in both the middle ear and the nasopharynx. The results of this study support the concept that the middle ear may be part of the united airway in atopic individuals.

**Reviewer’s Comments.** OME affects 15% to 20% of children and is a major pediatric health care issue as well as a substantial economic burden (estimated costs are in the billions of dollars annually). Current management of OME is often unsuccessful, and significant numbers of refractory cases require surgical intervention. Extensive research has supported the concept of a “united airway” in which a tight connection exists between the upper and lower airways in allergic disease. For example, local treatment of allergic rhinitis leads to a reduced bronchial hyperresponsiveness in patients with coexisting asthma. The results of this study support the concept that the middle ear might be part of the united airway in atopic individuals. Therefore, an integrated management approach to allergic OME should take into consideration the common underlying systemic inflammation and the unity of airways.

**PREVALENCE OF MIGRAINE IN PATIENTS WITH A HISTORY OF SELF-REPORTED OR PHYSICIAN-DIAGNOSED “SINUS” HEADACHE**


**Purpose of the Study.** Symptoms referable to the sinus area are frequently reported during migraine attacks but are not recognized in diagnostic criteria. Underrecognition of migraine may be partly attributed to a variable clinical presentation, and migraines with “sinus” symptoms contribute to this problem. This study was conducted to determine the prevalence of migraine-type headache (International Headache Society [IHS]-defined migraine without aura [IHS 1.1], migraine with aura [IHS 1.2], or migraine with aura [IHS 1.7]) in patients with a history of self-described or physician-diagnosed “sinus” headache.

**Patient Population and Methods.** During a clinic visit, patients with a history of “sinus” headache, no previous diagnosis of migraine, and no evidence of infection were assigned an IHS headache diagnosis on the basis of headache histories and reported symptoms.

**Results.** A total of 2991 patients were screened. The majority (88%) of these patients with a history of self-described or physician-diagnosed “sinus” headache were diagnosed at the screening visit as fulfilling IHS migraine criteria (80% of patients) or migraine criteria (8% of patients). The most common symptoms referable to the sinus area reported by patients at screening were sinus pressure (84%), sinus pain (82%), and nasal congestion (65%).

**Conclusions.** In this study, 88% of patients with a history of “sinus” headache were determined to have migraine-type headache. In patients with recurrent headaches without fever or purulent discharge, the presence of sinus-area symptoms may be part of the migraine process. Migraine should be included in the differential diagnosis of these patients.

**Reviewer’s Comments.** There is not much question that patients with chronic rhinosinusitis can have facial pain and headache. However, as allergists, we are often presented with patients who have little or minimal nasal symptoms and/or normal sinus radiographs who complain of “sinus pain.” This study confirms the results of at least one earlier report, strongly suggesting that, in this context, the overwhelming majority of sinus pain really is a form of migraine. Because activation and sensitization of the trigeminal vascular system is the primary mechanism of pain in migraines, nasal congestion, rhinorrhea, and ocular symptoms can accompany the headaches.
Efficacy of Sublingual Immunotherapy in Children With Severe Grass Pollen Allergic Symptoms: A Double-Blind Placebo-Controlled Study

David Fleischer and Robert A. Wood

Pediatrics 2005;116;553
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