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Nasal Blockage

Introduction

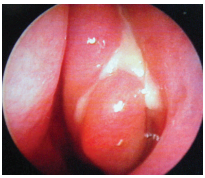
Many people experience nasal blockage at some time in their life. Most are transient and resolve spontaneously. However, when nasal blockage persists, it can become quite distressing and can significantly affect quality of life.

Causes

The causes of nasal blockage can be divided into unilateral (one-sided) and bilateral (two-sided) blockage.

Unilateral Blockage

1. Tumor - it is most important to exclude a nasal or sinus tumor (growth). It can be due to a benign (non-cancerous) growth such as a polyp or papilloma or malignant (cancerous) such as nose cancer. Blockage can be associated with bleeding or purulent discharge.



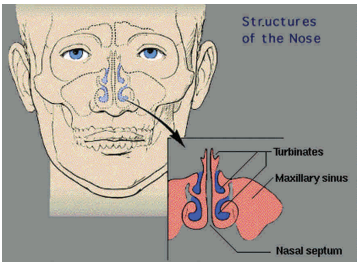
2. Sinusitis - Although sinusitis usually affects both sides, acute sinus infections can affect only one side. The blockage is usually accompanied by purulent discharge, facial pain, fever and teethache or numbness.

3. Deviated Nasal Septum - Some patients have a very bent nasal septum that narrows one side of the nasal cavity. This can be congenital or a result of trauma.

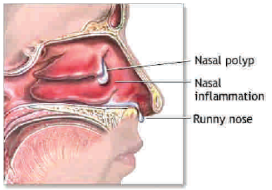
4. Foreign Body - in children, a one sided blockage associated with pus, a foreign body (eg toy) must be excluded.

Bilateral Blockage

1. Turbinate Hypertrophy (swelling) - Turbinates are normal swelling in the nasal cavity that can swell as a result of inflammation. The most common cause of turbinate swelling is nasal allergy. Overuse of decongestant nose drops also causes the lining of the nose to swell (Rhinitis Medicamentosa). **Turbinate hypertrophy is by far the most common reason patients experience nasal blockage.**



2. Nasal Polyps - these are benign swellings that result from chronic sinus infections. They can growth very large and even prop out the nose.



3. Chronic Sinusitis - persistent or recurrent infections of the sinuses can cause obstruction by filling the nasal cavities with discharge that is thick and viscous.

4. Adenoidal Hypertrophy - adenoids are aggregations of lymphoid tissue found at the back of the nose (postnasal space). Commonly, they are large in children, especially from ages 3 to 8. When severe, the children are seen to mouth breathe and snore loudly.

Associated Problems

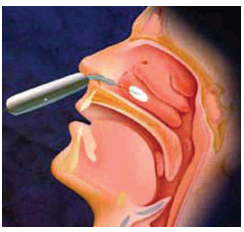
Nasal blockage is frequently associated with other conditions and aggravates symptoms. Patients frequently report headache, ear blockage, worsening snoring and sleep disturbances. Children may demonstrate behavioral changes such as irritability, listlessness and poor concentration. Also, studies have shown that children who mouth breathe demonstrate poor dentition and lower jaw development.

Treatments

The principle of treatment is to manage and control the underlying cause. Allergies can be managed with medications. Nasal polyps and chronic sinusitis may require surgery (endoscopic sinus surgery). Deviated nasal septums can be straightened. Large adenoids are removed to improve nasal patency.

Radiofrequency Turbinate Reduction (RTR)

RTR has revolutionized the treatment of nasal obstruction resulting from turbinate swelling. In the past, swollen turbinates needed to be cut away under general anaesthesia at the risk of bleeding. Nowadays, RTR offers a simple, quick and effective method of reducing nasal blockage as a clinic procedure under local anaesthesia. It takes about 15 minutes to complete and is not associated with any long term complications.



The principle of RTR is to shrink the swollen turbinate using electrical energy applied to the front part of the turbinate. The turbinate is filled with blood vessels and spongy tissue which can expand and shrink. With radiofrequency, this is replaced by scar tissue which cannot expand and results in a permanently small turbinate and enlarged nasal opening.

Conclusion

Although nasal blockage is a common symptom, effective treatments are generally affordable and readily available.

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