

Pregnancy induced rhinitis and its management

By

Dr. T. Balasubramanian



Definition:

Ellegard and Karlsson defined pregnancy rhinitis as nasal congestion in the last 6 weeks of pregnancy without signs of respiratory tract infections in the absence of allergy. It disappears within the first week after child birth.

Relationship between pregnancy rhinitis and allergic rhinitis is unclear, but studies have revealed that the incidence of sinusitis is more than 10 times greater in pregnant women.

Etiology:

Various theories have been propounded to explain etiopathogenesis of pregnancy rhinitis.

They include:

1. Oestrogen effect
2. Increased blood volume
3. Stress
4. Elevated placental growth hormone increases nasal congestion
5. Autonomic imbalance

Clinical features:

Patients with pregnancy induced rhinitis have watery rhinorrhoea, headache and mild fever.

These patients have associated sinusitis. Rhinitis can be unilateral or bilateral. Nasal mucosa appears pale and boggy; it is this feature that differentiates this condition from other forms of rhinitis.

Management:

1. Patient education – All pregnant mothers should be educated regarding the possibility of this condition
2. Patient should be reassured stating that it is purely a self-limiting condition
3. Elevation of head end of the patient while sleeping, ensuring proper ventilation, and hydration is a must.
4. Avoidance of cigarette smoke, and other environmental irritants
5. Nasal douching using isotonic saline
6. Mild exercise if the patient's condition permits
7. Topical pseudoephedrine administration
8. Low dose intranasal beclamethazone
9. Steroid injections into the enlarged turbinates
10. Turbinate reduction using electrocautery or cryotherapy