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NAVIGATING CHRONIC HYPERTROPHIC RHINITIS: CAUSES, SYMPTOMS, AND TREATMENT STRATEGIES

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Abstract
Difficulty in nasal breathing contributes to the onset of numerous acute and chronic respiratory conditions affecting both the upper and lower respiratory tracts. Among the prevalent causes of this impediment lies hypertrophy of the nasal concha. Understanding the origins of concha hypertrophy and employing appropriate drug therapies or, when essential, surgical interventions becomes pivotal in averting both immediate and delayed complications. This article delves into the complexities of chronic hypertrophic rhinitis, detailing its origins, pervasive symptoms, and a spectrum of treatment modalities encompassing pharmaceutical and surgical approaches. Offering insights for professionals and individuals seeking comprehensive guidance, this document serves as an invaluable resource in understanding, addressing, and managing chronic hypertrophic rhinitis effectively.

Keywords: Rhinitis, Hypertrophy, Shell, Hyperplasia, Paranasal sinus.

Introduction

Rhinitis (in the vernacular - runny nose) is an inflammatory process in the mucous membrane of the nasal cavity. Like other inflammations, depending on the type, rhinitis can be acute or chronic; in addition, there are several relatively independent clinical forms, the differences between which depend on specific etiopathogenesis, symptoms, and pathomorphological changes.

Despite the widespread prevalence of simple, uncomplicated rhinitis and the public's indifference towards them, this disease requires strict medical supervision and not "self-treatment". The risk of complications, including. the most common variant of heavy, rather high and unfavourable dynamics is the chronicity of the inflammatory process.

The fact is that any chronic inflammation leads to a disorder of tissue nutrition (dystrophy), a violation of its function, and regression of the histological structure (degeneration). Degenerative-dystrophic processes can have a different character (atrophy, necrosis, hyperplasia, hypertrophy); and hypertrophic rhinitis, thus, chronic runny nose is one of the variants of pathological tissue changes.

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By definition, hypertrophy is an increase in the size of parenchymal (basic, specialized) cells with a relatively constant number (hyperplasia means an abnormal increase in the number of cells of unchanged size). The etiopathogenesis of hypertrophy of the nasal mucosa during chronic rhinitis is currently not fully understood. It is assumed that this is a type of compensatory reaction to the permanent dysfunction of the tissue: the body tries to compensate for its partial deficiency by increasing its volume. Approximately the same mechanism is based on neovascularization, the formation of new vascular networks during chronic ischemia (lack of blood supply).

An increase in cell volume and, accordingly, abnormal growth of the mucous membrane in the nasal passages contributes to factors such as the patient's allergic predisposition, air circulation and drainage disorders (for example, due to congenital narrowing or curvature of the passageways). nasal septum curvature), long-term use of certain drugs, chronic inflammation in the nasal passages Paranasal sinuses (sinusitis) and other related structures, as well as possibly endocrine and immune diseases.

Symptoms and diagnosis

The clinical manifestation of chronic hypertrophic rhinitis is a constant stuffy nose (in severe cases, up to complete blockage of nasal breathing), decreased sense of smell - again, sometimes at the level of anosmia, loss of smell, purulent discharge from the mucous membranes or nasal passages. The inability to breathe completely through the nose leads to hypoxia and the development of secondary diseases: frequent respiratory tract infections, dyssomnia (disturbed sleep), fatigue, reduced work capacity, emotional instability, etc. One of the specific and diagnostically important features of hypertrophic rhinitis is the absence of a positive reaction to the instillation of vasoconstrictor drugs.

In addition to standard rhinoscopy, collecting complaints and anamnesis, rhinomanometry, turbinate contractility test, X-ray, CT, endoscopy and other research methods are prescribed, the choice of which is determined by specific indications in an individual case.

Treatment

As a rule, the method of choice is surgical removal of excess tissue, simultaneous restoration of breathing and reconstruction of drainage channels. This type of minimally invasive endoscopic surgery is becoming more and more common. In parallel with this, intensive conservative treatment of the infectious inflammatory process is carried out, and antihistamines, anti-inflammatories and other drugs are prescribed according to the instructions.

Conclusions

1. **Significance of Nasal Inflammation and Chronicity:** Rhinitis, particularly chronic hypertrophic rhinitis, is more than a simple runny nose; it represents an inflammatory process within the nasal cavity that, if left untreated, can lead to complications and chronicity. The chronic nature of this inflammation requires careful medical attention to prevent adverse outcomes.

2. **Pathological Changes in Chronic Rhinitis:** Chronic inflammation within the nasal mucosa leads to tissue dysfunction and various degenerative changes, including hypertrophy characterized by an abnormal increase in cell volume. This hypertrophic response might be a compensatory reaction to tissue dysfunction or chronic ischemia.

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3. **Factors Contributing to Hypertrophic Rhinitis:** The development of hypertrophic rhinitis is influenced by several factors, including allergic predisposition, nasal passage abnormalities, drug usage, chronic inflammation in nasal and paranasal sinus structures, and potential endocrine or immune system disorders.

4. **Symptoms and Impact:** Chronic hypertrophic rhinitis manifests as persistent nasal congestion, reduced sense of smell, purulent discharge, and potential hypoxia due to impaired nasal breathing. These symptoms lead to secondary complications such as respiratory infections, sleep disturbances, fatigue, and decreased work capacity.

5. **Diagnostic Approaches:** Diagnosis involves various methods, including rhinoscopy, rhinomanometry, imaging studies (X-ray, CT), endoscopy, and specific tests to evaluate nasal tissue response. Lack of response to vasoconstrictor drugs serves as a distinctive diagnostic feature.

6. **Treatment Modalities:** Surgical removal of excessive tissue and restoration of normal breathing and drainage channels through minimally invasive endoscopic procedures stand as the primary treatment for chronic hypertrophic rhinitis. Conservative measures involving medication to address the infectious-inflammatory process complement the surgical intervention.

In summary, chronic hypertrophic rhinitis necessitates careful medical attention due to its potential to cause complications and chronicity. Understanding its origins, diagnosis, and employing a combination of surgical and conservative approaches becomes pivotal in effectively managing this inflammatory condition and preventing its adverse effects on respiratory health and daily functioning.

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