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Rhinitis Causes and its Classification Involved

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Opinion Article

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DESCRITPION

Rhinitis is when a reaction occurs that causes nasal congestion, runny nose, sneezing, and itching. Most types of rhinitis are caused by an inflammation and are associated with symptoms in the eyes, ears, or throat. There are several types of rhinitis. Some of them mentioned below:

Acute viral rhinitis

Acute viral rhinitis can be caused by a variety of viruses, usually the common cold. Symptoms consist of runny nose, sneezing, congestion, postnasal drip, cough, and a low-grade fever. Stuffiness can be relieved by taking decongestants, such as oxymetazoline or phenylephrine as a nasal spray or pseudoephedrine by mouth. These drugs, available over the counter, cause the blood vessels of the nasal mucous membrane to narrow (constrict). Nasal sprays should be used for only 3 or 4 days because after that period of time when the effects of the drugs wear off, the mucous membrane often swells even more than before. This phenomenon is called rebound congestion. Antihistamines help control a runny nose, but some cause drowsiness and most cause other problems, especially in older people (see Aging and Drugs). Antibiotics are not effective for acute viral rhinitis.

Chronic rhinitis

Chronic rhinitis is usually an extension of rhinitis caused by inflammation or a viral infection. However, it also may rarely occur with diseases. These diseases include syphilis, tuberculosis, rhinoscleroma (a skin disease characterized by very hard, flattened tissues that first appear on the nose), rhinosporidiosis (an infection in the nose characterized by bleeding polyps), leishmaniasis, blastomycosis, histoplasmosis, and leprosy—all of which are characterized by the formation of inflamed lesions (granulomas) and the destruction of soft tissue, cartilage, and bone. Both low humidity and airborne irritants also can result in chronic rhinitis.

Chronic rhinitis causes nasal obstruction and, in severe cases, crusting, frequent bleeding, and thick, foul-smelling, pus-filled discharge from the nose. Decongestants may relieve symptoms. Any underlying infection requires a

culture (examination of microorganisms grown from a sample of mucus to identify infection with bacteria or fungi) and appropriate treatment. If symptoms persist, biopsy (removal of a tissue sample for identification under a microscope) may be necessary to rule out cancer.

Atrophic rhinitis

Atrophic rhinitis is a form of chronic rhinitis in which the mucous membrane thins (atrophies) and hardens, causing the nasal passages to widen (dilate) and dry out. This atrophy often occurs in older people. People who have granulomatosis with polyangiitis (formerly called Wegener granulomatosis) are also at risk. The cells normally found in the mucous membrane of the nose—cells that secrete mucus and have hairlike projections to move dirt particles out—are replaced by cells like those normally found in the skin. The disorder can also develop in people who had a significant amount of intranasal structures and mucous membranes removed during sinus surgery. A prolonged bacterial infection of the lining of the nose is also a factor. Crusts form inside the nose, and an offensive odor develops. People may have recurring severe nosebleeds and can lose their sense of smell (anosmia). Treatment is aimed at reducing the crusting, eliminating the odor, and reducing infections. Antibiotics, such as bacitracin or mupirocin ointment applied inside the nose, kill bacteria. Estrogens sprayed into the nose or taken by mouth and vitamins A and D taken by mouth may reduce crusting by promoting mucosal secretions.

Vasomotor rhinitis

Vasomotor rhinitis is a form of chronic rhinitis. Nasal stuffiness, sneezing, and a runny nose—common allergic symptoms—occur when allergies do not seem to be present. In some people, the nose reacts strongly to irritants (such as dust and pollen), perfumes, pollution, or spicy foods. The disorder comes and goes and is worsened by dry air. The swollen mucous membrane varies from bright red to purple. Sometimes, people also have slight inflammation of the sinuses. People do not have a pus-filled discharge or crusting.

Treatment of vasomotor rhinitis is by trial and error and is not always satisfactory. If inflammation of the sinus is not severe, treatment is aimed at relieving symptoms. Avoiding smoke and irritants and using a humidified central heating system or vaporizer to increase humidity may be beneficial. Nasal corticosteroid and antihistamine sprays sometimes help. Nasal decongestant sprays should not be used. However, decongestants taken by mouth may be used for a few days at a time when symptoms are worst.

Rhinitis medicamentosa

Rhinitis medicamentosa, also known as rebound congestion, is severe nasal congestion caused by the overuse (over 3 or 4 days of continuous use) of decongestant nasal sprays and drops (not from steroidal sprays). Treatment is by discontinuing the drug that is causing the condition and using a saline nasal spray. Corticosteroid nasal spray may also be used if needed.