

CHRONIC RHINITIS: SIGNS, SYMPTOMS, DIAGNOSIS, TREATMENT IN ADULTS

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Abstract: The problem of diagnosis and treatment of allergic rhinitis (AR) still remains relevant in allergology and rhinology. Despite significant progress in the diagnosis and treatment of this disease, there is a further increase in its prevalence (from 10–20% to 30–40% in different countries of the world), aggravation of the clinical course, subsequent development of bronchial asthma (in 50% of patients), damage to the ENT organs, eyes, skin, a significant decrease in the quality of life of patients, including performance indicators, ability to learn and rest.

Keywords: Chronic rhinitis, AR, treatment, diagnosis, method.

INTRODUCTION

Currently, AR is defined as intermittent or constant inflammation of the nasal mucosa and sinuses, caused by the action of allergens, which is characterized by nasal congestion, itching, discharge, sneezing and often anosmia (there may be only a few symptoms). AR is classified depending on the nature of its course (intermittent or persistent) and the severity of its symptoms. In the domestic Protocol for the provision of medical care to patients with AR, intermittent AR is also proposed to be called seasonal (for hay fever), and persistent AR - year-round. Seasonal AR (SAR) can be of pollen or fungal etiology, and year-round AR (CAR) can be of a household, epidermal, food, or professional nature. The main emphasis in distinguishing between intermittent and persistent AR is on the frequency of symptoms (<4 days per week or <4 weeks per year and >4 days per week or >4 weeks per year, respectively).

MATERIALS AND METHODS

The development of CAR is associated with hypersensitivity to allergens of house and library dust, house dust mites, epidermis and excrement of animals or birds, insect aeroallergens (cockroaches, mosquitoes, ants, moths, bloodworms, etc.), mold and yeast allergens, less often - to occupational (including chemical) allergens, food products, and medicines. SAR is a clinical manifestation of sensitization to pollen allergens, as well as mold and yeast allergens [1].

As is known, AR belongs to the group of atopic diseases. They are based on an IgE-dependent (immediate) type of allergic reaction. Upon contact with an allergen, patients predisposed to the development of allergic diseases develop sensitization, accompanied by hyperproduction of specific IgE antibodies (reagins) by B lymphocytes with the participation of various cytokines and T helper cells. This immune system response to an allergen is genetically determined. Upon repeated contact with the allergen in the body, it binds to IgE fixed on the receptors of mast cells and basophils.

RESULTS AND DISCUSSION

Clinical manifestations of AR are characterized by 4 main symptoms, which can be observed in any combination [2]:

- itching in the nasal cavity;
- paroxysmal sneezing;
- copious watery discharge from the nose (rhinorrhea);

- nasal congestion.

Symptoms of AR can either appear episodically only in conditions of close contact with causally significant allergens, in a certain season of the year, or persist throughout the year with periodic deterioration of the patient's condition when exposed to high concentrations of the allergen, various starting (trigger) factors, exacerbation of respiratory diseases.

The examination scheme for a patient with AR includes collecting an allergic history, physical examination of the patient, conducting specific skin, provocative and laboratory tests with allergens, as well as other laboratory and instrumental research methods.

Laboratory methods for specific allergy diagnostics or in vitro tests are used in the following situations [3]:

- in young children;
- in patients with a high degree of sensitization to allergens;
- with a continuously relapsing course of AR and accompanying allergopathology;
- if it is impossible to discontinue antiallergic drugs;
- in case of multiple sensitization to allergens, when it is not possible to conduct in vivo testing with all suspected allergens at once in a short time;
- in case of false positive or false negative results of skin tests;
- with urticarial dermatographism.

The advantages of laboratory diagnostic methods with allergens include: complete safety for a patient with AR, fairly high information content, the possibility of remote examination of the patient, and the need for a small amount of blood for research. Disadvantages: as a rule, the high cost of research, the need for a modern well-equipped laboratory, equipment, qualified personnel, and therefore their routine use is currently difficult. Since the development of AR is based on the IgE-dependent (immediate) type of allergic reaction, the following methods of laboratory specific diagnosis of AR are used to identify causally significant allergens [4]:

- enzyme-linked immunosorbent assay (ELISA) method for detecting specific antibodies of the IgE class;
- radioallergosorbent test (RAST) to detect specific antibodies of the IgE class;
- immunofluorescent tests;
- chemiluminescent analysis;
- indirect basophil test (Shelley test);
- direct basophil test (Shelley test);
- passive hemagglutination reaction;
- immunothermometry method.

CONCLUSION

Thus, modern ideas about the treatment of patients with allergic rhinitis are based on the use of elimination measures, specific immunotherapy with cause-significant allergens, pharmacotherapy (non-sedating antihistamines, topical and systemic glucocorticosteroids, cromones, decongestants, bronchodilators), the volume of which depends, first of all, on the severity of the disease.

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