



A Growing Nasal Problem

Karen Binkley, MD, FRCPC

Situation:

- ✓ Jason, 45, is a social worker who presents with increasing nasal congestion and is concerned that he might have environmental allergies.
- ✓ Jason has experienced increasing nasal congestion over the past two years to three years. Symptoms are present throughout the year and there is no seasonal pattern of exacerbations. There is some nasal discharge and post-nasal drip, with occasional sneezing, but little itching. There is fluctuating anosmia, but ocular irritation is absent. Over-the-counter antihistamine preparations are only effective if they also contain decongestants. Jason has avoided using topical nasal decongestant sprays because he is aware they can become “addictive.”
- ✓ Jason has never been diagnosed as having asthma.
- ✓ Jason is a lifelong non-smoker. He has no pets. He has never had food allergies or eczema. His father has had long-standing nasal congestion.
- ✓ Jason takes no regular medications. On rare occasions, he does take an acetaminophen when he has a headache and has avoided acetylsalicylic acid (ASA) and anti-inflammatory drugs for many years because of GI upset.
- ✓ Jason is otherwise well and very active. He is concerned that his health may be affected by the mould present in his office building.
- ✓ Physical examination is remarkable for extreme swelling of both inferior nasal turbinates. Polyps are seen above the turbinates. There is no conjunctival injection. The chest is clear.
- ✓ Allergy skin prick tests are completely negative to all common aeroallergens.

Notes on Jason

Age: 45

Presentation:

- Social worker concerned about increasing nasal congestion
- Possible environmental allergies

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What do you suspect?

Nasal polyposis

- ✓ Rhinitis with nasal polyposis often occurs independently from IgE-mediated processes, so it is not surprising that allergy skin prick tests are negative. Rhinitis with nasal polyposis is often caused by inflammation in the upper airway and can be associated with inflammation in the lower airway resulting in asthma. Release of growth factors in the nasal mucosa results in hypertrophy and the development of nasal polyps. Inflammation of the lower airway associated with this process can result in asthma. Approximately 70% to 80% of patients with nasal polyps and asthma will eventually develop sensitivity to ASA and non-steroidal anti-inflammatory drugs.

Further investigations and management:

- ✓ Jason is started on the regular use of an intranasal corticosteroid. If intranasal corticosteroid treatment is insufficient in a patient with nasal polyposis, or if swelling is severe enough to prevent penetration of the intranasal corticosteroid spray, a short course of oral corticosteroids may be considered. Surgical removal is also an option, but is only temporary. Regular postsurgical treatment with intranasal corticosteroids can help prevent polyp regrowth.

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Dr. Binkley is an Assistant Professor of Medicine, Division of Clinical Immunology and Allergy, University of Toronto and a Staff Member, St. Michael's Hospital and Sunnybrook Health Sciences Centre, Toronto, Ontario.