

Comment ID CDC-2023-0040-0008

Tracking Number Ij6-1adj-dypc

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Received Date Jun 21, 2023

Docket No. CDC-2023-0040; NIOSH 248-K

I submit my comment as a survivor of the 9-11 attacks with high levels of exposure to the finely pulverized dust and fumes during the collapse of the WTC towers and as a Lower Manhattan resident living in the immediate vicinity of the WTC site with continuous exposure during the 8.5 months of cleanup and for the following several years.

I've read through the WTC Health Program research publications and noticed a gap in the topics studied concerning a type of rhino-sinusitis, a condition covered under the WTCHP, that may offer insight into several symptoms considered to have "diagnostic uncertainties", as described in several "WTC exposed" research papers.

Rhinosinusitis is generally regarded as an upper airway condition with symptoms of chronic post-nasal drip or stuffy nose. However, this condition causes much more serious injury when the sphenoid sinus is infected. The sphenoid sinus is one of the four pairs of sinuses that rarely becomes infected due to its inaccessible location deep into the middle of the head behind the other sinuses separated from the brain and its anatomy by a very thin cartilage. An infection in this sinus causes inflammation that extends onto the surrounding anatomy: the inner carotid artery, the Pituitary gland, the optic nerve, Trigeminal nerves... causing symptoms that include ischemic stroke, permanent or intermittent loss of vision, permanent or intermittent loss of hearing, various neurological concerns, aphasia, meningitis, infertility, pre-mature menopause in women, heart attack, cognitive deficits among many other debilitating and chronic symptoms generally left untreated due to misdiagnosis and plain ignorance.

This topic needs to have priority as a dedicated research project that may help to develop better diagnostic and treatment protocols for this condition. Due to the relatively rare incidence of sphenoid sinusitis under normal circumstances most doctors do not request an MRI or CT scans when the endoscope seems to do the job. This recessed sinus can not be viewed endoscopically and requires more advanced imaging in order to be diagnosed and treated in time to prevent chronic injury.

The unique nature of the finely pulverized dust and smoke from the collapsing towers created the perfect environment for an infection of this type to be more prevalent among those exposed to the WTC dust than currently diagnosed creating a core population for an in-depth research project into this type of rhinosinusitis.

In the following, I upload several research papers culled from the NIH.gov PubMed database pertaining to the importance of early diagnosis of Sphenoid Sinusitis.

There's a significant number of MRI or CT scans of sinuses from 9-11 first responders and site workers available to establish a study based on a correlation of this type of rhinosinusitis to more severe

symptoms that may help explain the so called “diagnostic uncertainty” and develop better treatment protocols and offer compensation for those who now have permanent injury.

I strongly urge the CDC and WTCHP-STAC committee to consider my suggestion for an in depth research project on sphenoid sinusitis and the associated symptoms.

Thank you.

Heide Alexander

9-11 survivor and resident of Lower Manhattan

Attachment: 18 references available on [Regulations.gov](https://www.regulations.gov), Docket No. CDC-2023-0040; NIOSH 248-K