



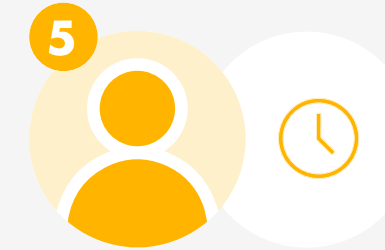



Patient section

stryker

Common presentations of ETD

<div><div>1</div><div></div></div> <div><div>Frequent flyer</div><div>Symptoms during air travel May last hours to days after landing. May be relieved by decongestants.</div><div>Candidate for BDET</div></div>	<div><div>2</div><div></div></div> <div><div>Newcomer</div><div>Generally healthy May have allergic rhinitis Spontaneous onset in mid-adulthood with no known trigger</div><div>Candidate for BDET</div></div>	<div><div>3</div><div></div></div> <div><div>Deviator</div><div>Acute onset during URI*, persists after resolution of sinonasal symptoms Less than 3 months May be unilateral May be relieved with decongestants</div><div>Candidate for BDET if chronic</div></div>	<div><div>4</div><div></div></div> <div><div>Sinus sufferer</div><div>Year-round symptoms, persistent or episodic. Prominent congestion, postnasal drip, sinus pressure. Generally not relieved by antibiotics or nasal sprays, may improve with systemic steroids.</div><div>Candidate for BDET as adjunct to ESS</div></div>	<div><div>5</div><div></div></div> <div><div>Lifer</div><div>Ear problems continuously since childhood Often multiple sets of PE tubes. Not typically relieved with sprays or sinus pills.</div><div>Candidate for BDET</div></div>	<div><div>6</div><div></div></div> <div><div>Puzzler</div><div>Persistent symptoms include aural fullness without hearing loss. No vertigo, autophony, or TMJ symptoms. Typically bilateral.</div><div>May not benefit from BDET</div></div>
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Presented in Dr. McCoul’s webinar on BDET patient selection 4278-459 rA <https://youtu.be/ZWLbz4Pi40k?si=GhegPoN6LX69bpxN>

*Upper Respiratory Infection

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