

## Case 8:



EDINBURGH UNIVERSITY  
EAR NOSE & THROAT  
SOCIETY

*The Edinburgh ENT Soc cases have not been proofread by any professionals or members of the medical school. They have been made based on the guidelines available at the time.*

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This case covers allergic rhinitis, one of the most common ENT conditions experienced in general practice.

**Question 1:** In mild, intermittent allergic rhinitis, what are the typical symptoms?



As the name rhinitis suggests, any symptoms suggesting nasal inflammation such as sneezing, nasal itching, nasal discharge (rhinorrhoea), and nasal congestion — bilateral symptoms typically develop within minutes following allergen exposure.

Additional symptoms such as postnasal drip, itching of the palate, and cough; and features suggestive of chronic nasal congestion, such as snoring, mouth breathing, and halitosis.

**Case:**

A 35-year-old female patient presents with sneezing, coughing and fever, starting around a week previously. The nasal discharge is cloudy.

**Question 2:** Is this likely to be allergic rhinitis?

**Question 3:** Which immune mediator is typically responsible for allergic rhinitis from pollen?

**Question 4:** What is the standard 1<sup>st</sup> line treatment of mild, intermittent allergic rhinitis?



### Answers Q2-4:

The case presented is much more likely to be infective rhinitis due to an upper respiratory viral infection such as the cold than allergic rhinitis. The symptom onset of a week is not consistent with and does not have evidence of enough of a pattern to be allergic rhinitis. Also, cloudy discharge suggests infection is more likely.

**IgE** is the typical immune mediator in allergic rhinitis.

Typical triggers of allergic rhinitis include pollen in seasonal “hay fever” occupational exposures such as flour in a baker, pet hair and dust mites.

**Interesting fact:** Continued untreated bakers’ allergic rhinitis can lead to non-coeliac gluten intolerance.

### Treatment:

In reality **oral antihistamines** are not uncommon treatment. However, ideally intranasal antihistamines would be a more efficacious treatment as they have fewer systemic side effects, e.g. drowsiness. Patient choice is very important, and some patients may opt for oral antihistamines instead

Corticosteroid nasal sprays are only appropriate in moderate to severe allergic rhinitis which does not respond to antihistamines

Allergen avoidance is of course one of the main non-pharmacological options.

### References:

<https://cks.nice.org.uk/topics/allergic-rhinitis/management/management/>

