In case of maxillary or frontal sinusitis:

- acute with risk factor or severe: amoxicillin, 80 or 90 mg/kg/day, for 7-10 days.
  - In case of allergy to penicillin without contraindication to cephalosporins, the recommended treatment is cefpodoxime proxetil, 8 mg/kg/day, for 8-10 days.
  - In case of contraindication to beta-lactam antibiotics:
    - if < 6 years: sulfamethoxazole, 30 mg/kg/day + trimethoprim, 6 mg/kg/day, for 8-10 days;
    - if ≥ 6 years: pristinamycin, 50 mg/kg/day, for 8 to 10 days.
- maxillary sinusitis of dental origin: amoxicillin + clavulanic acid, 80 mg/kg/day, for 7-10 days.
  - In case of allergy to penicillin without contraindication to cephalosporins, the recommended treatment is cefpodoxime proxetil, 8 mg/kg/day, for 8-10 days.
  - In case of contraindication to beta-lactam antibiotics: sulfamethoxazole, 30 mg/kg/day + trimethoprim, 6 mg/kg/day, for 8-10 days.

In case of complicated frontal, ethmoid and sphenoid sinusitis: hospitalisation and parenteral antibiotic therapy.