

Rhinitis

Telephone: +1-817-421-0770



For Patients Physicians Services Learning/Resources Patient Portal
Pollen Count Contact Us



Rhinitis

Rhinitis

Rhinitis, or inflammation of the mucous membranes of the nose is often classified simply as allergic or non-allergic rhinitis. Though all types of rhinitis fall into one of these two categories, there are many variations of the non-allergic form.

Allergic Rhinitis

Allergic rhinitis is caused by allergens such as pollen, dust mites, mold or animal dander. It may produce sneezing, congestion, a runny nose and itchiness in the nose, throat, eyes, and ears.

Allergic rhinitis may be seasonal, occurring during pollen seasons in the spring, summer, fall and winter. Indoor allergens such as dust mites, mold or animal dander may cause allergy symptoms all year-round. It will usually occur in patients before the age of 20 years. In certain instances it may occur during the first year of life, particularly if there is a history of maternal allergy, solid foods are introduced into the diet early, or if the mother is a heavy smoker.

Allergy skin testing will identify causes of allergic rhinitis and help guide the physician in your treatment. This is usually done if a patient fails a trial of medical therapy or has rare unwanted side effects from medications. Environmental controls such as the use of air conditioning, particularly in the bedroom, for pollen-sensitive patients, and dust mite and pet avoidance measures for indoor allergens are important. Oral medications such as antihistamines (particularly the new non-sedating types) and decongestants are often useful, and inhaled medications such as topical cromolyn or corticosteroids may be prescribed as well.

Allergic rhinitis also may be treated with immunotherapy (allergy shots). If not relief is realized with the above measures, and if the patient has symptoms for many months of the year, allergy immunotherapy may improve symptoms and greatly lessen the need for medications.

Non-Allergic Rhinitis

- Vasomotor Rhinitis – your physician will provide you with this handout if felt that you are suffering from this condition.
- Eosinophilic Rhinitis is named after the blood cell which distinguishes it from other forms of non-allergic rhinitis – the eosinophil. This type of rhinitis behaves like allergic rhinitis in that it causes frequent, recurrent bouts of sneezing and runny nose. This disorder, which may seem to appear from out of the blue, can be provoked by changes in the environment such as air pressure variations or weather shifts. Allergy skin tests are negative in this condition, and nasal polyps are a common complication. antihistamines, decongestants and topical cromolyn may be beneficial, but topical steroids provide relief for many patients.
- Rhinitis Medicamentosa occurs when topical decongestants (nasal sprays) are used in excess. In these cases, patients have used over-the-counter nasal sprays for more than three days. This form of rhinitis causes severe nasal congestion and is best treated by going “cold turkey” and discontinuing the offending nasal spray. Topical or oral corticosteroids can be used to help end nasal spray dependency.
- Neutrophilic or Infectious Rhinosinusitis is usually precipitated by a sinus infection or related infection, but may also be associated with colds and flu. It causes post-nasal drip, sinus pain and pus filled secretions, which may be treated with decongestants, nasal saline irrigation, and antibiotics. Your doctor may have you blow some of the secretions into a piece of wax paper to observe it under the microscope to decide if you are having a sinus infection and require antibiotics.
- Structural Rhinitis is caused by structural abnormalities in the nasal septum normally resulting from an injury or congenital abnormality. This type of rhinitis may produce perennial (year-round) congestion that usually affects one side of the nose more than the other. Surgery may aid in correcting this abnormality.
- Nasal Polyps are growths on the mucous membrane which cause congestions and loss of sense of smell. They provoke symptoms year-round and usually begin between the ages of 20-40. Nasal polyps may be associated with aspirin and related compounds, the NSAID's, hypersensitivity, asthma and recurrent sinusitis. Decongestants or corticosteroids (topical or oral) may provide temporary relief. Nasal polyps may be surgically removed, but have a tendency to reoccur. Children that are less than 12 years old with nasal polyps should be tested for cystic fibrosis.

By learning more about the causes and symptoms of various forms of allergic rhinitis, you will be better able to identify your symptoms and help your physician make an accurate diagnosis and effective treatment plan for you.

5 Star!

Dr Richard Mayse
& all the staff are
exceptional!

— Janice Raver

TRAAC Staff

The staff at Texas
Regional Asthma and
Allergy Center are
standing by to help you!
If you have questions,

Contact Traac

If you have questions or
comments, please
contact us directly! We
welcome your
suggestions and hope to

TRAAC Social Media



need to set appointments
or any other service
related items, call today!

make your experience
the best it can be!

Contact us

Site Developed and Maintained by Juris Fabrilis, Inc.

Copyright © 2016 Texas Regional Asthma and Allergy
Center. All rights reserved