Research & Reviews: Journal of Hospital and Clinical Pharmacy

Sinusitis: A Public but Throbbing Condition

Abhishek Chatterjee*

Lovely Faculty of Applied Medical Sciences, Lovely Professional University, Jalandhar, Punjab, India

Review Article

ABSTRACT

Received: 22/07/2016 Accepted: 24/08/2016 Published: 30/08/2016

*For Correspondence

Abhishek Chatterjee, Lovely Faculty of Applied Medical Sciences, Lovely Professional University, Jalandhar, Punjab, India.

E-mail: iamabhishekrx@gmail.com

Keywords: Sinusitis, Sinus disorders, Rhinosinusitis

This article reviews one of the common disorders of human body – Sinus. It is a very common symptom and not lethal. However, it could be very painful if left untreated. We have discussed some major information points about sinusitis viz the causes, symptoms, diagnosis, prevention, treatment, types and varieties, etc.

INTRODUCTION

The inflammation of the sinuses, which leads to some symptoms, is termed as Sinusitis. It is also commonly known as a sinus infection or Rhinosinusitis. If the condition persists less than a month, it will be termed as Rhinosinusitis; or if it lasts more than 3 months, it is termed as chronic Rhinosinusitis. A thick nasal mucous, plugged nose along with and pain in the face are the common symptoms of sinusitis. There may be some other symptoms as well such as fever, headaches, sore throat, cough, etc. The cough at night becomes sometimes excessive; however serious complications are unlikely ^[1-8].

TYPES

The common types of sinusitis can be classified in several categories. Broadly it can classified as on the basis of:

- Condition
- Location

On the basis of condition it can divided as:

- Acute rhinosinusitis: The common type which occurs through a new infection that may last up to a month and can be subdivided symptomatically into severe and non-severe ^[9-13].
- Recurrent acute rhinosinusitis: Four or more separate occurrences of acute sinusitis within a year [11,14-18].
- **Subacute rhinosinusitis:** The infection that lasts for 1-3 months, and represents a transition stage between acute and chronic infection ^[11,19-24].
- Chronic rhinosinusitis: Here, the symptoms lasts for more than 3 months [11,25-29].
- Acute exacerbation of chronic rhinosinusitis: When the signs and symptoms of chronic rhinosinusitis become huge but become returns to normal eventually [11,30-34].

On the basis of location it can be divided as:

- Maxillary: It leads to pain and pressure in the maxillary area [35,36].
- Frontal: They cause pain or pressure in the frontal sinus cavity in the forehead above the eyes [35,37].
- **Ethmoidal:** They cause pain or pressure between or behind the eyes, the sides of the upper part of the nose ^[35,38,39].
- **Sphenoidal:** It can cause pain or pressure behind the eyes, but often refers to the skull vertex (top of the head), or the back of the head ^[35,40].

CONTEXT

Causes

The common causes of sinusitis can be infection, allergies, air pollution, a structural problem in the nose or the most common would be a viral infection. If the symptoms last more than ten days or the condition worsens after starting to improve may suggest a bacterial infection. The people suffering with asthma, cystic fibrosis and poor immune function are also very prone to sinusitis. If high complications are suspected, then an X-ray is required ^[41-46]. When the condition becomes chronic, a confirmatory testing is recommended by either direct visualization or computed tomography. Apart from that conventional radiology techniques and modern technology may be indicated. Their indication is based on the clinical context ^[47-50].

Smoking can also be a major cause along with dental problems, given the proximity of teeth and sinus wall. The occurrence may be due to some abnormalities as well within the auditory or eustachian tube, which are connected to the sinus cavities and the throat. The eustachian tube is almost in level with the eye sockets but the abnormality occurs due to hereditary information, and hence becomes lower than the eye socket level, sometimes even in level with the vestibule or nasal entrance ^[13,51-55].

Symptoms

The main symptoms include Facial pain or pressure, Nasal stuffiness, Nasal discharge, Loss of smell, Cough or congestion, Fever, Bad breath, Fatigue, Dental pain, green or yellow nasal discharge ^[34,56,57]. If the symptoms persist for 8 weeks, it could be a Chronic Sinusitis. The symptoms of Chronic Rhinosinusitis include: the face will have a Congestion feeling or fullness, Nasal obstruction, Nasal cavity pus, Fever, Nasal discharge or discoloured postnasal drainage. Apart from this the symptoms may be present as Headaches, Bad breath, Fatigue, Dental pain, Chronic Sinusitis ^[41,58-63].

Diagnosis

The diagnosis of Sinusitis is made the Doctor through a physical examination mostly. However, sometime other tests are also needed ^[64,65]. The physical tests include the pressing of sinuses to check the tenderness; by tapping the teeth to check whether the patient has inflamed paranasal sinus ^[66].

Prevention and Treatment

In some cases the condition can be prevented by hand washing, quitting or avoiding smoking and immunization. Pain killers such as naproxen, nasal steroids, and nasal irrigation can be applied to keep the symptoms in check. Treatment with an antibiotic may lead to some bacterial cases. Although even after seven days, there is still no improvement, then antibiotics can either be recommended or changed. The patients on whom the antibiotics are applied, either amoxicillin or amoxicillin/clavulanate is recommended. Surgery can be used occasionally for chronic cases ^[67-71]. The treatment options for nearly all types of sinusitis includes Nasal Endoscopy. It is a tube like instrument on which tiny lights and cameras are mounted. The surgeons or doctors use it to see inside the nose and sinus drainage areas. The process might require anaesthesia although not always ^[71-74]. Even though treatments of treatment of sinusitis are more or less same, some treatments depend on particular cases, such as:

Acute sinusitis

Doctors recommend decongestant medicines and steam inhalations for a simple sinus infection. However, these medicines should not be used more than a couple of days as it might lead to increase in congestion. In case of antibiotics, a 10-14 days course will see the symptoms disappear ^[75-78].

Chronic sinusitis

Inhalation of mild heated steam can ease the pain in nose and sinuses. Apart from this, saline nose drops can be used as well at home. Nasal drops, sprays are recommended but not for longer periods, the prescribed antibiotics and steroids are also possible ^[79-82].

Allergies

In case of allergies and fungus, antihistamine and antifungal drugs can be prescribed. The immunoglobulin antibodies can also be prescribed in case of any immune deficiencies ^[83-86].

Miscellaneous

The factors which trigger sinusitis should be avoided and the nasal sprays, nose drops or decongestant medicine can be prescribed for decongestion ^[87-90].

Surgery

Sometimes, surgeries are necessary for sinusitis when there is a structural in sinuses or have nasal polyps which are blocking the drainage and most importantly if antibiotics and other medicines are not working.

Endoscopy

Before the surgery the doctor usually explain the whole process of the surgery to the patient and the surgery mostly comprises of an endoscope to do these operations. The normal time to recover might take 5-7 days and the whole recovery might take 1.5 months ^[91-93].

Turbinectomy

Sometimes, doctors use Turbinectomy to shrink the swollen tissues of nose within a few minutes ^[94-96].

Balloon sinusplasty

It is similar to balloon angioplasty. The unblocked sinus can drain mucus more freely after it has been opened up swollen, inflamed sinuses using balloon sinuplasty ^[97-99].

CONCLUSION

The different types of sinusitis have different conditions; however to begin with, they have similar symptoms, thus they are often difficult to distinguish. Acute sinusitis is very common among all other types. Almost 90% of adults have had sinusitis at some point in their life. Every year as a common disease sinusitis affects 10-30% of people in USA & Europe. It is found that women are more prone compared to men. Chronic sinusitis affects approximately 12.5% of people. The treatment of sinusitis in the United States results in more than 11 billion USD in costs [100].

If sinusitis is left untreated, it can cause pain and discomfort and sometimes it can also form meningitis or a brain abscess and an infection of the bone.

REFERENCES

- 1. Kawano-Dourado L. et al. A thoracic tomography image of a 29 year old patient presenting with a 3 month history of fever, malaise, dry cough and refractory sinusitis. Emergency Med. 2014;5:i101.
- 2. Mazumdar A, et al. Correlation of nucleic acid amplification based detection and conventional methods of identification of *Aspergillus flavus* species in chronic rhinosinusitis. J Microbiol Biotechnol. 2013;61-66.

- 3. Poghosyan AY, et al. Odontogenic pansinusitis complicated by orbital cellulitis, epidural empyema and intracerebral abscess of fronto-basal region: Case report. J Interdiscipl Med Dent Sci. 2014;1:149.
- 4. Rudmik L, et al. High volume sinonasal budesonide irrigations for chronic rhinosinusitis: An update on the safety and effectiveness. Adv Pharmacoepidemiol Drug Saf. 2014;3:148.
- 5. Armengot M, et al. Eosinophils and airway inflammation. J Genet Syndr Gene Ther. 2014;5:220.
- Peiró T, et al. Mucin expression and corticosteroid efficacy in chronic rhinosinusitis with nasal polyps. J Steroids Hormon Sci. 2014;S12:007.
- Mazzone S, et al. Maxillary antrostomy in a boy to prevent silent sinus syndrome evolution. Otolaryngology. 2013;4:151.
- 8. Ortiz É. Sinonasal ultrastructure of the hematopoietic stem cell transplant and chronic graft-versus-host disease with rhinosinusitis. J Stem Cell Res Ther. 2014;4: 157.
- 9. Hendrik HD and Raubenheimer EJ. The role of airway surface liquid in the primary management of rhinosinusitis. J Interdiscipl Med Dent Sci. 2013;1:106.
- 10. Steineger J and Brondbo K. A congenital malformation of the piriform sinus mimicking a laryngeal cyst. A case report. Otolaryngol. 2012; S4: 001.
- 11. Santoro A, et al. Adenocarcinoma nos of the maxillary sinus: clinical and histopathological features with therapeutic considerations. Otolaryngol.2011;1:103.
- 12. Morris RJ. Nasal and sinus polyposis: non-surgical treatments. 3rd international conference and exhibition on rhinology & otology, Dubai, UAE. 2016.
- 13. Soni DK. Allergic rhinosinusitis- role of surgery. 3rd international conference and exhibition on rhinology & otology, Dubai, 2016.
- Koren I, et al. Combined maxillary sinus floor elevation and endoscopic sinus surgery for coexisting sinonasal pathologies: A one-stage double-team procedure. Global Summit and Medicare Expo on Head & Neck Surgery, Atlanta, USA, 2015.
- 15. Rozin AP and Toledano K. New sinusitis associated syndrome with psoriasis and periophthalmitis. Clinical case Reports.2013;3:10.
- Gkinis G, et al. Mycosis of the maxillary sinus as an occupational disease: Report of two cases. J Med Diagn Meth. 2013;2:115.
- 17. Salehi-Abari I, et al. Early evaluation of granulomatosis with polyangiitis in the patients with atypical sinusitis: an introduction to Amir Alam hospital recommendation for early detection of granulomatosis with polyangiitis in sinusitis. Rheumatol Curr Res. 2012;2:110.
- 18. Al-Jumaily. Physical excitation to chronic rhinosinusitis biofilms. J Pulmonar Respirat Med. 2012;2:e114.
- 19. Berlucchi M and Pedruzzi B. Allergic fungal sinusitis in children. J Aller Ther. 2012;S5:004.
- 20. Elmorsy SM and Khafagy YW. Does asthma and aspirin hypersensitivity affect the outcome of endoscopic sinus surgery for chronic rhinosinusitis with nasal polyps. J Aller Ther.2011;S5:002.
- 21. Brook I. Complications of bacterial rhinosinusitis in children and their management. Pediatr Therapeut. 2011;1:e104.
- 22. Adoga AA and Ma'an ND. The epidemiology and economic impact of rhinosinusitis in jos, north central Nigeria. J Clinic Res Bioeth. 2011;2:116.
- 23. Subbaiah PR, et al. Method Development and Validation for estimation of Moxifloxacin HCl in tablet dosage form by RP-HPLC method. Pharm Anal Acta. 2010;1:109.

RRJHCP | Volume 2 | Issue 4 | September, 2016

- 24. Lee-Wong M, et al. An osteopathic approach to chronic sinusitis. J Aller Ther. 2011;2:109.
- Megalamani SB and Shetty N. Lateral rectus palsy associated with isolated sphenoid sinus fungal lesion. J Otol Rhinol; 2014;3:6.
- Eloy P, et al. Maxillary and sphenoid sinus fungus ball: a single belgian centre's experience. J Otol Rhinol. 2014;3:6.
- 27. Ikeda K and Misawa N. Comparative bactericidal activity of three fluoroquinolones against *Streptococcus pneumoniae* and *Hemophilus* Influenzae isolated from acute bacterial rhinosinusitis. J Otol Rhinol. 2015;S1:1.
- 28. Ikeda K, et al. Effectiveness of glucocortico- steroid for postoperative recurrence of nasal polyps in chronic rhinosinusitis associated with asthma. J Otol Rhinol. 2015 S1:1.
- 29. Kusunoki T, et al. Correlations between Cu, Zn-superoxide dismutase and macrophages or muc5ac in human eosinophilic chronic rhinosinusitis. J Otol Rhinol. 2015;S1:1.
- 30. Sinha S, et al. Predictive and prognostic factors in breast cancer and their association with ER PR HER2/neu Expression. J Carcinog Mutagen. 2016;7:263.
- Yadav SS, et al. Effect of N- acetylcysteine on nasal mucociliary clearance in chronic sinusitis. J Otol Rhinol. 2016;5:2.
- 32. Kamel UF, et al. Facial asymmetry as a presentation of silent sinus syndrome. J Otol Rhinol. 2016;5:2.
- 33. Saida K, et al. A case of large pseudocyst originating from the submandibular gland presented with a systematic review. J Otol Rhinol. 2016;5:1.
- 34. Yaprak N, et al. Alveolar soft part sarcoma presenting with nasal obstruction. J Otol Rhinol. 2016;5:1.
- 35. Ndiaye M, et al. Thoracotomy for bronchial foreign bodies: a propos of 3 cases. J Otol Rhinol. 2016;5: 1.
- Alrasheed A, et al. Predicting positive CT findings in non-polypoid para-nasal sinus disease. J Otol Rhinol. 2015;4:6.
- 37. Yalcin AD, et al. Genetic aspects of allergic rhinoconjunctivitis: A review. J Otol Rhinol. 2015;4:6.
- 38. Amrith S, et al. A review of orbital involvement in patients with primary paranasal sinus space occupying lesions in a south-east Asian tertiary centre. J Otol Rhinol. 2015;4:3.
- Gaurkar SS, et al. Pilonidal sinus of nasal dorsum: A common disease at uncommon site. J Otol Rhinol. 2015;4:1.
- Megalamani SB and Shetty N. A lateral rectus palsy associated with isolated sphenoid sinus fungal lesion. J Otol Rhinol. 2014;3:6.
- 41. Tong CCL, et al. Lymphocytic response and inducible nitric oxide synthase in wtc-exposed chronic rhinosinusitis. J Otol Rhinol. 2014;3:5.
- 42. Jean JB, et al. Atrophic rhinitis empty nose syndrome: A clinical, endoscopic and radiological Entity. J Otol Rhinol.2014;3:4.
- 43. Muderris T, et al. Lateral sinus, transverse sinus and jugular vein thrombosis as a rare complication of chronic mastoiditis. J Otol Rhinol. 2014;3:4.
- 44. Rizk H, Emery C, Hockstein N. Lytic lesion of the clivus following intranasal narcotic abuse: First case report and review of the literature. J Otol Rhinol 2013;3:1.
- 45. Veloso-Teles R, et al. Maxillary sinus olfactory neuroblastoma presenting as a schwartz-bartter syndrome. J Otol Rhinol. 2013;2:4.

- 46. Lee YJ, et al. Outpatient treatment of post functional endoscopic sinus surgery adhesions: How we do it? J Otol Rhinol. 2013;2:4.
- 47. Jeswani S, et al. Non-invasive radiologic evaluation of intermittent CSF rhinorrhea. J Otol Rhinol. 2013;2:3.
- Shkoukani MA, Krouse JH (2013) the role of atopy and asthma status in chronic rhinosinusitis in adults. J Otol Rhinol. 2013;2:3.
- 49. Bhattacharyya N. Quantitative evidence against bacterial infection alone as a cause of chronic rhinosinusitis. J Otol Rhinol. 2013;2:2.
- 50. Shkoukani MA, et al. Mucoceles of the paranasal sinuses: a 10 year single institution review. J Otol Rhinol. 2013;2:1.
- 51. Greywoode J, et al. Repair of nasal septal perforation with porcine small intestinal submucosa xenograft. J Otol Rhinol. 2012;1:2.
- 52. Lemonnier LA, et al. Metastatic pancreatic neuroendocrine carcinoma presenting as a sphenoid sinus mass in a juvenile. J Otol Rhinol. 2012;1: 2.
- 53. Silva Merea V and Kacker A. Analysis of viral etiologies in adults with symptomatic upper respiratory infections in an outpatient setting. J Otol Rhinol. 2016;5:1.
- 54. Ganguly S. Schwannoma of nasal septum: An unusual cause of epistaxis and nasal obstruction. J Otol Rhinol; 2016;5:1.
- 55. Kaur R, et al. Invasive fungal rhinosinusitis: An observational study in an Indian tertiary care hospital. Lung Dis Treat. 2016;2:109.
- 56. Hansen JG. Paranasal computed tomography scan and acute rhinosinusitis. Primary health care. 2016;6:221.
- 57. Poghosyan AY, et al. Intranasal diprospan injection for chronic rhinosinusitis treatment: Two case reports. J Orthop Oncol. 2016;2:109.
- 58. Chokkappan K. Rapidly developing subdural empyema in an adult with sinusitis a neurosurgical threat alert. Emerg Med. 2016;6:314.
- 59. Subramanyan T, et al. Orbital apex syndrome in a patient with sphenoethmoidal fungal rhinosinusitis. J Clin Case Rep. 2015;5:566.
- 60. Al-Mayahie SMG, et al. Prevalence and antimicrobial susceptibility of methicillin-resistant *Staphylococcus aureus* (mrsa) from outpatients with chronic rhinosinusitis in al-kut/wasit province/Iraq. J Bacteriol Parasitol. 2015;6:230.
- 61. Alonso A, et al. IgE and IgG antibodies against bipolaris australiensis (ba) in allergic fungal sinusitis. Clin Microbiol. 2015;4:204.
- 62. Kawano-Dourado L, et al. A thoracic tomography image of a 29 year-old patient presenting with a 3 month history of fever, malaise, dry cough and refractory sinusitis. Emergency Med. 2015;5:i101.
- 63. Poghosyan AY, et al. Odontogenic pansinusitis complicated by orbital cellulitis, epidural empyema and intracerebral abscess of fronto-basal region: Case report. J Interdiscipl Med Dent Sci. 2014;2:149.
- 64. Rudmik L. High volume sinonasal budesonide irrigations for chronic rhinosinusitis: An update on the safety and effectiveness. Adv Pharmacoepidemiol Drug Saf. 2014;3:148.
- 65. Fotopoulos G, et al. Comparative observational study of two ethnic population groups of patients with hepatocellular carcinoma. J Clin Exp Oncol. 2014;3:3.

- 66. Ortiz É. Sinonasal ultrastructure of the hematopoietic stem cell transplant and chronic graft-versus-host disease with rhinosinusitis. J Stem Cell Res Ther. 2014;4:157.
- 67. Hendrik HD. The role of airway surface liquid in the primary management of rhinosinusitis. J Interdiscipl Med Dent Sci. 2013;1:106.
- Rozin AP and Toledano K. New sinusitis associated syndrome with psoriasis and periophthalmitis. J Clin Case Rep. 2013;3:306.
- 69. Salehi-Abari I, et al. Early evaluation of granulomatosis with polyangiitis (wegener's) in the patients with atypical sinusitis: an introduction to Amir Alam hospital recommendation for early detection of granulomatosis with polyangiitis in sinusitis. Rheumatol Curr Res. 2012;2:110.
- 70. Hayashi T, et al. A diagnostic biomarker: differential expression of Imp2/ß1i in human uterine neoplasms. J Clin Exp Oncol. 2014;3:3.
- 71. Çetin B, et al. Peroxidation products and antioxidant enzyme activities in multinodular goiter and papillary thyroid cancer patients. J Clin Exp Oncol. 2014;3:3.
- 72. Elmorsy SM and Khafagy YW. Does asthma and aspirin hypersensitivity affect the outcome of endoscopic sinus surgery for chronic rhinosinusitis with nasal polyps. J Aller Ther. 2011;S5:002.
- 73. Foroughi F and Hosseini H. Small intestinal obstruction due to metastasis from marjolin's ulcer: Report of a case and review of the literature. J Clin Exp Oncol. 2014;3:3.
- 74. Özyörük D, et al. A case of a pulmonary adenocarcinoma in situ in a 4 year old child. J Clin Exp Oncol. 2014;3:2.
- 75. Kassim YL, et al. Biomimetic three dimensional cell culturing: Colorectal cancer micro-tissue engineering. J Clin Exp Oncol. 2014;3:2
- 76. Allaw BA, et al. Assessment of the level of maxillary sinus floor in dentulous, edentulous and free end cases on a sample of Malay population using orthopantomogram. J Clin Dev Biol. 2016;1:2.
- 77. Arunachalam K. Coronary sinus-still a potential site for research. Interven Cardiol J. 2016;6:207.
- 78. Horakova Z, et al. Spontaneous pseudomeningocele of a sphenoid sinus: an case report. Medical Case Reports. 2015;1:9.
- 79. Rahman A. Orbital complications of the paranasal sinuses disease. Translational Biomedicine. 2015;1:1.
- 80. Yilmaz M, et al. Crystalline phenol practices and clinical results in our patients with pilonidal sinus. J Univ Surg2015;2:1.
- 81. Abdou EM and Ahmed NM. Terconazole proniosomal gels: effect of different formulation factors, physicochemical and microbiological evaluation. J Pharm Drug Deliv Res. 2016;5:1.
- 82. Adesina SK, et al. Nanoparticle characteristics affecting efficacy. J Pharm Drug Deliv Res. 2016;5:1.
- Girolamo L, et al. Blood volume determination through new generation 130/0,4 hydroxyethyl-starch: A propaedeutic, in-vitro study. Pharm Anal Acta. 2015;6:441.
- 84. Balekari U and Veeresham C. Insulinotropic agents from medicinal plants. J Pharm Sci Emerg Drugs. 2014;2:1.
- 85. Naik DR, et al. Release kinetics of cellulosic nano particulate formulation for oral administration of an antiviral drug: effect of process and formulation variables. J Pharm Sci Emerg Drugs. 2014;2:1.
- 86. Patel MN, et al. Synthesis, characterization and biological elucidation of mixed ligand Cu (ii) complexes as artificial metallonucleases. J Pharm Sci Emerg Drugs. 2015;3:1.
- 87. Swapnil S, et al. Healing potential of citrullus lanatus in acetic acid induced ulcerated rats. J Pharm Sci Emerg Drugs. 2015;3:1.

RRJHCP | Volume 2 | Issue 4 | September, 2016

- Koly SF, et al. An in vitro study of binding of aceclofenac and pantoprazole with bovine serum albumin by UV spectroscopic method. J Pharm Sci Emerg Drugs. 2016;4:1.
- 89. Saxena Brij B, et al. Development of a nanoporous elastomere intra-vaginal ring (IVR) for the sustained release of non-hormonal contraceptives. J Pharm Drug Deliv Res. 2012;1:1.
- 90. Akintunde JK, et al. Sub-chronic treatment of sildernafil citrate (viagra) on some enzymatic and nonenzymatic antioxidants in testes and brain of male rats. J Pharm Drug Deliv Res. 2012;1:2.
- 91. Al-Malah KI. Prediction of aqueous solubility of organic solvents as a function of selected molecular properties. J Pharm Drug Deliv Res. 2012;1:2.
- 92. D'Cruz OJ, Uckun FM. Targeting spleen tyrosine kinase (syk) for treatment of human disease. J Pharm Drug Deliv Res. 2012;1:2.
- 93. Frank T. Population pharmacokinetics of lixisenatide, a once-daily human glucagon-like peptide-1 receptor agonist, in healthy subjects and in patients with type 2 diabetes. J Pharm Drug Deliv Res. 2013;2:1.
- 94. Akash MSH et al. Characterization of ethylcellulose and hydroxypropyl methylcellulose microspheres for controlled release of flurbiprofen. J Pharm Drug Deliv Res. 2013;2:1.
- 95. Isabel S. Encapsulation of fluoroquinolones in 1-palmitoyl-2-myristoyl-phosphatidylcholine: cholesterol liposomes. J Pharm Drug Deliv Res. 2013;2:1.
- 96. Satya Krishna HP, et al. Solubility and dissolution enhancement of candesartan cilexetil by liquisolid compacts. J Pharm Drug Deliv Res. 2013;2:2.
- 97. Ian Merrick and Niamh Gilligan. Occupational therapy and nursing students' impressions of structured and discovery based teaching approaches to delivering breakaway skills as part of their pre-registration training. International Journal of Clinical Skills. 2015:9:1.
- Maria N. The use of mind maps to prepare students for osce assessment. International Journal of Clinical Skills. 2014; 8:6.
- 99. Swamy S and Searle RF. Anatomy teaching with portable ultrasound to medical students. 2012;12:99.
- 100. Ibtehal S, et al. Preparation of zaleplon microparticles using emulsion solvent diffusion technique. J Pharm Drug Deliv Res. 2012;1:3.