sphenoid sinusitis	6.4%	5.6%	7.0%	
	Pansinusitis	13.1%	14.2%	12.3%	
	Other sinusitis	7.2%	6.1%	8.0%	

Results

Table 2. Univariate Analysis of Charges, Management, Procedure Type, and Complications Associated with Male Sex in Adult Patients with Acute Rhinosinusitis				
	Total (N = 4,355)	Male (N=1,800)	Female (N=2,555)	P value
Mean Values				
Total charges, \$	40,366.88	44,878.04	37,188.77	<0.001
Length of stay, d	3.84	4.09	3.66	<0.001
No. of procedures	1.12	1.25	1.02	<0.001
Time until first procedure, d	1.72	1.66	1.77	0.509
Percentages				
Procedure				
Excision: ear, nose, sinus	10.1	12.5	8.4	<0.001
Drainage: ear, nose, sinus	8.8	10.3	7.8	0.005
Drainage: nervous system	4.4	3.6	4.9	0.042
Complication				
Orbital or intracranial	96.3	94.4	97.7	<0.001
Orbital	2.9	4.4	1.8	<0.001
Intracranial	1.1	1.7	0.8	0.007

Table 3. Adjusted Multivariable Analysis of Charges, Management, Procedure Type, and Complications Associated with Male Sex in Adult Patients with Acute Rhinosinusitis			
	Adjusted	95% CI	P value
Marginal Values			
Total charges, \$	8,585	4,605 to 12,566	<0.001
Length of stay, d	0.497	0.165 to 0.830	<0.003
No. of procedures	0.144	-0.002 to 0.289	0.053
Time until first procedure, d	0.002	-0.309 to 0.313	0.990
Odds Ratios			
Procedure			
Excision: ear, nose, sinus	1.717	1.364 to 2.161	<0.001
Drainage: ear, nose, sinus	1.224	0.952 to 1.574	0.115
Drainage: nervous system	0.535	0.371 to 0.772	0.001
Complication			
Orbital or intracranial	1.922	1.269 to 2.911	0.002
Orbital	1.092	0.651 to 1.824	0.739
Intracranial	5.740	2.357 to 13.979	<0.001

Table 4. Univariate Analysis of Charges, Management, Procedure Type, and Complications Associated with Male Sex in Adult Patients with Acute Rhinosinusitis Stratified by Age Group									
	Age 20-39 y (n = 745)			Age 40-60 y (n = 1,310)			Age 60+ y (n = 2,300)		
	Male (N = 425)	Female (N = 320)	P value	Male (N=480)	Female (N=830)	P value	Male (N=895)	Female (N=1,405)	P value
Mean Values									
Total charges, \$	41,897	43,703	0.705	40,433	36,159	0.163	48,677	36,330	<0.001
Length of stay, d	4.01	3.30	0.141	3.68	3.71	0.887	4.35	3.72	0.005
No. of procedures	1.58	1.63	0.791	1.20	1.19	0.933	1.13	0.78	0.001
Time until first procedure, d	1.18	1.67	0.028	2.17	1.87	0.380	1.67	1.72	0.806
Percentages									
Procedure									
Excision: ear, nose, sinus	20.0	14.1	0.035	9.4	10.2	0.613	10.6	6.0	<0.001
Drainage: ear, nose, sinus	12.9	17.2	0.106	8.3	8.4	0.950	10.1	5.3	<0.001
Drainage: eye or orbit	2.4	0.0	0.006	0.0	0.6	0.088	0.6	0.4	0.471
Drainage: nervous system	5.9	9.4	0.071	6.3	4.2	0.103	1.1	4.3	<0.001
Complication									
Orbital or intracranial	12.9	1.6	<0.001	4.2	3.0	0.269	2.8	2.1	0.314
Orbital	11.8	1.6	<0.001	4.2	2.4	0.075	1.1	1.4	0.528
Intracranial	3.5	0.0	0.001	0.0	1.2	0.016	1.7	0.7	0.030

Table 5. Adjusted Multivariable Analysis of Charges, Management, Procedure Type, and Complications Associated with Male Sex in Adult Patients with Acute Rhinosinusitis Stratified by Age Group									
	Age 20-39 y (n = 745)			Age 40-60 y (n = 1,310)			Age 60+ y (n = 2,300)		
	Adjusted	95% CI	P value	Adjusted	95% CI	P value	Adjusted	95% CI	P value
Marginal Values									
Total charges, \$	1,515	-8,472 to 11,502	0.766	3,344	-2,780 to 9,468	0.670	14,878	8,982 to 20,776	<0.001
Length of stay, d	0.892	-0.142 to 1.926	0.091	-0.095	-0.571 to 0.382	0.697	0.784	0.318 to 1.250	0.001
No. of procedures	-0.047	-0.399 to 0.305	0.793	-0.161	-0.423 to 0.101	0.228	0.416	0.216 to 0.617	<0.001
Time until first procedure, d	-0.812	-1.300 to -0.324	0.001	0.333	-0.385 to 1.051	0.362	-0.090	-0.517 to 0.336	0.677
Odds Ratios									
Procedure									
Excision: ear, nose, sinus	2.144	1.041 to 4.290	0.038	0.939	0.583 to 1.512	0.796	2.601	1.780 to 3.799	<0.001
Drainage: ear, nose, sinus	0.153	0.060 to 0.391	<0.001	0.701	0.403 to 1.219	0.208	3.706	2.404 to 5.174	<0.001
Drainage: eye or orbit	*	*	*	*	*	*	*	*	*
Drainage: nervous system	0.118	0.023 to 0.611	0.011	1.069	0.545 to 2.096	0.846	0.129	0.047 to 0.352	<0.001
Complication									
Orbital or intracranial	*	*	*	3.917	1.318 to 11.638	0.014	1.475	0.668 to 3.260	0.336
Orbital	*	*	*	3.133	1.066 to 9.206	0.038	0.019	0.000 to 1.546	0.078
Intracranial	*	*	*	*	*	*	*	*	*

*For these cells, adjusted odds ratio not reported because of sparse data and model non-convergence produced an unstable estimate (odds ratio extremely large and 95 % CI not defined).

Multivariable models (Tables 3 and 5) adjusted for age, race, household income, primary payer status, admission month, hospital region, teaching status, comorbidities, and sinusitis location.

Conclusions

- Males had greater total charges, length of stay, and increased odds for intracranial complications compared to females.
- Differences between sexes were most significant in patients aged 60+ years.
- Males aged 60+ years underwent more procedures than females in this age group and were more likely to undergo the following procedures:
 - Excision procedure of the ear, nose, or sinus
 - Drainage procedure of the ear, nose, or sinus
- Females aged 20-39 and 60+ years were more likely to undergo drainage procedure of the nervous system.
- Higher resource utilization in older males underscores the need for early recognition and targeted management of acute rhinosinusitis to prevent severe intracranial complications and reduce hospital costs.

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References

- Shah VP, Haimowitz SZ, Desai AD, et al. Sex Disparities in Pediatric Acute Rhinosinusitis: A National Perspective. *Otolaryngol Head Neck Surg.* 2022;167(4):760-768. doi:10.1177/01945998221077190
- Skow M, Fossum GH, Høye S, Straand J, Brænd AM, Emilsson L. Hospitalizations and severe complications following acute sinusitis in general practice: a registry-based cohort study. *J Antimicrob Chemother.* 2023;78(9):2217-2227. doi:[10.1093/jac/dkad227](https://doi.org/10.1093/jac/dkad227)
- Rosenfeld RM. Acute Sinusitis in Adults. *New England Journal of Medicine.* 2016;375(10):962-970. doi:10.1056/NEJMc1601749
- Aring AM, Chan MM. Acute Rhinosinusitis in Adults. *afp.* 2011;83(9):1057-1063.