

Nasal Obstruction

By Deborah Rosin, MD

WebMD Medical Reference from "The Sinus Sourcebook"

A common complaint of many individuals with sinus problems is a "blocked nose." This feeling of blockage can result from sinus infections. In addition, there are a number of things that anatomically block the nose and can lead to sinus problems. Blockage may occur when the lining of the nose swells, or when there is a deformity of the cartilaginous or bony structures that make up the framework of the nose. This article will explore the common conditions that cause nasal blockage and how they can be treated.

Normal Nasal Blockage: The Nasal Cycle

You may notice one side of your nose feeling blocked, and sometime later feel that the other side is clogged. Many people notice this at night when lying in bed, since they have to alternate sides they sleep on to be able to breathe comfortably. This is what is termed the "nasal cycle," which is the normal cycle of congestion (swelling) and decongestion (shrinkage) in the nose. The nasal cycle causes swelling and then shrinkage of the linings of each side of the nose. The blood vessels inside the lining of the nose become engorged in a cyclic fashion, which leads to this swelling and shrinkage.

This cycle varies from person to person but normally takes one to four hours. If you hold a finger over one nostril and blow air out the other nostril, you will notice a different amount of air coming from each side. This should normally vary from side to side according to your nasal cycle. Several factors affect the nasal cycle. For example, if you lie on your side, the nostril that is on top becomes more open. Emotional excitement causes nerves inside the nose to make the lining swell. Thus, you may notice intermittent swelling in your nose and still be within the range of normal.

Nasal Swelling

Many conditions lead to abnormal swelling of the linings of the nose, causing the sensation of constant blockage. It is

important to realize when these factors are contributors to your nasal obstruction. Otherwise, you could undergo surgery to correct what was thought to be a purely anatomic problem yet still be unable to breathe through your nose. If you have already had surgery, for example, straightening of a deviated septum (this will be covered later in this article), but still feel that your nose is blocked, perhaps you have one of these underlying problems.

Chronic Sinusitis

One of the most annoying symptoms for people with chronic sinus disease is the feeling of nasal stuffiness. The poor airflow in the nose that results from chronic infection causes nasal blockage, which can be intermittent or constant. When it is constant, it may be the result of an anatomic abnormality. These anatomic blockages can additionally block the "ostia" or openings of the sinuses, leading to recurrent infections. In this way, chronic sinusitis and nasal obstruction are intimately related.

Allergies

An allergy indicates that you are overly sensitive to something in the environment or to certain foods. When you are exposed to something to which you are allergic, it causes a reaction in the nasal lining that leads to swelling. In addition to this symptom of nasal congestion, individu-

als with allergies experience frequent sneezing, watery eyes and thin nasal drainage. Allergies can be treated by avoidance, medications or sprays, and for severe cases, allergy shots.

Nose Drop or Nose Spray Overuse

The medical term for this condition is rhinitis medicamentosa. It means nasal stuffiness due to the overuse of decongestant sprays or drops. Decongestant sprays (which are purchased over-the-counter) initially decrease the lining of the nose and give great relief to the congested patient. However, using these sprays for more than a few days leads to a rebound,

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whereby the lining of the nose becomes even more swollen than before the drops were used. This leads to the addiction, which I see at least weekly in my office, when a patient has used nose drops every day for months or even years yet still feels constant nasal stuffiness. The solution is to stop the decongestant spray completely, so that the swollen nasal lining can return to a normal state. I actually encourage patients with this problem to throw out the spray that caused it so they won't be tempted to continue to use it. To obtain relief during this weaning period, they should take a decongestant tablet (like nonprescription Sudafed) or a short tapering dose of oral cortisone (a prescription drug) to reduce nasal swelling. A saltwater (saline) nasal spray can be used as often as necessary to provide moisture to the irritated nasal lining. Some physicians prescribe a cortisone spray, since these do not induce the rebound phenomenon seen in the "Afrin addict."

Hypertension

Although hypertension (high blood

pressure) itself does not cause nasal blockage, some of the medicines used to treat it, for example, Reserpine, can cause nasal stuffiness. It is best to check with the doctor who prescribes the blood pressure medicine, and to see if you can switch to an alternative. Decongestants should not be used by hypertensive patients without their doctor's okay, since they can cause blood pressure elevation.

Hormones are substances excreted in one part of the body but can affect distant locations in the body. For example, the neck's thyroid gland secretes thyroid hormone, which affects metabolism all over the body. One sign of an underactive thyroid is nasal swelling. Other signs of hypothyroidism (low thyroid hormone) include weight gain, fatigue, facial puffiness and brittle hair. Telling your doctor of these symptoms may help him discern the cause of your nasal blockage. Treatment with thyroid medication should improve the nasal symptoms.

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(Editor's Note: This is Part I of a two-part article. Part II will be printed in the April 2007 issue of Hole Notes.)

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