

Rhinitis, Sinusitis and Nasal Allergy

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Rhinitis and sinusitis

- Rhinitis is inflammation of the lining in the nose.
- Sinusitis is inflammation of the lining of the sinuses.

The linings of the nose and of the sinuses are continuous with each other and mucous from the sinuses drains into the nose via channels made up of tiny nooks and crannies only 2-3 mm wide.

Swelling of the lining of these drainage channels (resulting from this inflammation) may cause the lining of the narrow sinus drainage channels to stick together. This may lead the mucous from the sinuses not to drain properly into the nose. It can therefore stagnate, and sinus infections may result from this inability of the sinuses to clear themselves.

This can cause symptoms of *nasal blockage, poor smell, discharge and facial pain and headache.*

Because of this fact that rhinitis and sinusitis frequently co-exist, they are often referred to in the combined form, *Rhinosinusitis.*

The cause of *inflammation* in the nose and sinuses falls into 4 main groups:

- allergy (especially in those people with aspirin allergy and asthma and /or eczema)
- long standing nasal infection
- structural abnormalities causing narrowing of the sinus drainage channels (i.e congenital narrowing of the sinus openings or a twisted nasal septum)
- an "other" group of various poorly understood factors, such as environmental (i.e pollution) and occupational (i.e workplace) triggers.

A combination of factors may be present in the same patient.

Nasal Allergy

The main symptoms of nasal allergy are a blocked nose, excess (usually watery) mucus production, irritation of the nose and eyes and sneezing. You may also feel an itchy throat and palate at the back of your mouth, and crackling in the ears or muffled hearing, due to the connection of the ears to the back of the nose via the Eustachian tube. Patients with associated asthma may notice that they are more wheezy, and need their 'reliever' inhaler more often

These symptoms arise due to irritation of the lining of the nose and throat by airborne particles (or *aeroallergens*) breathed in through the nose and mouth.

Nasal allergy may be *Seasonal* (i.e be worse at certain times of year) or *Perennial* (i.e be present all year round).

The commonest cause of perennial nasal allergy is House Dust Mite, or possibly allergy to pets or animals in those with regular exposure to these.

Common causes of seasonal allergy are tree pollen in February to May, grass pollen in June and July (commonly referred to as Hay Fever) and moulds in August to October.

I work closely with Clinical Nurse Specialist and Consultant Respiratory Physician Colleagues as part of The Canterbury Nose Clinic. This allows me to be able to fully diagnose the likely cause of your nasal allergy via Skin Prick Testing and to instigate appropriate and rapid advice and treatment.

If you are coming to see me about nasal allergy problems and will need skin prick tests, it is important to stay off antihistamine medication for 72hours beforehand so as not to invalidate the tests.

Once I have diagnosed your allergy, the mainstays of treatment are taking measures to avoid exposure to the appropriate aeroallergen, as well as antihistamines and steroid nasal sprays.

Grazax (a brand new treatment for grass pollen allergy), may be appropriate for you if you have significant uncontrolled grass pollen allergy, and I can advise you on this new and exciting therapy.

Nasal Polyps

In some cases long standing inflammation of the nasal and sinus lining (rhinosinusitis) causes the lining to balloon out and hang down into the nose as polyps, which are like small grapes visible with an endoscope (camera) up the nose.

Left untreated, polyps can grow to such a size that they cause increasing blockage of the nose and may even become visible with the naked eye inside the nostrils.

The size of polyps varies from person to person as does *the rate at which they regrow after surgery*.

Nasal polyps are more common in patients with certain other conditions such as asthma and other long standing chest diseases.

Nasal drops & sprays

Nasal steroids are safe. They are strongest (and most effective) in tablet form, but can also be used as drops and sprays.

They are the best treatment to help control nasal and sinus inflammation both in the short and long term, and I will usually try a course of treatment with them before considering surgery.

I often give a short course of antibiotics and steroid tablets prior to surgery to make the nasal lining healthier and therefore the surgery easier for me and therefore more effective.

They are often required long-term after surgery in spray and drop form, especially if you have nasal polyps.