

Rhinitis Medicamentosa: Review of diagnostic criteria and current treatment

Fotini Ieridou

University Hospital Plymouth, UK

Abstract

Background: Rhinitis Medicamentosa (RM) or otherwise known as rebound or chemical rhinitis is classified as non-allergic rhinitis that is characterized by nasal congestion without nasal discharge or post nasal drip. It is defined as chronic dysfunction of nasal mucosa caused by prolonged use of nasal decongestants and affects 1-9% of the population. It is more common in young and middle-aged individuals and affects equally both sexes. The prevalence of rhinitis medicamentosa in general population is 14% and is the second most common condition after idiopathic non-allergic rhinitis (39%). Currently, there is no specific treatment for RM; however studies have shown that decongestant abstinence as well as the use of intranasal corticosteroids has proven effective for this particular condition.

Aims: The scope is to review the diagnostic criteria and treatment of RM.

Methodology: RM has no validated criteria to diagnose it, as similar presentation can appear with vasomotor, infective or allergic rhinitis. Therefore assessments of symptoms for RM using NOSE scoring system (nasal obstruction symptom evaluation) for 5 symptoms-congestion, obstruction, breathing through nose, difficulty in sleeping, difficulty in breathing during exercise) can be used to evaluate the severity of patients' symptoms. In addition, clinical examination is used including flexible nasal endoscopy.

Results: On nasal examination, the mucosa initially looks 'beefy red' and at later stages of the disease the mucosa becomes pale and edematous. A Nose score of > 3 is significant. **Conclusion:** RM is a challenging nasal condition in terms of diagnosis as well as treatment. Therefore, further studies need to follow in order to manage RM as well as to make public aware not to use nasal decongestants for more than 5 days.

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Biography

Fotini Ieridou is currently working as an ENT lower STR in the department of ENT at Derriford Hospital, University Hospital Plymouth, UK.