Clinical picture :- the disease pass in four stages

1. Ischemic stage – after an incubation period of 1- 3 days there’s burning sensation in the nose and nasopharynx with sneezing , shivering and alteration of the smell or loss of the smell
2. Hyperemic stage – few hours of profuse rhinorrhae , nasal obstruction and pyrexia
3. Stage of secondary bacterial infection – the discharge became thick yellow or green
4. Stage of resolution – 5-10 days

Treatment :-

Avoid contact with known case

Bad rest

Analgesia

Local with or without systemic decongestant

Antibiotic as prophylaxis for secondary bact . infection .

# Chronic rhinitis :-

Simple chronic rhinitis =- resulted from recurrent acut rhinitis due to present of one or more predisposing factors

As 1-recurrent tonsillitis or sinusitis

2-nasal septel deviation

3-allargy

C.P ====1- nasal abstraction

2-post nasal drip

3-transient anosmia

4-nasal heaviness

Treatment ====1-treat of predisposing factor

2- frequent nasal douche

3-nasal vasoconstrictor with or without

Local nasal steroid

4-systemic antihistamines in allergic patient

5-surgecal treat. As removal of polyp or reduction of inferior turbinate by SMD or cryosurgery

# Atrophic rhinitis :-

A chronic inflammation of nasal mucosa result to atrophy of nasal mucosa and underling bone of nasal cavity due to end arteritis or pre arterial fibrosis of terminal arterioles leading to cru station and wide nasal cavity formation

A etiology:- unknown

1-malnutrition ( iron deficiency anemia , folic acid deficiency , vit. B complex deficiency )

2- estrogen progesterone imbalance in female

3-inviromental dry hot weather

4-nasal surgery ( turbenectomy)

5-heredetory factor

6-chronic granulomatous nasal infection (TB , syphilis)

# C.P =

1-mostly affecting young female presented with foul smell and anosmia

2-nasal cru station and sense of nasal obstruction

3-epistaxis after removal of nasal crust

4-similler atrophic changes seen in the pharynx and larynx

# Treatment:-

1-treatment of predisposing factors as mal nutrition by iron , folic acid and vit .B complex

2-frequnte nasal douche by syringing with (Na-bicarbonate ,Na-biborate and Na-chloride )

3-nasal drops as 25 gram glucose in glycerin (mucosal nutrients)

4-removal of cru station by forceps

5-incresed blood supply and glandular activity of nasal mucosa by potassium iodide therapy , local or systemic stilboestrol (hormonal therapy )

6-antibiotic local or systemic

7-modefied young operation( partial close of the nostril )

# Allergic rhinitis =>

Is an IgE mediated type I hypersensitivity reaction of the nasal mucosa , it can be seasonal (hay fever ) or perennial type

# Etiology=

The allergic reaction is started due to attacks of allergen as pollen , house dust mite to the nasal mucosa .

# Pathology =

Allergic patient have high concentration of IgE T helper cell , the IgE on the mast cells of the nasal mucosa which have receptor for cretin allergen that leading to degeneration of the mast cells and riles of histamine this lead to vascular congestion , irritation , rhinorrhae and mucosal edema

# C.P =

Hay fever or seasonal type of allergy mostly starting from early summer to early autumn , patient complain of rhinorrhae , sneezing , nasal irritation , watering eye , sometime with chest constriction

Perennial allergy the symptom along all the time of the year ,

Nasal obstruction , hyposmia , due to mucosal hypertrophy or nasal polyposis

# Diagnosis =

1. Skin test to identified the allergen type
2. RAST radioallergosorbent test
3. Nasal smear ( high eosinophes infiltration )

# Treatment =

1-avoidance by many methods to prevent exposure of the patient to the allergen after identification of it ( control 80% of the patient)

2-oral antihistamines

3-topical steroid as nasal drop or spry

4-systemic steroid (for short time in sever seasonal type)

5-sodum cromoglycat as nasal spry for prophylaxis

6-desensitization (exposure of the allergic patient to previously identified allergen via controlled system )

7-surgery as sub mucosal diathermy (SMD) of the inferior turbinate , nasal polypectomy

# Rhinitis madicamntosa=

Its drugs induced rhinitis due to abuse of nasal local vasoconstrictors for long time leading to rebound vasodilatation and nasal congestion not responded to this type of treatment

# CP=

Nasal obstruction and its complication

# Treatments=

1-stop the local nasal decongestant

2-local steroid

3-surgery as SMD or partial turbinactomy