

VASOMOTOR RHINITIS

VASOMOTOR RHINITIS

Vasomotor Rhinitis is a disease of unknown causes more common with age. It can follow an increase in our weight, after head trauma, after severe sinusitis, pregnancy or severe stress. It is usually associated with a loss of control of the nose's function. The healthy nose will swell and secrete fluid in response to air that is dirty or very cold. In vasomotor rhinitis, the nose swells and secretes mucus and fluid to minor irritations. Clear, runny, nasal congestion and postnasal drainage are the usual complaints. Irritating triggers can include: smoke, dust, sprays, smells, perfume, alcohol, chemicals, wind or a fan blowing in the face, rapid chilling or heating of the body, newsprint, and perfumes. This can present with profuse, watery runny nose or congestion in association with eating hot or spicy foods. Laying down increases nasal stuffiness, in contrast, exercise reverses nasal congestion temporarily. Seventy percent develop the condition after age 20; by comparison, the onset of allergic rhinitis usually occurs before age 20. The majority are female, with a reported predominance between 55 and 71 percent. Usually symptoms are all year and without specific allergic triggers.



TREATMENT

A. AVOIDANCE

The home environment must be modified to avoid factors that initiate or exacerbate the rhinitis, e.g., smells, dust, fungi, insects, or cigarette smoke. Control of humidity and temperature can lessen nasal instability or vasomotor hyperactivity.

B. MEDICATIONS

1. Irrigations with normal saline solutions using a bulb syringe or commercial saline spray can help liquify mucus, moisturize mucosal surfaces, and wash away allergens.

2. Specific pharmacologic agents are usually required to control symptoms. As with acute allergic rhinitis, start with drugs with fewer side effects and advance to additional agents if control is not achieved. Intranasal steroids can be effective 50% of the time. I also use an anti-irritant or antihistamine drug in a nasal spray that can give relief in up to 80% of the patients. Anti-cholinergics can also help.

C. EXERCISE

Exercise can help reduce nasal obstruction by stimulating sympathetic nerve discharge, which produces vasoconstriction and lasts for 15-30 minutes. Weight loss can be crucial in some patients.

D. IMMUNOTHERAPY

Allergy shots for allergic rhinitis may not be as effective as it is for acute seasonal allergic rhinitis if vasomotor rhinitis is also present.

E. SURGICAL TREATMENT

Because breathing through each nostril normally alternates every 1 or 2 hours, a deviated septum can present additional complications to the patient with vasomotor rhinitis. Varying degrees of septal deviation occur in about one-third of all patients with rhinitis. Mild septal deviation without unilateral congestion need not seek surgical evaluation.

Chronic nonallergic rhinitis or vasomotor rhinitis is a persistent condition in the majority of patients. In one study, 180 patients with nonallergic rhinitis were reevaluated three to seven years after diagnosis. Fifty-two percent reported worsening symptoms over time.