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Sprinkled palate: A non previously described clinical sign associated with sinusitis?

Rocío palatino: ¿Un signo clínico asociado con sinusitis no descrito previamente?

Dr. Jorge Roberto López López*

To the Editor. Anterior and posterior purulent nasal discharge are signs and major clinical criteria for sinusitis diagnosis; foul breath is a minor one. Water's X-rays or CT scans with opacification, air fluid level or thickened mucosa are the «golden standard» for diagnosis.

However, major clinical criteria are not always present and CT scans or X-rays are often not routine studies, so clinical signs obtained by classical clinical methods are always helpful.¹⁻³

Hypothesis: Small sprinkled drops on the palatal mucosa may be a normal feature because of the presence of salivary glands, but in patients with sinusitis bigger or fairly apparent drops over the erythematous or pale mucosa may be a clinical sign of sinusitis, probably as a consequence of the obliged oral breathing, the inflammatory process and the physical changes in secretions.

Design: Descriptive survey.

Purpose: To know the prevalence and clinical meaning of the sprinkled palate.

Sample: 300 (119 female, 181 male) children 1 to 17 years old (media, 7.6), with suspected allergic diseases.

Method: clinical study including naked eye inspection of palate, skin Prick tests and paranasal sinuses (PNS) X-rays taken when sinusitis was suspected.

Results: 214 patients with clinical sinusitis (176 with positive X-rays), 86 patients with other diagnosis (28 with positive PNS X-rays). Sprinkled palate (SP) present in 148 cases (PNS X rays: positive = 100, Negative = 8, Not taken = 40). Sex: 88 male, 60 female. Age: 71% of cases under 6.

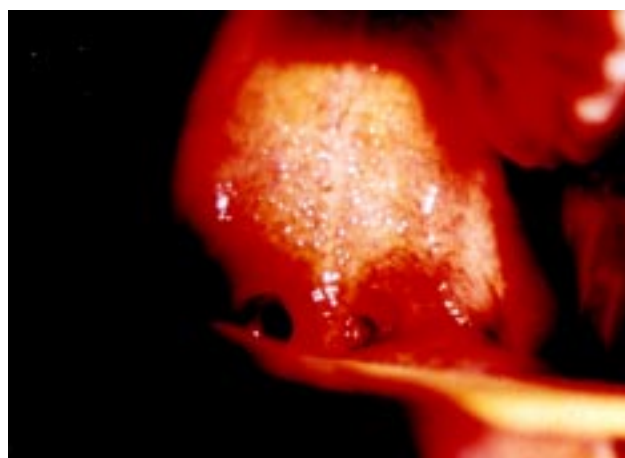


Figure 1. Soft palate sprinkled with small drops of viscous secretion.

Clinical diagnosis: Rhinosinusitis (RS) = 94, Sinusitis (S) = 33, Rhinitis (R) = 16, Other = 2 (Otitis, conjunctivitis) and Asthma = 3 (also present as a second problem in 20 cases of RS, 6 of S and 6 of R).

Allergic stigmata present in 101 patients, skin prick test: positive to mites = 96, to other allergens = 19, negative = 33

Analysis: Sprinkled palate true positive for sinusitis = 100 (PNS X-rays positive), false positive = 8 (PNS X-rays negative), false negative = 104 (PNS X-rays positive) and true negative = 23 (PNS X-rays negative). Then sensitivity: $100/204 = 0.49$; specificity: $23/31 = 0.74$; predictive value: positive = 0.92 and negative = 0.18.

Conclusion: Although the last three estimates are limited since there was a lack of X-rays in 67 of the 300 patients, the sprinkled palate (SP) sign occurs frequently, mainly associated with sinusitis and aller-

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gy, is easy to detect, inexpensive and may help to diagnose sinusitis.

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REFERENCES

1. Shapiro GG, Rachelesky GS. Introduction and definition of sinusitis. In: Mechanism, diagnosis and treatment of sinusitis in children and adults. *J Allergy Clin Immunol* 1992; 90: 417-8.
2. Lusk RP, McAlister B, Fouley A. Anatomic variations in pediatric chronic sinusitis. A CT study. *Otolaryngic Clinics of North America* 1996; 29: 75-90.
3. Kovatch SL, Wadd ER, Ledezma-Medina J et al. Maxillary sinus radiographs in children with non-respiratory complaints. *Pediatrics* 1984; 73: 306-8.

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