

Proceeding





Chronic granulomatous conditions of nose

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- Kingdom of bahrain
- a. Rhinoscleroma: Rhinoscleroma is a chronic granulomatous condition of the nose and other structures of the upper respiratory tract
- b. It is a result of infection by the bacterium Klebsiella rhinoscleromatis.
- c. Rhinoscleroma is contracted by means of the direct inhalation of droplets or contaminated material.
- d. The disease probably begins in areas of epithelial transition such as the vestibule of the nose, the subglottic area of the larynx, or the area between the nasopharynx and oropharynx.
- e. Rhinoscleroma usually affects the nasal cavity, but lesions associated with rhinoscleroma may also affect the larynx; nasopharynx; oral cavity; paranasal sinuses; or soft tissues of the lips, nose, trachea, and bronchi.
 - f. Epidemiology
- g. It is endemic to regions of Africa (Egypt, tropical areas), Southeast Asia, Mexico, Central and South America, and Central and Eastern Europe.
- h. Rhinoscleroma tends to affect females somewhat more often than it does males.
 - i. Typically, rhinoscleroma appears in patients aged 10-30 years.
- j. Disease may start as a single nodule or in groups in nasal cavity.
 - k. The lesions do not suppurate or ulcerate
- 1. They heal by dense cicatrization, almost cartilage like hardness
 - m. Possible history findings
 - n. Nasal obstruction (most common complaint)
 - o. Rhinorrhea
 - p. Epistaxis
 - q. Dysphagia
 - r. Nasal deformity
 - s. Anesthesia of the soft palate
 - t. Difficulty breathing that progresses to stridor
 - u. Dysphonia
 - v. Anosmia

Pathological development

- a. Diffuse stage resembling atrophic rhinitis
- b. Stage of localisation and organisation

c. Stage of cicatrization

DD

- a. Atrophic rhinitis
- b. Tertiary syphilis
- c. Lupus
- d. Leprosy
- e. Cancer

Treatment

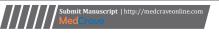
- Streptomycin
- Tetracyclines
- c. Chlorophenicol
- d. Steroids
- e. Locally
- f. Systemically

Wegner's granulomatosis

- A condition characterized by granulomatous inflammation involving the respiratory tract and necrotizing vasculitis affecting small to medium sized vessels.
- b. The pathological hallmark is the co-existence of vasculitis and granulomas and classically involves a triad of airway, lungs and renal disease.

Age and sex

- a. Significant number of patients below 25 years of age.
- b. Younger patients present with a generalized form.







Aetiology

- a. Aetiology remains unknown.
- b. Its inflammatory nature and resemblance to polyarteritis nodosa suggests that it represents some form of hypersensitivity reaction.
 - c. It might be related to inhaled bacteria.

Clinical features

- a. Most patients start with minor ENT symptoms
- b. Variable degree of epistaxis
- c. Nasal Obstruction
- d. Bloody crusts
- e. Destruction of intranasal structures including septum may follow leading eventually to nasal collapse.
 - f. Patients may complain of significant facial pain.

Pulmonary symptoms

- a. Cough
- b. Haemoptysis
- c. Pleuritic pain
- d. Cavitation
- e. Encapsulated lung abscess

Renal symptoms

- a. Between 30% to 90% patients develop renal symptoms.
- b. Microscopic haematuria
- c. Segmental or diffuse glomerulonephritis.

Ocular manifestations

- a. Conjuctiviitis
- b. Dacrocystitis

- c. Corneal ulceration
- d. Optic neuritis and retinal artery occlusion.
- e. Blindness unilateral or bilateral

Otologic symptoms

- a. Acute otitis media
- b. Otitis media with effusion
- c. Deafness
- d. Otalgia

Both conductive and sensorineural hearing loss

Diagnosis

- a. cANCA test is positive in 95% of patients.
- b. A full blood count
- c. ESR
- d. Renal Profile
- e. Urine analysis

Biopsy from septum or turbinates

- Vasculitis
- b. Granulomas of epithelial cell type
- c. Multinucleated giant cells
- d. Mucosal thickening
- e. Bone destruction
- f. New bone formation

Treatment

- a. Steroids and a variety of cytotoxic drugs improve short term prognosis by 90%.
- b. Nasal symptoms managed by topical preparations.
- c. Augmentation rhinoplasty

Septal Perforation

Causes

A. Trauma

- a. Surgical
- b. Repeated cautery
- c. Digital trauma

B. Malignant disease

- a. Malignant tumours
- b. Malignant granuloma

C. Chronic infections

- a. Syphilis
- b. Tuberculosis
- c. Leprosy

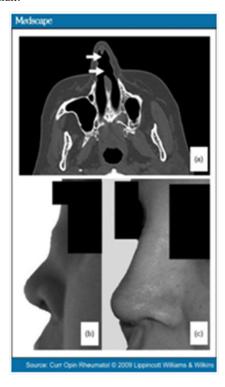
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D. Poisons

- a. Industrial
- b. Cocaine addicts

E. Idiopathic

- a. Most are iatrogenic in origin
- b. Repeated cautery of the septum
- c. Occupational: Commonest cause is penetration of the nasal mucosa by one of the hexavalent forms of chromium.
- d. Other causes include exposure to soda ash, arsenic and its compounds, organic compounds of mercury, cocaine and snuff.



I. There are often four well marked stages of development:

- a. Redness and congestion of mucosa
- b. Blenching and anaemia
- c. Necrosis and development of crusts
- d. Final extension of crusts in to cartilage and perforation

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Symptoms

- a. Most septal perforations are asymptomatic.
- b. Development of large crusts may cause nasal obstruction
- c. Separation of crusts may lead to bleeding
- d. Whistling noise
- e. The larger the perforation more symptoms it would produce

Treatment

- a. Cure the causative disease process
- b. Perforations never heal spontaneously
- c. Less severe cases can be satisfactorily controlled by nasal douching
- d. Silastic Obturators can be used to close large perforations up to 4cm in diameter.
- e. If obturators fail to deliver consider surgery
- f. Perforations larger than 2cm are difficult to close

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