

Nasal obstruction

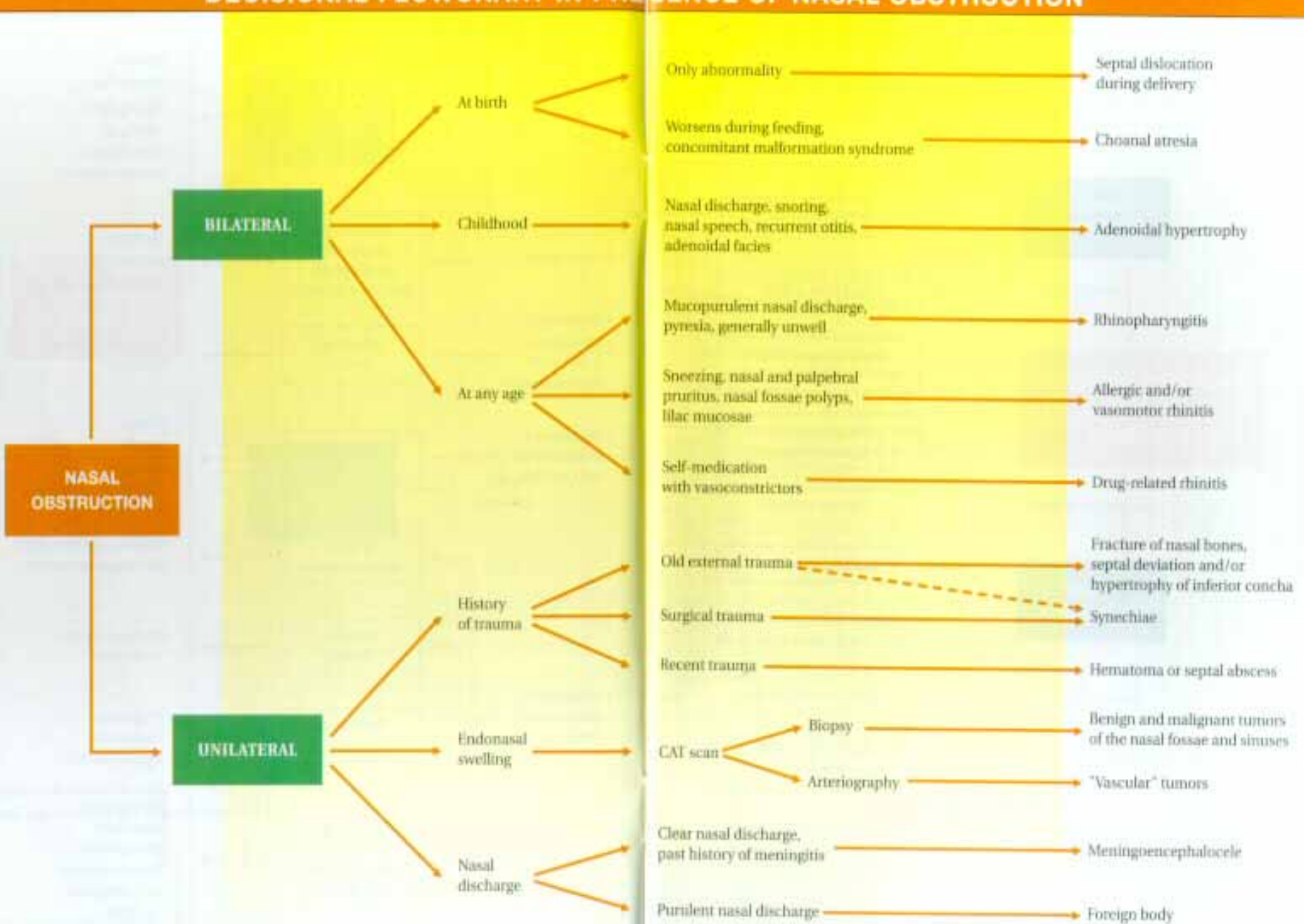
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General:

- Nasal obstruction is a symptom + not a diagnosis
- Nasal function of inspired air
 - Humidify (100%)
 - Warm (37°C)
 - Cleanses
 - Moistened

DECISIONAL FLOWCHART IN PRESENCE OF NASAL OBSTRUCTION

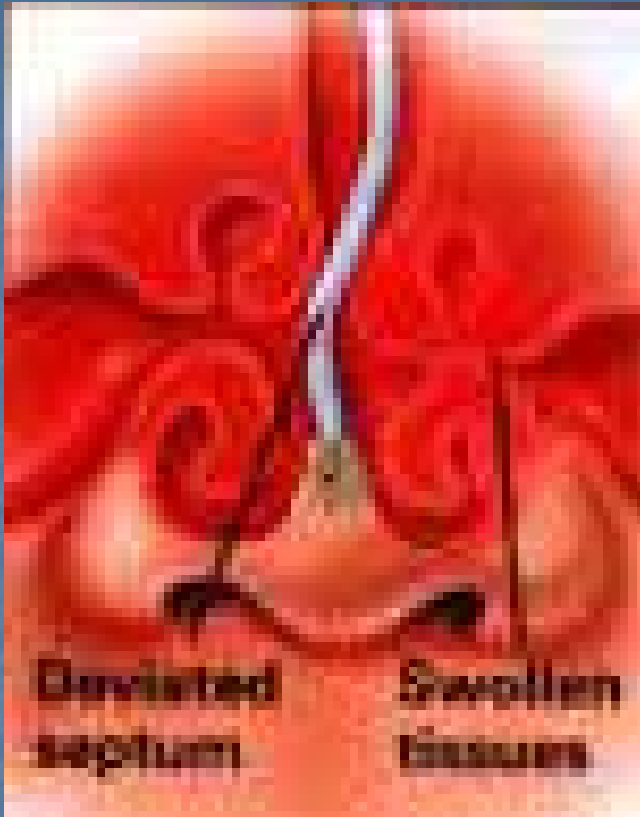


Causes:

- Structural abnormalities
- Systemic changes – Physiological
 - Pathological

Structural AbN:

- Septum (deviated, perforation, hematoma, abscess)
- Infection /Inflammatory (TB, syphilis, Wegeners granulomatosis, heavy metals)
- Adenoid hypertrophy
- Nasal polyps
- Neoplasm (primary/ metastases)



nasopharynx

eustachian
tube

adenoids

tonsils

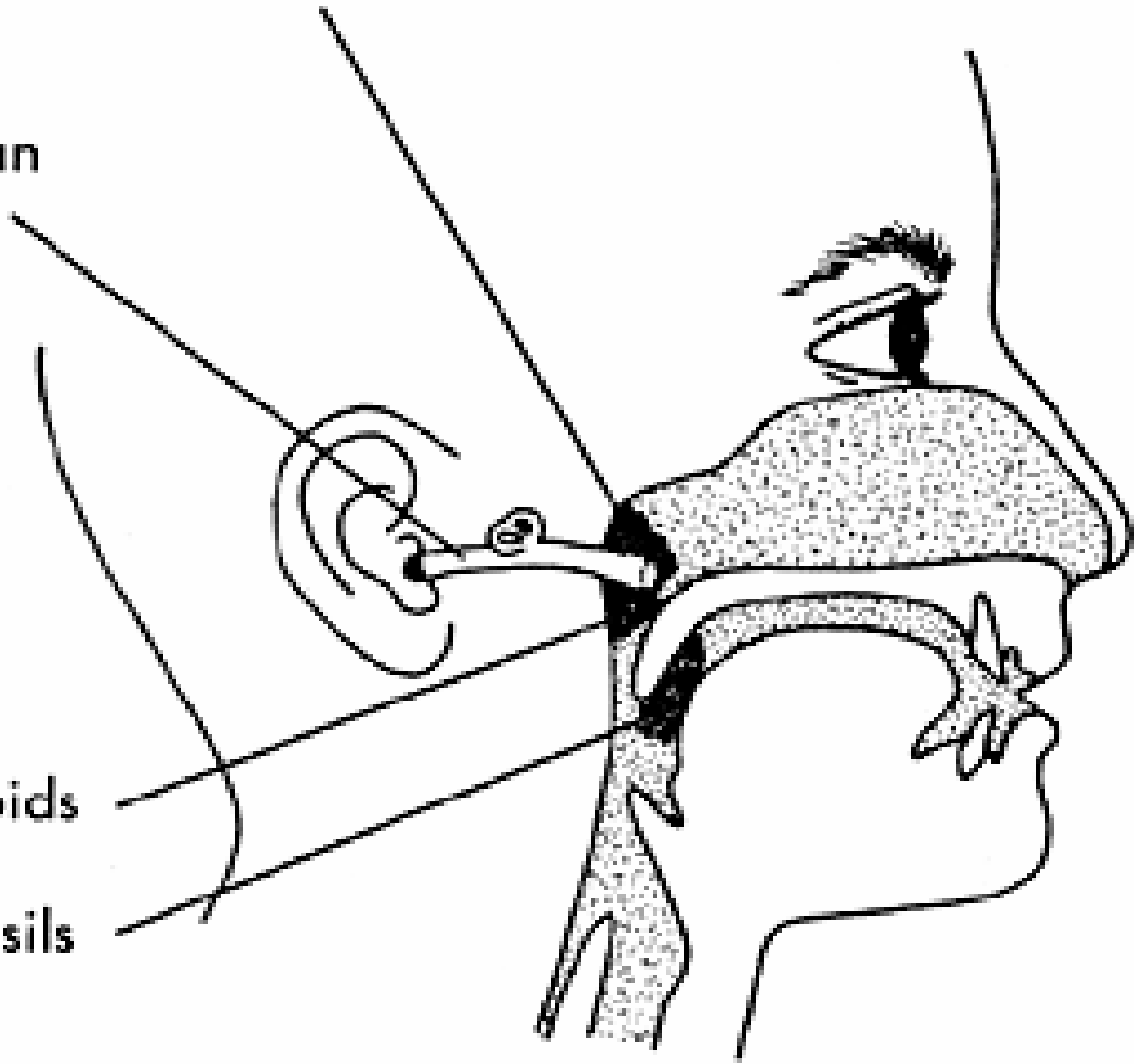




Figure 3. Nasal septal hematoma after trauma.

Continue:

- Choanal atresia (uni/ bilateral)
- Congenital cystic lesions
- Turbinate hypertrophy
- Foreign bodies (most common age 6/12 – 5 yrs)
- Idiopathic



Systemic changes:

- Physiological – nasal cycle every 1-4 hours
alternative congestion + decongestion of
nasal mucosa over inferior turbinate
- Pathological – Metabolic + Endocrine
alterations (Pregnancy, menstrual cycle,
oral contraceptives, hypothyroidism,
diabetes, vit A deficiency)

Continue:

- Rhinitis - Allergic
 - Non-allergic * Infective
 - * Atrophic
 - * Vasomotor
- Sinusitis – Acute/ Chronic bacterial
 - Fungal
- Outoimmune diseases
- Drugs

Investigations:

- Anterior rhinoscopy
- Flexible fiberoptic scope/ rigid scope
- Biopsy → histology
- Bloods-VDRL/ FTA; ANCA; ANF; CRP; WCC
- CT scan/ MRI

