

STUDENT NURSES PAGE

Chronic Vasomotor Rhinitis

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Although chronic Vasomotor rhinitis is one of the commonest conditions in medical practice and sufferers from this disease constitute a fair number of those who attend E.N.T. clinics of hospitals, the treatment of this disorder, specially by the routine methods, has not usually produced very satisfactory results. Some consider that psychological influence plays an important role as a causative factor and, therefore, psychotherapy has a distinct place in the treatment of this condition.

The two principal symptoms of disease are paroxysmal rhinorrhoea and persistent nasal blockage and the cases can be conveniently divided into two types accordingly as one or the other of these symptoms predominate though both these symptoms may merge and co-exist in some cases.

Case of the Paroxysmal Sneezing and Rhinorrhoea

Etiology and Symptoms:—In non-specific rhinorrhoea the onset is sudden. There is a feeling of irritation at the root of the nose, followed by sneezing, lacrimation and a copious watery discharge. This may last for a few minutes only or may continue for hours, and the amount of discharge may be so profuse that as many as 50 large handkerchiefs may be soaked in a day. Attacks are often precipitated by a sudden exposure of the body to temperature changes as happens when getting out of bed or going out in sun. Air-borne inhalants or dust may also bring on an attack. No unfrequently, the trigger of an emotional stress is enough to start the train of symptoms with the suddenness of an explosion.

The nasal passage is flooded with watery mucous during an attack but the mucosa is perfectly normal at other times. There is sometimes a slight thickness of the mucous membrane of the sinuses. The discharge becomes purulent only if secondary infection supervenes; otherwise it remains watery and this distinguishes it from coryza.

The explosive nature of the onset of symptoms leads support to the hypothesis that paroxysmal chronic rhinitis can be classed among other stress diseases e.g. asthma and duodenal ulcer, in which

cholinergic system seems to play a leading part. A surgical division of greater superficial petrisal nerve which is the secretomotor nerve of the mucosa, in an intractable case of rhinorrhoea has been followed by homolateral cessation of discharge, presumably by cutting off the battery of nerve impulses carried along the parasympathetic fibres. This may be regarded as an experimental evidence in support of the "Stress theory".

Treatment:—The administration of antihistaminic drugs is the principal line of treatment. As to the choice of an antihistaminic, one has to find out the drug more suitable for any particular subject, by a method of trial and error. Drowsiness caused by antihistaminic can be successfully prevented by administration of amphetamine. Some cases derived considerable benefit from administration of calcium lactate 10 grains and parathyroid extract 1/20th to 1/10th grain thrice daily.

Cases with Persistent Nasal Blocking:

Etiology and Symptoms:—In this group of cases, the main symptom is the blocking of the nose which fails to be cleared off by blowing. There may be frontal, retro-orbital and occipital headache, due to blocking of the nasal sinuses. Anosmia and "Nasal Speech" are sometimes present.

There is little or no discharge and the blockage of the passage is due to the engorgement of veins due to vasomotor stimulation, rather than to intracellular fluid collection. Oedema is not an important factor in this type of obstruction but symptoms are not paroxysmal. Exposure of body to temperature difference often precipitates attack. Interference with regulation of body temperature e.g. heavy bed clothes may worsen the condition of blockage.

Treatment:—Removal of obstruction by surgical measures e.g. polysectomy or cauterisation of turbinates gives relief in majority of the cases. Use of vasoconstrictors and zinc ionisation are useful in some cases. Antihistaminics are practically useless. At best they give slight relief in a few cases.

Reference:—Advance Therapy, January-December 1956.