Clearing The Air On Nasal Congestion

ENT specialist Dr Gan Eng Cern sheds some light on stuffy noses

Almost everyone would have experienced some degree of nasal congestion in their life. Most of the time, it is just a nuisance and most sufferers will likely brush it off as just a temporary inconvenience. However, when your stuffy nose is severe, persistent or starts to affect your quality of life, social life or work, you may want to consider seeking treatment.

Dr Gan Eng Cern, a Consultant Ear, Nose & Throat Surgeon who subspecializes in conditions of the nose and sinuses, clears up some common questions on blocked nose, the main reason patients make a beeline to his busy practice at Mount Elizabeth Novena Specialist Centre.

What are the common causes of blocked nose?

The top 3 reasons for a persistently blocked nose seen in my practice are:

1 Sensitive nose

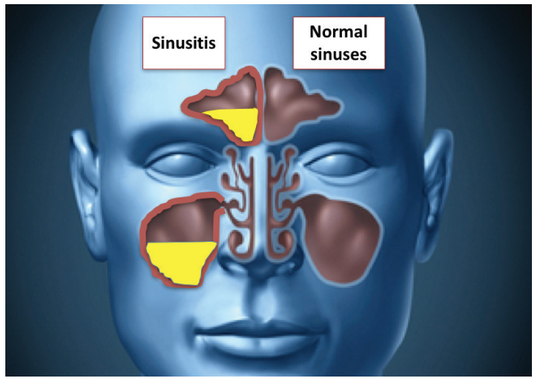
This is medically known as Rhinitis, which refers to inflammation of the nasal cavity. The cause can be allergic (about 75 percent of the time) or non-allergic (25 percent). Common causes of Allergic Rhinitis include common house dust mites, pollens, mold and animal dander. Non-Allergic Rhinitis can be triggered by a change of weather, strong perfumes, cigarette smoke or hormonal changes. A patient with Rhinitis often complains of frequent blocked nose, clear runny nose, sneezing, postnasal drip as well as itchy nose and eyes. A simple Allergy Test done in the clinic called Skin Prick Test can be performed to distinguish Allergic from Non-Allergic Rhinitis. Patients with Rhinitis will often have large turbinates (sausage-like bony structure at the side wall of your nose).

2 Deviated nasal septum

The inside of your nose (nasal cavity) is divided into a right half and a left half by a thin bony cartilaginous structure called the nasal septum. Quite often the nasal septum is bent or crooked to one side or sometimes to both sides of your nasal cavity, and the reason can be genetic or from trauma (e.g. accidents or sporting injuries).

3 Sinusitis

The sinuses are air-filled hollow spaces surrounding the nasal cavity. The lining of the sinuses produces mucous that drains into the nasal cavity. Everybody has sinuses. Yes, you heard me correctly. Many of my patients will often tell me, “Doctor, I have got ‘sinus’”, referring to “sinus” as a medical condition. While what majority of my patients with “sinus” problems have is really a sensitive nose, your sinuses can get infected and this is medically known as Sinusitis or Rhinosinusitis. Fortunately, Sinusitis is less common than sensitive nose. Symptoms of a sinus infection include nasal blockage, facial pain, coloured mucous (yellow, brown, green or even blood-stained), postnasal drip and loss of or reduced sense of smell and taste. The early stages can be similar to the common cold except that a sinus infection usually last longer (usually more than 10 days). When the sinuses are inflamed for a long period of time, sometimes, little outpouching from the lining of the sinuses known as polyps can appear. Apart from a stuffy nose, nasal polyps can result in frequent sinus infections and a loss of sense of smell.



Why be bothered with a blocked nose?

Patients with a blocked nose often become mouth breathers, especially when sleeping. As a result, the humidifying and filtration functions of the nose are bypassed. This can lead to a dry mouth, gum diseases and bad breath. Mouth breathing can affect facial and dental development, resulting in crooked teeth and a narrower upper airway.

Patients suffering from blocked nose and mouth breathing are also more prone to snoring and obstructive sleep apnoea (a medical condition whereby one repeatedly stops breathing or “chokes” momentarily during sleep). Obstructive sleep apnoea can have potentially serious medical complications such as increased risk of heart complications (e.g. high blood pressure, heart attack and heart failure), stroke and excessive daytime sleepiness.

Studies have also shown that sufferers from Rhinitis or Sinusitis can have significantly diminished quality of life as well as reduced work efficiency and productivity. A UK study has shown that uncontrolled severe Allergic Rhinitis can have a negative effect on exam performances in school children. Rhinitis and Sinusitis can affect surrounding organs such as the ears (e.g. frequent middle ear infections) and the lungs (e.g. worsening of Asthma).

Although rare, patients with nasal tumours (fortunately most of the time they are benign, i.e. non cancerous) and polyps can sometimes present with just a blocked nose. Hence, if you have a blocked nose that doesn’t seem to go away or is just one sided, it would be best to get your nose checked.

How is a blocked nose assessed?

All patients with troublesome blocked nose will need to have a thorough medical history taken and physical examination that will likely include a nasoendoscopy (nose scope). A nasoendoscopy involves the passage of a small lighted tube (scope) through the nasal cavity and down to the level of the voicebox in the throat. The process is relatively painless (after your nose is numbed and decongested with an anaesthetic spray) and children as young as 4 years old have been scoped in my clinic. Most of the time, the whole process takes less than 3 minutes! Additional tests such an Allergy Test or a CT scan (special series of X-rays) of the sinuses may be required in some cases.

How do I get rid of my nose blockage?

Treatment of a stuffy nose depends on the underlying cause. The treatments for the top 3 causes are as follows:

For Sensitive nose

Allergen or trigger avoidance

As a local study has shown that up to 80% of Singaporeans are allergic to common house dust mites, it will be beneficial to wash your bedsheets and pillow cases with hot water (at least 60 degrees Celsius high) to get rid of the dust mites. You may also want to remove carpets and stay away from soft toys. Reducing mold spores by using an air-conditioning with a certified Asthma & Allergy friendly filter and minimizing dampness in the bathroom and kitchen may help those with mold allergy.

Nasal steroid sprays

This is the workhorse in the treatment of Rhinitis. Nasal steroid sprays reduces inflammation in the nasal cavity and are effective in reducing nasal blockage. However, it is important to note that nasal steroid sprays do take time to work effectively (ranges from 1 day up to 2 weeks). Hence the user has to be patient and diligent in applying the sprays regularly. Nasal steroid sprays are safe and usually have minimal side effects (e.g. local

irritation in the nose, dryness and nosebleeds). There is minimal absorption of most of the newer generation nasal steroid sprays into the blood system. Hence, they have hardly any effects on other parts of your body. They are safe to be used them long term. Some steroid sprays (e.g. mometasone fuorate) have been approved for use in children from 2 years old onwards.

Antihistamine and decongestants

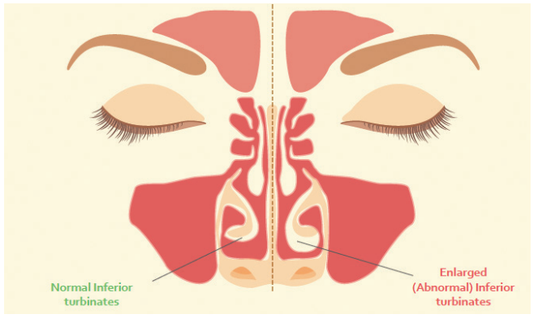
Antihistamines work well in reducing runny nose, sneezing and nasal itchiness. The reduction in mucous production may also help relieve nasal blockage. However, one of the most common side effects of antihistamine (especially with older generation of oral antihistamines) is drowsiness. Newer generation anti-histamines (E.g. bilastine) are non-drowsy, and will be more suitable for students or working adults who do not want their level of concentration affected during treatment. Oral and topical decongestants are more effective for a stuffed up nose but they are not recommended for long term use (as they can have significant negative side effects).

Immunotherapy

This is a treatment in which the patient is repeatedly exposed to a small dose of the known allergen (e.g house dust mites protein) in the form of a spray or tablet that is usually applied under the tongue (known as Sublingual Immunotherapy or SLIT). This is done on a daily basis and the aim is to get the patient's immune system to "get used" to the allergen and not react to it. This is the only known potential cure for Allergic Rhinitis as at the end of the treatment, the patient will potentially be desensitized and "immune" to the known allergen. However, the treatment duration is about 3-5 years.

Turbinate reduction procedures

As one of the main reasons for a blocked nose in patient with Rhinitis is enlarged turbinates, turbinate reduction procedures are excellent options to relieve nasal blockage. These are indicated for patients who have failed medical treatments or who refuse to use medications on a long term basis. There are many ways to reduce the size of the turbinates and it would be best to discuss with your ENT surgeon on the type of procedure that is best for you.



For deviated nasal septum

If your nasal septum is a significant cause of your blocked nose, it can only be corrected surgically with a procedure called Septoplasty.

For Sinusitis

Majority of the time, a sinus infection can be treated with a course of:

i) Oral antibiotics
ii) Nasal saline irrigation ("sea-salt nose wash")
iii) Nasal steroid sprays
iv) Mucous thinners
v) Pain relievers

However, for patients with repeated episodes of sinus infections or those who have failed maximal medical therapy, sinus surgery (aka Functional Endoscopic Sinus Surgery or FESS) may be required to unblock the sinuses and facilitate drainage of the mucous from the sinus into the nasal cavity. PRIME

For more information on blocked nose in both children and adults, do check out Dr Gan's website, www.drganent.com or contact Dr Gan's clinic at enquiry@drganent.com. Dr Gan frequently blogs on common and interesting ENT conditions. Do follow Dr Gan on his facebook page https://www.facebook.com/drganent/

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Dr Gan Eng Cern practices at A Specialist Clinic for Sinus, Snoring and ENT. He is well-versed in the treatment of a wide range of ear, nose, throat and head & neck conditions and has a special interest in managing conditions of the nose & sinuses as well as snoring & obstructive sleep apnoea.

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