In case of maxillary sinusitis:

- **Acute purulent, uncomplicated with suspected bacterial infection** with at least 2 of the following 3 criteria:
  - Persistent or increased infraorbital sinus pain despite a prescribed symptomatic treatment for at least 48 hours;
  - Unilateral nature of pain and/or its increase when the head is tilted forward, and/or its pulsating nature and/or its peak in late afternoon and at night;
  - Increased rhinorrhea and continued purulence. These signs are all the more significant because they are unilateral;
  - Amoxicillin, 3 g/day, for 7 days.
- **Unilateral maxillary sinusitis associated with an obvious dental infection of the upper dental arch**: Amoxicillin-clavulanic acid, 3 g/day, for 7 days.
  - In case of allergy to penicillin without contraindication to cephalosporins, the recommended treatment is: Cefotiam hexetil, 400 mg/day, or cefpodoxime proxetil, 400 mg/day, or cefuroxime axetil, 500 mg/day, for 5 days.
  - In case of contraindication to beta-lactam antibiotics: Levofloxacin, 500 mg/day, or moxifloxacin, 400 mg/day, for 7 days, pristinamycin, 2 g/day, for 4 days.

In case of frontal, ethmoid, sphenoid sinusitis: Amoxicillin-clavulanic acid, 3 g/day, for 7 days.

- In case of allergy to penicillin without contraindication to cephalosporins, the recommended treatment is: Cefotiam hexetil, 400 mg/day, or cefpodoxime proxetil, 400 mg/day, or cefuroxime axetil, 500 mg/day, for 5 days.
- In case of contraindication to beta-lactam antibiotics: Levofloxacin, 500 mg/day, or moxifloxacin, 400 mg/day, for 7 days.

In case of severe sinusitis, with risk of severe complication

- Clinical signs suggestive of a complicated sinusitis (meningeal syndrome, exophthalmos, palpebral oedema, ocular mobility disorders, insomnia pain) should seek specialised advice and discuss hospitalisation, bacteriological sampling, imaging tests, and urgent parenteral antibiotic therapy.
- If outpatient care is chosen: Levofloxacin, 500 mg/day, or moxifloxacin, 400 mg/day, for 7 days.