

Advancements in Allergy and Asthma Care, Ltd.

Michael R. Wexler, M.D.

Debra J. Peterson, RN, CNP Pamela K. McNallan, PA-C.

Suite 215, Ridge Plaza 12450 Wayzata Blvd., Minnetonka, MN 55305

Telephone 952-546-6866 Fax 952-512-0038

advancementsinallergy.com

VASOMOTOR RHINITIS

Vasomotor rhinitis is a condition which is characterized by nasal congestion, sneezing, runny nose, sniffing, post nasal drip, itchy watery eyes, and/or headaches. Patients with vasomotor rhinitis often seek help from the allergist because the symptoms are similar to those of allergic diseases.

The internal nose is a relatively large air chamber which is divided into two by the nasal septum. Moist mucous membranes line the internal nose. These membranes will shrink or swell in response to various internal and external stimuli.

The actual cause of this abnormality is not known. However, there seems to be a “hyper-responsiveness” of the nasal membranes to various non-specific stimuli, such as temperature changes, position changes, humidity, sunlight, strong odors, hormonal changes, fumes, aerosols, the act of eating, exercise, tobacco smoke, perfumes, wine, beer, and even emotional upsets. When these stimuli occur, the nasal congestion will increase.

Once allergies and other causes of rhinitis have been eliminated, non-allergic vasomotor rhinitis can be firmly diagnosed.

Vasomotor rhinitis can begin at any time, but usually after puberty with the symptoms usually being mild, but not infrequently, progressing in severity. The symptoms are usually perennial, but can be seasonal.

Since the specific cause of vasomotor rhinitis is unknown, the problem is treated symptomatically. Specific desensitization (i.e., allergy shots) is of no value. Various medications such as decongestants are helpful. Nasal sprays may be of value, but this does not include the over-the-counter nasal decongestant sprays. (These should be avoided).

Finally, both allergies and vasomotor rhinitis may occur concurrently.