

Simulated Patient Brief — Leila (Sinusitis)

Age	39 yrs
Name	Leila (surname of the actor's choice if asked)
Presenting complaint	Persistent frontal headache for five days — A&E
Opening statement	I have come to A&E because of a persistent frontal headache over the past five days.
Location	A&E

VIGNETTE & INSTRUCTIONS FOR SIMULATED PATIENT (FOR INFORMATION ONLY)

- The student has been asked to take a history from a simulated patient.
- Please kindly follow the script to simulate the consultation.
- You will not be expected to undertake an examination.
- Please answer in the negative to any specific questions about your condition where the answer is not outlined in the script.
- We aim for our simulated consultations to reflect the diversity of patients seen in daily practice. We have not provided surnames, but please provide an appropriate surname of your choice if asked.
- Location for this role play — A&E.

PATIENT IDENTIFIABLE DETAILS AND PRESENTING COMPLAINT

You are Leila, a 39-year-old patient. You have come to A&E because of a persistent frontal headache over the past five days.

HISTORY OF PATIENT COMPLAINT

Your symptoms began gradually about five days ago with a dull, pressure-like headache felt mainly behind your forehead and around the bridge of your nose.

The sensation feels like “blocked pressure,” sometimes radiating to your cheeks, and it tends to worsen when you lean forward, bend down or when you wake up in the morning. The pain is generally around five out of ten in severity but becomes sharper when bending your head. You also feel a sense of congestion and heaviness in your face.

You have noticed a blocked nose for the last week, initially on the left side but now equally on both sides. Your nose has been producing thick yellow-green mucus, particularly in the mornings. You find yourself blowing your nose frequently.

If specifically asked: you have had a reduced sense of smell for several days. You also feel mildly fatigued, though you are unsure if that is related to poor sleep. If asked about fever, you have not felt hot or shivery. You have not had visual changes, photophobia, neck stiffness, nausea, vomiting, weakness, or numbness.

If specifically asked: You have not had jaw pain when chewing, no scalp tenderness, and no recent weight loss. There has been no double vision, no facial numbness, no hearing issues, and no tooth pain beyond a general “achey feeling” in your upper teeth.

You took over-the-counter paracetamol and one dose of ibuprofen earlier in the week, which helped a little, but the symptoms have persisted. You became increasingly worried after googling your symptoms, where you read that persistent headaches can indicate a brain tumour or sinus cancer.

You decided to attend A&E today because the headache has not gone away and you are frightened there may be something seriously wrong.

IDEAS / CONCERNS / EXPECTATIONS (ICE)

Ideas: You believe you may have sinusitis, as you have had similar (though milder) episodes in the past during colds.

Concerns: You are extremely concerned that the prolonged headache and facial pressure could be a sign of a brain tumour or sinus cancer.

Expectations: You hope the doctor can rule out anything dangerous and tell you whether you need a scan.

PAST MEDICAL HISTORY

Mild allergic rhinitis (hay fever) in Spring. No other medical conditions. No previous sinus surgery or serious headaches.

DRUG HISTORY

No regular medications. No known drug allergies. Occasional use of over the counter ibuprofen and paracetamol.

FAMILY HISTORY

No significant family history. No family history of neurological disease or brain tumours.

SOCIAL HISTORY

You have not experienced fever, night sweats, weight loss, or prolonged fatigue. You have no cough, shortness of breath, chest pain or palpitations. No dental procedures recently. No neurological symptoms such as limb weakness, seizures, speech disturbance, dizziness, or collapse. No visual loss, hearing changes or facial numbness.

SYSTEMS REVIEW HISTORY

No fever, weight loss, or night sweats; no chest pain, shortness of breath, or palpitations; no rash or eye redness currently; no gastrointestinal or urinary symptoms currently.

SPECIFIC DISCUSSION POINTS FOR THE ROLE PLAY

This case represents acute sinusitis with associated sinus-pressure headache, complicated by the patient's fear of cancer, particularly after reading concerning information online. The symptoms, including nasal congestion, purulent discharge, facial pressure that worsens when leaning forward, reduced sense of smell, and a subacute time course following a minor viral illness in the household, strongly suggest acute viral sinusitis (possibly with bacterial superimposition) but without red flags.

Bacterial causes, when present, are typically *Streptococcus pneumoniae*, *Haemophilus influenzae*, or *Moraxella catarrhalis*. Predisposing factors include nasal obstruction such as septal deviation or polyps, recent upper respiratory infection or dental procedures, swimming or diving, and smoking.

There are no features suggestive of intracranial pathology or malignancy: no persistent unilateral obstruction, no epistaxis, no facial numbness, no visual disturbance, no orbital symptoms, no neurological deficits, no systemic "B symptoms", no severe or rapidly progressive headache, and no focal neurological signs.

NICE CKS guidance on acute sinusitis supports a symptomatic management approach initially. Antibiotics are not routinely indicated unless symptoms persist beyond 10 days, are severe, or worsen after initial improvement.

Emphasis should be placed on reassurance, particularly addressing the patient's fear of cancer, and explaining how her symptoms fit a benign sinusitis pattern. Recommended measures include nasal saline irrigation, steam inhalation, analgesia, and possibly intranasal corticosteroids. Safety-netting is crucial: the student should advise the patient to return if symptoms worsen significantly, if new fever develops, if visual changes occur, if swelling around the eye appears, if there is severe headache with neck stiffness, or if symptoms persist beyond the expected duration.

Referral or imaging is only indicated when red flags appear, including unilateral persistent nasal obstruction, recurrent epistaxis, facial swelling or numbness, orbital symptoms, neurological signs, or unexplained persistent headaches. Without such red flags, reassurance and conservative management are appropriate.

Scenario: Acute sinusitis | Management | Sinusitis | CKS | NICE