

Research Report

nasal secretion deficiency syndrome (new concept of ozena, dry rhinitis)

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Abstract

An example in which a patient was referred to a psychiatrist by the otolaryngologist for olfactory reference syndrome. The case actually had a strong nasal smell.

I name the following condition as nasal secretion deficiency syndrome. This is a new concept of ozena. No abnormalities were found on computed tomography (CT) and magnetic resonance imaging (MRI) , but only a rough nasal mucosa was observed with endoscope.

If look over the Internet, many people suffer from similar condition. Almost all complain of an abnormally dry nose.

Although the frequency of this disease is high, it has been diagnosed as olfactory reference syndrome. There was no crusting and atrophy of nasal cavity, and only nasal mucosa was found to be degraded by an endoscope. Because it was hidden by a veil of atrophic rhinitis and ozena, it was overlooked and now overlooking conditions.

It can be said that all women at least have olfactory reference syndrome.

The excretion of bacteria stays on the nasal mucosa, and emits a bad smell.

It is mainly caused by chronic rhinosinusitis, but may also be caused by other causes.

Many people say that it gets worse during the cold and dry season. The underlying cause of this condition is lack of secretion of runny nose.

The devastation of the nasal mucosa of nasal cavity, the nasal glands and goblet cells that produce nasal secretions are damaged, the secretion of nasal secretions is strongly reduced.

If a drug that stimulates saliva secretion is taken, the foul odor will subside, although only temporarily.

Key words

new concept of ozena, nasal secretion deficiency syndrome, olfactory reference syndrome, dry rhinitis, drugs that stimulate saliva production

Introduction

The devastation of the nasal mucosa of nasal cavity, the nasal glands and goblet cells that produce nasal secretions are damaged, the secretion of nasal secretions is strongly reduced.

Patients referred to psychiatry as olfactory reference syndrome because they do not apply to the concept of atrophic rhinitis or ozena, even if they consult a otolaryngologist who complains of nasal odor.

The most presumed cause is that “nasal glands and goblet cells that produce nasal discharge are gradually destroyed by rhinosinusitis”. People who think that chronic rhinosinusitis from childhood has cured may only have simply destroyed the nasal glands and goblet cells that produce nasal secretions.

Although the frequency of this disease is high, almost all have been diagnosed with olfactory reference syndrome. However, the stench can be so strong that more and more people refuse to stay in the same room.

At the moment when “bullying” has increased dramatically, “bullying” is very common. There are also many people who have fallen into refuge or withdrawal from society. Ozena, the most severe form of atrophic rhinitis, has been described as a mysterious disease in ancient Egyptian documents.

B. Frankel proposed that ozena, the most severe form of atrophic rhinitis, was accompanied by the three main signs of “odor, atrophy, and crusting”, and it was said to have established a foothold as a disease 7).

Ozena, atrophic rhinitis and chronic rhinosinusitis have been decreasing since 1950, and at present almost no outbreaks have occurred in at least developed countries 3,7). I think this is because it is normal to administer large amounts of female hormones in modern livestock farming and aquaculture. Ozena and atrophic rhinitis still occur relatively frequently in rural areas where modern livestock farming and farming do not have access to milk and meat.

On the Internet, there is “Friends with a nasal smell”, the number of registrants is over 300, there are many women in general, and their ages range from teens to fifties.

People who suffer from various odors such as bad breath, nasal odor, body odor, and irritable bowel syndrome (IBS) gas type etc. are registered. Since the organizers were worried about nasal smells, the “Friends with a nasal smell” was the name until several

years ago. It is thought that there are many people who have a nasal odor but do not notice it among bad breath and body odor.

Many of the participants of this SNS were said to be “smelling”, and the experience of being criticized as “smelling” was traumatic, causing olfactory reference syndrome. Does not actually smell or does not smell in off-party (meeting where people who are suffering from their own smell gather to confirm “smell”) that is the most.

It was extremely difficult and almost impossible to convince people of this SNS that they had olfactory reference syndrome that they were concerned about responding, that is, worrying about “coughing” and “snipping”.

In addition Case 1, he has middle turbinate honeycomb, which is noted (Fig. 1). It is considered that the middle turbinate honeycomb was greatly involved in case 1 chronic rhinosinusitis.

If a drug that stimulates saliva secretion is taken, the foul odor will subside, although only temporarily.

Case

(Case 1) 54-years-old, male

Family history: nervous with father/sister (sister and two siblings)

Personality: stiff, heat-neutral, noxious, gentle, nervous and obsessive

Life history: Excellent results since childhood (Privacy protection, thereafter abbreviated)

History: At the age of 28, he developed depressive disorder, and his condition has continued to be mild and severe.

At the age of 32, he developed psychogenic pollakiuria and is still continuing. Current medical history: In the first year of elementary school, he developed chronic rhinosinusitis. Since then, during class, he have suffered very much from the nasal discharge that came out. In the second year of junior high school, he notices that his left nose is bulging. Although it was a middle turbinate honeycomb (Fig. 1), the case was released without concern. From the spring of his second year in high school, he did not have to worry about nasal discharge coming out during class, whether his Chronic rhinosinusitis had become milder or his secretions had decreased.

He has been worried about bad breath for many years since he graduated from high school. He have thought that bad breath was caused by chronic gastritis.

Several years ago, self-diagnosis of was due to gastroesophageal reflux disease, gastroscopy and 24-hour esophageal pH monitoring were performed at a university

hospital, etc., but gastroesophageal reflux disease was denied in any case. He began to think that his odor was nasal instead of gastroesophageal reflux disease. He was denied gastroesophageal reflux disease through 24-hour esophageal pH monitoring, and where did his odor originate? When he was worried about it, he read the online “Friends with a nasal smell” .

In addition, at this time, in the spring of high school, a senior physician named otolaryngologist was consulted with a strong recommendation from a parent and diagnosed as “atrophic rhinitis” (diagnosis was made only with a rhinoscopy). He wrote, but he know the meaning of the disease name for the first time. However, in atrophic rhinitis, atrophy of the nasal turbinate is not clear by MRI, and it is difficult to distinguish. The severe acne that had been a problem since the sixth grade of elementary school in the spring of high school was remissioned dramatically. This is exactly the same as the time when he no longer struggled with the nasal discharge during class. In this case, the diet was changed to a vegetable-oriented diet due to the severe acne of his sister, and this affected the intestinal microflora, which is thought to have changed the microflora of the skin and the nasal cavity.

From the second year of high school when nasal discharge came out and he did not have any difficulties during class, he remember that, according to his memories, he had a strong nasal smell at least in the third year of high school (he studied at the library in the third year of high school in the library) There is a memory that was avoided.

In his further memory, when he was in his third year of junior high school, he started eating lots of meat and started to smell bad. The flesh was covered with antibiotics, and he began to think that staphylococcus lugdunensis in the nasal cavity had died, and that staphylococcus aureus was able to grow abnormally in the nasal cavity. Mupirocin^{4,12}), which is widely used around the world at the operating site to selectively kill Staphylococcus aureus and other Staphylococcus, was imported and used personally, but the dryness of the nasal cavity did not diminish (smell is unknown).

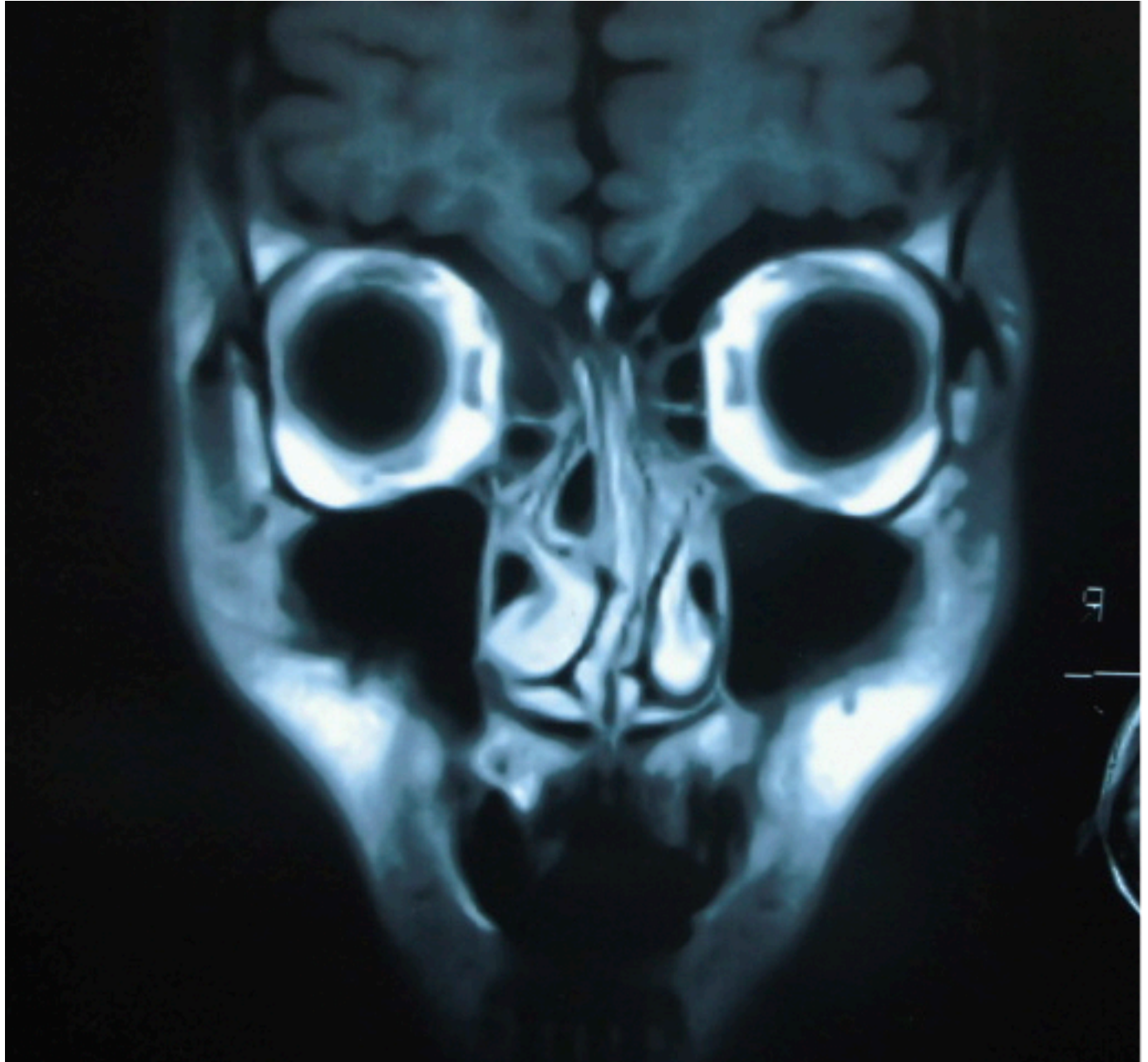
He noticed a nasal smell and started to inject a lactic acid bacterium solution into the nasal cavity, but since the effect was found to be about 1 hour, he currently surpass horse oil by intranasal inhalation. Horse oil is not very effective in cleaning, but has a long duration of effect. He also reads horse oil books and inhales horse oil into the nasal cavity in hopes of regenerating the abolished nasal mucosa.

He always wear a mask and try to reduce the thirst of the nasal cavity. However, the nasal cavity has a strong dry feeling and occasionally a little watery nasal discharge. If he touch the nasal nasal mucosa with a cotton swab, he can see that it is rough. From the Internet, he thought he had fungal rhinosinusitis and went to an otolaryngology

department, where he was denied fungal rhinosinusitis by CT examination and was referred to a psychiatrist.

No medical illness. He do not know the reaction of the surroundings, that is, coughing or nose sipping.

Middle turbinate honeycomb in case 1 (Figure)



(Case 2 and below are six cases of "Nasal Secretion Deficiency Syndrome" probable.)

(Case 2) 31-years-old, male

Current medical history: Claims that he began to work in the freezer at the age of 19 and naturally developed odor nose.

He consulted an otolaryngologist, but was diagnosed with olfactory reference syndrome that is olfactory reference syndrome. No history of psychiatric consultation.

He go to work without a break. He often work in the freezer now. He rarely get close to people on business. He have never been bullied.

If he put a person in your own car, he will not be able to put it on because he think it smells. When he go to play in a person's house, be sure to put a saline solution etc. in the car and wash the nasal cavity with a device before entering the person's house like that.

There is writing "and the like tired day not sleeping mask, is endlessly nosebleed out when that happened too dry".

Personality is serious and honest. He always wear a mask, but occasionally only a small amount of a viscous, watery nasal discharge. Nose hair not grows. No medical illness. He do not know the reaction of the surroundings, that is, coughing or nose sipping.

(Case 3) 37-years-old, male

Current medical history: In high school, winter, sleeping in front of a warm-air stove, inhaling warm air for a long time, claiming to form a cough in nasal cavity and emit a nasal smell, consulting multiple otolaryngologists did. He was diagnosed with olfactory reference syndrome that is by a certain otolaryngologist and was recommended to consult a psychosomatic medicine department. Psychosomatic medicine is attending because he want a sleeping pill.

He work for the Y-station, that is post office and have never been bullied. This is presumed to be due to the fact that the case work at the Y-station rarely comes in close contact with people. The department Y-station in a department that has many night shifts. When he joined the Y-station, he was concerned about nasal smell, so ordinary people chose the current department to avoid.

He writes, "I have a problem with the dry winter season, the smell gets worse when it is dry".

Personality is serious and honest. He always wear a mask, but occasionally only a little watery nasal discharge. No medical illness. He do not know the reaction of the surroundings, that is, coughing or nose sipping.

(Case 4) 56-years-old, male

Current medical history: He had a bad ear and nose since he was in elementary school. In junior high and high school he had a lot of nasal discharge and struggled during class. After graduating from high school, join the Tokyo branch of company A. Work on a floor with nearly 200 people. The employee of the company says “smell”. However, he did not care much.

Moved to Osaka branch at the age of 30. Here, too, he works on the floor with nearly 200 people. Rumors of being in the Tokyo branch have come across, and employees of the company say the same, “Smell”. It often happened that young employees came near the case and smelled it and said “smell”. The case suffered from surgery for Chronic rhinosinusitis at a university hospital. It is presumed that such bullying could have occurred because the workplace had ample time.

On the Internet, he found “Friends with a nasal smell” and here he think he seem to have a bad nose. A certain otolaryngologist said, “There is no crust formation or atrophy of the nasal cavity, but it may be called atrophic rhinitis”, and “the mucous membrane is severely damaged”.

A letter of introduction to psychiatry was written at a certain otolaryngology department, and he have consulted a psychiatrist. The psychiatrist was diagnosed with olfactory reference syndrome, and was prescribed alprazolam and sulpiride. He has a good personality and high sociality. He has three children and his home is in good shape. No medical illness. He do not know the reaction of the surroundings, that is, coughing or nose sipping.

(Case 5) 29-years-old, female

Current medical history: From the lower grades of elementary school, she had been treated for Chronic rhinosinusitis until recently in ENT. She has been taking antibiotics since elementary school.

“It seems that it had been stinking since junior high school, but it is unclear, it may have been stinking since elementary school”.

The following is a self-introduction of “Friends with a nasal smell”.

“I haven't laughed sincerely for years.

When I laugh, it smells bad, so I learned how to laugh with my mouth closed.

Every conversation I learned was short and vocabulary.

Every breath you exhale is trying to inhale a little.

The people do not make this effort.

So I will give you breath-care.

Give out Fabry's.

The actions you take for kindness make me suffer more.

She like children and want to get married.

But she felt like she couldn't fall in love because of this smell and shut everything down.

I'm doing my job. Lol

I am waiting on customers for annoyance.

Smell, dark and unable to work, more

A guy who can work with energy

I guess what I came to aim for recently.

I went to a famous dentist. I also did a medical checkup. I drank even a stomach camera. I also tried chinese medicine therapy. But I didn't know where or what was emitting this smell. Six months ago I noticed a nasal smell.

When can you really laugh? ”

Claims that nasal odor often increases or almost disappears in response to the cycle of menstruation.

“In a few otolaryngology departments, it was said that the mucous membrane of the nose was very rough.” I could hardly feel the smell, and in the otolaryngology department, “the olfactory nerve cells are abolished. Why? this is impossible.” In summer, “the rotten smell of fish” and in autumn and winter, “the smell of fart” are pointed out.

Personality is serious and honest. Watery nasal discharge occasionally appears only slightly. No medical illness. Extremely sensitive to surrounding reactions, such as coughing and nose licking.

(Case 6) 48-years-old, female

Current medical history: In the fourth year of elementary school, she had rhinosinusitis. Since she was in junior high school, her nose clogged frequently and nasal breathing became difficult at night. At the same time, she knows that a bad smell is coming from her nose. She went to the ENT for a nasal smell, but was treated lightly. Around this time, her classmates said that she smelled, and she was intensely bullied by female guardians and others. In the second year of junior high school, she started taking commercial chinese medicine, which is said to be effective for rhinosinusitis and ozena, and relieved in about three months. Relapsed annually. She checked it at the library and thought her condition seemed to be stinking. In junior high school, it was said that smell of fart" and “ smell of stool” occurred.

When she was in her 20's, she was told by an otolaryngologist that "the inside of your nose is black! You smoking cigarettes like Godzilla!

Around this time, rhinosinusitis had become so bad that a lot of green nasal discharge had appeared, pointing to the place where the case was in the workplace, and it was made a big fuss, saying, "That squid smells-fresh smell". This was immediately after taking the antibiotic for 7 days, and it is estimated that pseudomonas aeruginosa had grown abnormally¹¹). It was a warm season.

She has consulted many otolaryngologists, but one otolaryngologist said, "There is weak atrophy of the nasal cavity, which is not atrophic rhinitis, and the nasal mucosa is very rough."

Mupirocin was imported and used personally, but came to the stomach (the stomach became rough) and was discontinued within a few days if the effect was not felt.

Claim that the nasal odor becomes stronger or weaker depending on the menstrual cycle, especially during menstruation (it does not smell on her own, so she judge it from the surrounding reactions).

She says, "If I take a drug (etizolam), there will be no reaction such as coughing and nose rubbing". "My son has a nasal smell".

Recently, it is often said that "smell of fart" and "smell of stool" are pointed out. At work, etc., She strongly care about people who have bad breath. Very sensitive to smell. At home, ask the child to check for the smell, and say "no smell" and accuse him of crying, "Say the truth." "No pus or nasal discharge when odor is severe (nose dries).

When the smell becomes lighter, pus appears and the nose feels moist.

The point is that if she can excrete even if the pus comes out, the smell is not bad.

If pus accumulates in the maxillary sinus etc. due to delayed excretion, a bad smell will occur!

I think it's like this."

With writing.

She strongly dislike being said to be "olfactory reference syndrome" and "too mindful".

No medical illness. Extremely sensitive to surrounding reactions, such as coughing and nose licking.

(Case 7) 28-years-old, female

Current medical history: It is not certain when the foul-smelling began. At least she said that she had begun to emit nasal smells after becoming a member of society.

When she goes to work, she says that she does not seem to stink in the morning by inhaling horse oil intranasally at home. However, she says that

it emits a bad smell in the afternoon, disturbs the people around her, and dislikes “smell” from the people around her. The fact that horse oil suppresses nasal odor is known and practiced at “Friends with a nasal smell” .

She said that her nasal irrigation with saline solution had only been effective for about two hours.

She avoid romance because she think she is smell.

Personality is honest and serious. It seems that nasal secretion deficiency syndrome and olfactory reference syndrome are also mixed.

**Thus, from the above seven cases, men seem to be insensitive to surrounding reactions, that is, coughing and nose slurping, but many men are hypersensitive to surrounding reactions and at least concurrent olfactory reference syndrome in this SNS.

**All three of the women listed above concurrent olfactory reference syndrome.

**In all of the above seven cases, the malodour subsided, albeit only temporarily, after taking a saliva-accelerating agent.

Discussion

It is thought that the toxin produced by bacteria existing in the nasal cavity destroys the nasal mucosa, including the nasal glands and goblet cells that produce nasal secretions. Many people complain of nasal odors, taking common antibiotics for only a few days, but claiming that odors are dramatically reduced. Even if taken for a week, the odor is reduced only in the first few days.

But in many cases, antibiotics have become less effective, as in the past.

Many of those who complain of nasal odor complain of strong dryness with occasional slight discharge of nasal discharge. It is considered that the nasal mucosa was severely damaged and nasal glands and goblet cells that produce nasal secretions have died.

Staphylococcus is resistant to drying, but in a wet state, other bacteria are easy to grow, and staphylococcus does not grow much.

In the warm season, it is considered that other bacteria than staphylococci abnormally grows in the nasopharynx.

When “fat smell” and “fecal smell” are pointed out, it is presumed that staphylococcus is abnormally growing, and when “fish smells like rotten fish”, other bacteria than staphylococci is growing 11). The underlying cause of this condition is lack of secretion of runny nose, and it seems that the type of bacteria is not relevant.

For women, argue that “the nasal odor increases or almost disappears in response to the menstrual cycle” and “the nasal odor increases during menstruation”. This is presumed to be due to changes in the microflora of the nasal cavity in response to the menstrual cycle 10). Since ancient times, there is a hormonal theory as the etiology of atrophic rhinitis and ozena, which coincides with the fact that the odor of atrophic rhinitis and ozena increases during menstruation. Some women participating in this “Friends with a nasal smell” are guessing by their surrounding reactions because they do not know the stench themselves, but their sensitivity to the surrounding reactions is extremely high, Seem. All of the women who participated in this SNS have olfactory reference syndrome.

Even after returning home at night, even if the nasal cavity is washed with physiological saline, etc., it can be said that all cases emit a bad smell from nasal cavity or nasopharynx in the morning of the next day. Nasal irrigation with saline or the like works temporarily, but its effect duration is not long. Many say about two hours.

Many SNSs claim that taking benzodiazepine anxiolytics dramatically eliminates the surrounding reactions, such as coughing and nose rubbing. This is because hypersensitivity is temporarily lost, and it is considered to be olfactory reference syndrome. However, nasal secretion is parasympathetic innervation, and taking benzodiazepine-based anxiolytics releases sympathetic hypertonia and ramp up parasympathetic nerve activity.

The mechanism by which the nasal secretion is eliminated and the nasal smell is weakened may be considered as a possibility.

In DSM-5, olfactory reference syndrome is classified as “other identified obsessive-compulsive disorders and related disorders / other identified obsessive-compulsive disorders and related disorders”.

Some people say that the crow flies and says “kaakaa (smell smell)” and that “the car behind is following a large distance” said the group of “schizophrenia spectrum disorders and other psychotic disorders.”are categorized.

In all seven cases above, the foul odor stopped temporarily after taking saliva-accelerating drugs. This is thought to be due to the fact that nasal secretion is also accelerated in these cases.

Finally

This condition was present many before 1955, when there was a lot of Chronic rhinosinusitis, because weaker odor than ozena, so it is thought that it was hidden by a veil of ozena.

Also, in the past, there were so many men who smoked cigarettes that they might not have noticed the smell of cigarettes.

It is also thought that in the past it was tolerant of the smell.

Conflict of Interests

The authors declare that they have no conflict of interests.

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Calling all co-authors. My English language skills are limited.

【研究報告】

鼻汁分泌不全症候群（新しい概念の臭鼻症または乾燥性鼻炎）

*Toshiro Takami

【抄録】

鼻臭を訴え自己臭恐怖として耳鼻咽喉科より精神科紹介受診とされてきた1例を示す。症例は実際に強い鼻臭を放っていた。耳鼻咽喉科にて萎縮性鼻炎・臭鼻症など悪臭を放つ疾患は否定されている。

ネットを見渡すと同じような病態で苦しんでいる者は多い。ほぼ全てが異常なほどの鼻の乾きを訴えている。荒廃した固有鼻腔鼻粘膜に於いて緑膿菌または何かの菌が異常増殖し、鼻汁分泌が不全なため細菌の代謝産物を喉などへ押し流すことが出来ず、強い鼻臭を発していると考えられた。この疾患の頻度は高いが、放置あるいは精神科にて自己臭恐怖と診断されている。鼻汁分泌不全症候群と名付ける。これは新しい概念の臭鼻症と言える。痂皮形成と固有鼻腔の萎縮はなく、内視鏡で鼻粘膜の荒廃が認められるだけであるためと、萎縮性鼻炎・臭鼻症のベールに隠れ、気付かれないでいる重大な疾患と考えられる。

7例とも、唾液分泌を促進する薬剤を服用すると、その悪臭は一時的で有るが弱くなる。

【Key words】

new concept of ozena, nasal secretion deficiency syndrome, dry rhinitis, olfactory reference syndrome, drugs that stimulate saliva production

【はじめに】

痂皮を形成せず固有鼻腔の萎縮はなく固有鼻腔鼻粘膜に於ける緑膿菌か何かの異常増殖のため萎縮性鼻炎・臭鼻症より一般に悪臭は弱い。

鼻臭を訴えて耳鼻咽喉科受診しても萎縮性鼻炎・臭鼻症の疾患概念に当て嵌まらないため自己臭恐怖として精神科紹介される患者が全てと言って良い。

鼻汁分泌不全症候群は「固有鼻腔鼻粘膜の荒廃強く、鼻汁を分泌する組織が損傷を受け、鼻汁分泌が強く減少しており、黄色ブドウ球菌または緑膿菌が固有鼻腔鼻粘膜に於いて異常増殖し、その代謝産物が喉などへと流されず固有鼻腔鼻粘膜に留まり強い鼻臭を放つ」を病態とする。

原因は多岐に亘ると推測される。最も多いと推定される原因が「鼻副鼻腔炎により、少しずつ、あるいは急速に鼻粘膜が傷害された」である。その他の原因として、冷凍室の中で働く者に多い。

この疾患の頻度は高いが、ほぼ全てが自己臭恐怖と診断されている。しかし、悪臭は同じ部屋に居ることを拒否する者が続出するほど強いこともある。

“苛め”が激増した現在「臭い人」として“苛め”を受けていることが非常に多い。また、社会逃避・引き籠もりに陥っている者の数も多い。

萎縮性鼻炎・臭鼻症は謎の疾患としてエジプトの古文書にも記載されている。萎縮性鼻炎・臭鼻症は「悪臭、萎縮、痂皮」の三主徴候を伴うと B.Frankel が提唱し、一つの疾患としての地歩を築いたとされる。

以前は世界的に萎縮性鼻炎・臭鼻症の頻度は高く、その病因について様々な議論が為されてきた。女性ホルモン投与が効果あることが経験的に知られていたこと、老年期になると自然治癒することが多く認められたこと、女性が男性より罹患率が2倍余りであったこと、女性患者では生理周期に応じて鼻臭が強くなったり弱くなったりを繰り返すことが多かったこと、これらを併せると性ホルモンが萎縮性鼻炎・臭鼻症に大きく作用していたことが示唆された。また、神経質な患者が非常に多く細菌感染は二次的なものであるという自律神経障害説も強く存在していた。

萎縮性鼻炎・臭鼻症は昭和25年以降、減少を続け、現在では少なくとも先進諸国に於いては発生がほとんど見られなくなった。これは現代的畜農および養殖に於いて女性ホルモンを多量投与することが常態化しているためと筆者は考える。現代的畜農および養殖による牛乳・肉などを食することの出来ない地方では今でも萎縮性鼻炎・臭鼻症が比較的高頻度で起こっている。

ネットには「臭いの悩みSNS」が有り、登録者は200名を越え、概観すると女性が多く、年齢は14歳から56歳までに渡っている。口臭・鼻臭・体臭・過敏性腸症候群(IBS)のガス型など多岐の臭いに悩む人が登録している。主催者が鼻臭で悩んでいるため「鼻臭で悩む友の会」が数年前までの名称であった。口臭・体臭などの中には鼻臭でありながら気づいていない者も多く含まれると思われる。

このSNSへの参加者の多くは自己臭恐怖であるが、中には本当に臭いとしか考えられない者も多い。これらは様々な理由で鼻汁分泌不全となっていると考えられた。以下に症例を示す。

下記7例とも、唾液分泌を促進する薬剤を服用すると、その悪臭は一時的で有るが収まる。

【症例】

(症例1) 56歳、男性

家族歴：父・姉と神経質である（姉と2人兄弟）

性格：凝り性、熱中性、厭き性、優しい、神経質で強迫的傾向あり

生活歴：小さい頃より成績優秀（プライバシー保護のため以下、略）

既往歴：28歳時、うつ病性障害を発症し、軽症化重症化を繰り返し今も続いている。

32歳時、心因性頻尿を発症し今も続いている。

現病歴：小学1年冬、鼻副鼻腔炎を発症。以来、授業中、出て来る鼻汁に非常に苦しんだ。中学2年冬、左鼻骨が膨らんでいることに気付く。中鼻甲介蜂巢を形成しているが（図1、図2）症例は気にせずに放っていた。

高校2年春より鼻副鼻腔炎が軽症化したのか、分泌物が減少したのか、授業中、出て来る鼻汁に悩まなくなった。

高校卒業頃より口臭に長年悩んできた。口臭は慢性胃炎により起こっていると考えてきた。

数年前、口臭は胃食道逆流症によると自己診断し、大学病院などで胃造影検査、24時間食道 pH モニタリングを受けたが、いずれも胃食道逆流症は否定された。

症例が自分の臭いが口臭でなく鼻臭であると思い始めたのは、24時間食道 pH モニタリングを受けて胃食道逆流症を否定され、自分の悪臭は何処から発しているのか？と煩悶していた頃、ネットの「鼻臭で悩む友の会」を読んでからであった。また、このとき、高校2年春に高齢の名医で名高い耳鼻咽喉科医を親の強い勧めで受診し“萎縮性鼻炎”と診断され（CT・内視鏡の使用はなかった）、その診断名を日記に書いていたが、その病名の意味を始めて知る。しかし、萎縮性鼻炎は MRI より鼻甲介の萎縮なく、否定される。

高校2年春、小学6年の頃から悩んできた重度のニキビが劇的に寛解した。これは授業中、出てくる鼻汁に苦勞しなくなった時期と全く一致する。症例はこの頃、姉の重度のニキビのため、食事が野菜重視に変化したため、これが腸内細菌叢に変化を及ぼし、それが皮膚及び固有鼻腔の細菌叢にも変化を与えたと考えている。

鼻汁が出て授業中に苦勞しなくなった高校2年からか、記憶を辿ると少なくとも高校3年冬には鼻臭を強く発していたと考えていた（高校3年冬、図書館で勉強していると、避けられた記憶がある）。

更に記憶を辿ると、中学3年の時に、肉を沢山食べ始めてから鼻臭が始まった。その肉は抗生剤まみれであり、固有鼻腔の *Staphylococcus lugdunensis* はこれで死に絶え、黄色ブドウ球菌が固有鼻腔に於いて異常増殖することが出来るようになった、と考え始めた。

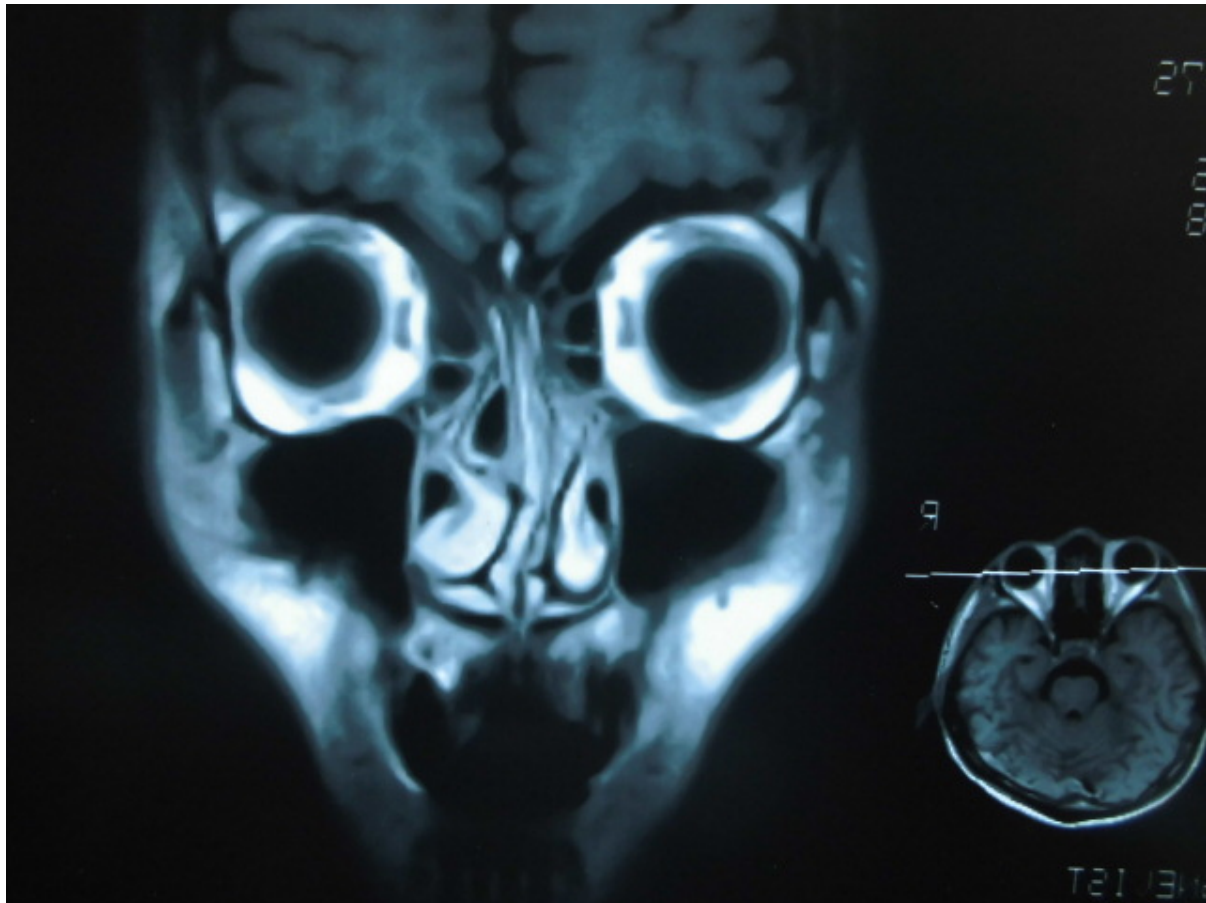
黄色ブドウ球菌など球菌を選択的に殺すため手術現場に於いて世界中で広く使用されているムピロシンを個人輸入して使用したが固有鼻腔の乾燥感は弱まることはなかった（臭いは不明）。

鼻臭と気づいてより乳酸菌溶液の鼻腔内注入を行っていたが、効果は1時間ほどと分かったため、現在は馬油を鼻腔内吸入して凌いでいる。馬油は洗浄効果は強くないが、効果持続時間が長いからである。また、馬油の本を読み、馬油が廃絶した鼻粘膜を再生してくれると期待して馬油の鼻腔への吸入を行っている。

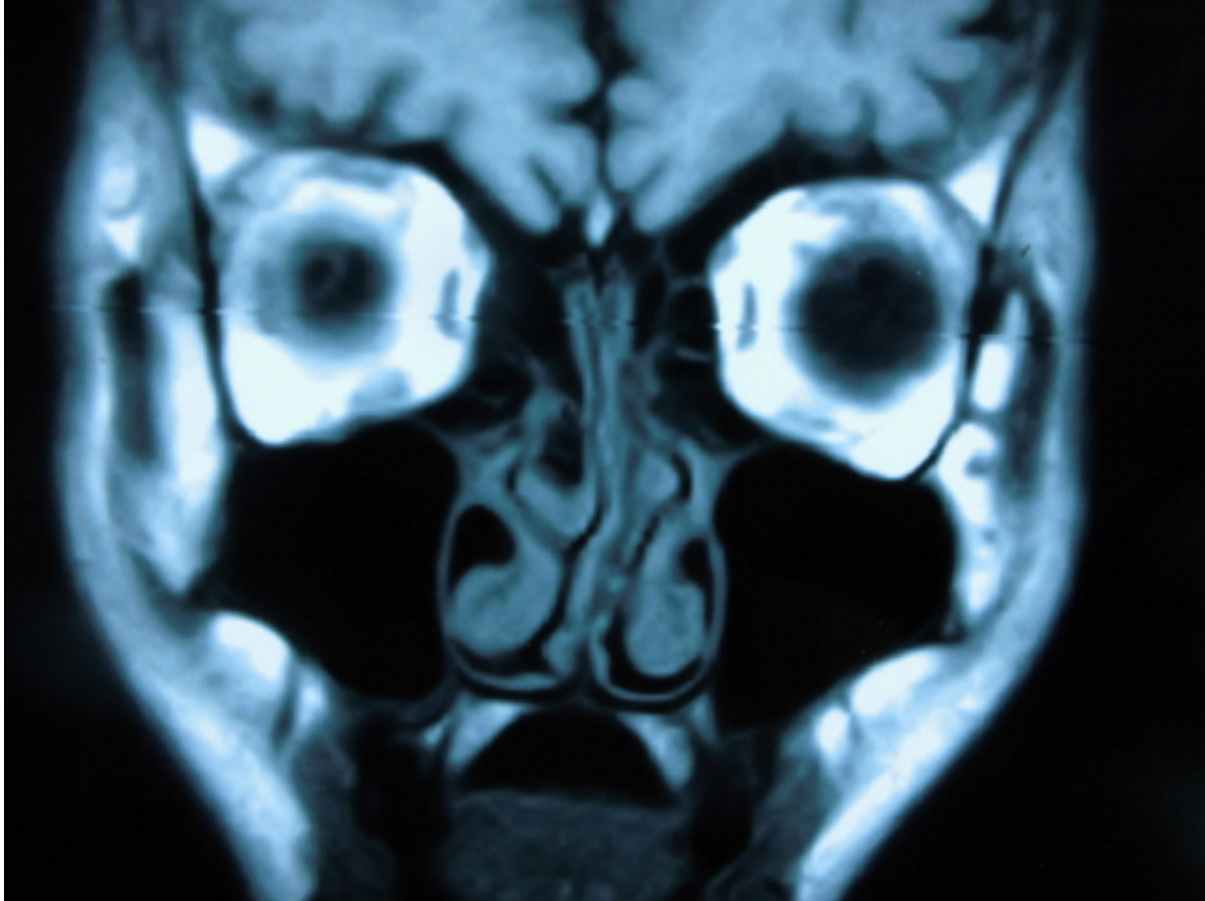
常にマスクをし固有鼻腔の湿きを軽減するように務めているが、固有鼻腔の乾燥感は強く、水様性鼻汁が時折僅かに出るのみである。綿棒で固有鼻腔鼻粘膜を触ると荒れていることが自身でも分かる。

ネットより、自身が真菌性鼻副鼻腔炎と思い、耳鼻咽喉科受診し、真菌性鼻副鼻腔炎はCT検査より否定され、痂皮形成なく固有鼻腔の萎縮もなく萎縮性鼻炎ではない、鼻副鼻腔炎でもない、悪臭を放つ疾患はないと精神科紹介となった。内科的疾患はない。周囲の反応つまり咳・鼻すすりなどは分からない。

(図1)



(図2)



(症例2以下は「臭いの悩みSNS」の6例、参考として記す。書き込みを読むだけでなく、メール交換も盛んに行った。鼻汁分泌不全症候群の可能性が高いと思われるものを選択した)

(症例2) 31歳、男性

現病歴：19歳時より冷凍室の中で働くようになって自然に臭鼻症に成ったと主張する。

耳鼻咽喉科を受診したが、自己臭恐怖と診断される。精神科受診歴はなし。

仕事は休むことなく真面目に行っている。今も冷凍室の中で働くことが多い。仕事上、人と近くで接することは少ない。苛めを受けたことはない。

人を自分の車に乗せると臭いと思うので乗せられない、人の家の遊びに行くときは人の家に入る前に必ず車の中で生理食塩水などを入れて鼻腔を洗う器具で洗うようにしている。

「疲れた日などはマスクして寝ないと、乾燥しすぎて起きたときにとめどなく鼻血が出る」と書き込みあり。

性格は真面目で素直。常にマスクをしているが、粘性のない水様の鼻汁が時折僅かに出るのみである。鼻毛が生えない。内科的疾患はない。周囲の反応つまり咳・鼻すすりなどは分からない。

（症例 3） 37 歳、男性

現病歴：高校時、冬、温風ストーブの前で寝込んで長時間、温風を吸い込み、それにより固有鼻腔に瘡蓋を形成し鼻臭を放っていると主張し、複数の耳鼻咽喉科を受診した。ある耳鼻咽喉科から自己臭恐怖と診断され心療内科受診を勧められ、紹介状とともに心療内科を受診し、現在も心療内科通院している。心療内科は眠剤が欲しいために通っている。

Y局に勤めており、苛めを受けたことはない。これはY局での症例の仕事は人と近くで接することが非常に少ないためと推測される。Y局では夜勤の非常に多い部署に勤務している。Y局に入社時、鼻臭を気にしていたため、普通の人は避ける現在の部署を選んだ。

「乾燥してる冬場が問題、乾燥してる臭いが酷くなる」「乾燥予防に最近ワセリン塗ってマスクしてる」と書き込みあり。

性格は真面目で素直。常にマスクをしているが、水様性鼻汁が時折僅かに出るのみである。内科的疾患はない。周囲の反応つまり咳・鼻すすりなどは分からない。

（症例 4） 56 歳、男性

現病歴：小学生低学年時より耳と鼻が悪く耳鼻科へ通院していた。中学・高校時代は大量の鼻汁が出て授業中苦労した。

高校卒業後、A社の東京支部に入社する。200名近い人がいるフロアで仕事を行う。そこで「臭い」と会社の社員から陰口を言われる。しかし、本人はあまり気に掛けないでいた。

30歳時、大阪支部に移動となる。ここでも200名近い人がいるフロアで仕事を行う。東京支部に居たときの噂が伝わってきており、同じように「臭い」と会社の社員から陰口を言われる。若手の社員が症例の近くに来て臭いを嗅ぎ「臭い」と言うことが頻繁に起こった。症例は悩んで大学病院で鼻副鼻腔炎の手術を受けた。時間的余裕が多い職場であったため、こういう苛めが起こり得たと推測される。

ネットで「鼻臭で悩む友の会」を見つけ、ここで自らが臭鼻症であるらしいと思う。「ある耳鼻咽喉科で“痂皮の形成や鼻腔の萎縮はないが萎縮性鼻炎と言えるかも知れない”“粘膜が酷くやられている”と言われたことがある」と書き込みあり。

ある耳鼻咽喉科で精神科への紹介状を書かれ、精神科を受診したこともある。精神科では自己臭恐怖と診断され **alprazolam**、**sulpiride** を処方された。性格は円満で社会

性は高い。子供が3人居り、家庭は円満である。内科的疾患はない。周囲の反応つまり咳・鼻すすりなどは分からない。

（症例5）29歳、女性

現病歴：小学校低学年時より鼻副鼻腔炎で耳鼻咽喉科にて最近まで治療を受けてきた。小学校低学年時より抗生剤を服用してきた。

「中学時代から悪臭を放っていたように思えるが、はっきりしない、小学生時代より悪臭を放っていたのかも知れない」と書き込みあり。

「臭いの悩みSNS」の自己紹介には次のようにある。

「もう何年も心から笑ってません。

笑うと臭いを放ってしまうから、口を閉じて笑う術を身につけました。

極力会話は、短く、単語で済ます術を身につけました。

自分で吐いた息は、自分で少しでも吸うように努力しています。

周りはこの努力をしらない。

だからブレスケアを差し出してくるし

ファブリーズを差し出してくる。

あなたが優しさのつもりでしてくれているその行動が、私を余計に苦しめる。

子供好きだし、結婚だってしたい。

でもこの臭いのせいで恋愛しちゃいけない気がして全てシャットダウンしてきた。

仕事一筋っすよ。笑

迷惑覚悟で接客業してます。

臭くて暗くて仕事できないやつ、より

臭いけど元気で仕事できるやつ、を

目指すようになったのは、ここ最近かな。

有名な歯医者にも行きました。人間ドックもしました。胃カメラだって飲みました。漢方療法にも挑戦しました。なのに、どこで何がこの匂いを放っているのか分かりませんでした。鼻臭であることに気付いたのは半年前です。

いつになったら心から笑えるようになれるのでしょうか。」

生理のサイクルに呼応して鼻臭が強くなったり鼻臭がほとんど無くなることが多いと主張する。

「数件目の耳鼻咽喉科で鼻の粘膜が非常に荒れていると言われた」「臭いをほとんど感じる事が出来なく、耳鼻咽喉科で“嗅覚の神経細胞が廃絶している。何故、放っていた。これは無理”と言われた」「夏は“魚の腐った臭い”、秋と冬は“屁の臭い”を指摘される」との書き込みあり。性格は真面目で素直。水様性鼻汁が時折僅かに出るのみである。内科的疾患はない。周囲の反応つまり咳・鼻すすりなどに極めて過敏。

（症例6）48歳、女性

現病歴：小学4年次、鼻副鼻腔炎になった。中学生になってから頻繁に鼻が詰まり夜は鼻呼吸が困難になった。同時に鼻から悪臭が発しているらしいことを知る。耳鼻咽喉科に鼻臭を訴えて行ったが、軽くあしらわれた。この頃、同級生より「臭い」と言われ女番長などより激しい苛めを受ける。中学2年次、鼻副鼻腔炎・臭鼻症などに効果があると言われる市販の漢方薬を服用始めて三ヶ月ほどで寛解（鼻臭を気にしないでも良いようになる）したが、高校1年次、再燃した。図書館で調べて自身の病態が臭鼻症らしいと考える。中学生時は“屁の臭い”“便の臭い”がすると言われていた。

20代の時、ある耳鼻咽喉科で「鼻の中が真っ黒だ！タバコをゴジラのようにプカプカ吸っているのだろう！（症例はタバコは吸わない）」と言われたことがある。この頃、鼻副鼻腔炎が非常に悪化し緑色の鼻汁が大量に出ており、職場で症例の居る所を指さして“あの辺イカ臭い～生臭い～”と大騒ぎされた。これは抗生剤を7日間服用した直後のことであり、緑膿菌が異常増殖していたと推測される。

多くの耳鼻咽喉科を受診してきたが、ある耳鼻咽喉科で「萎縮性鼻炎とは言えない鼻腔の弱い萎縮はある、鼻粘膜が非常に荒れている」と言われた。

個人輸入してムピロシンを使用したが、胃に来る（胃が荒れる）、効果が感じられないと数日で使用を中止した。

生理周期に寄って鼻臭が強くなったり弱くなったりする、特に月経中は臭いが強い、と主張する（自分では臭えないため、周囲の反応から判断している）。

「薬（注；**etizolam**）を服用すると、周囲の咳払い・鼻すすりなど反応が全く無くなる」「息子も鼻臭がある」「風邪を引いて鼻水が出るときは臭いが弱くなる」と書き込みあり。**etizolam** はネットより個人輸入していた。

最近“屁の臭い”“便の臭い”を指摘されることが多いと言う。職場などで口臭が強い人を酷く気にする。臭いに極めて過敏になっている。家では子供に臭いを確認させ、「臭いはない」と言う「本当のことを言いなさい」と泣くまで責め立てる。

「臭いが酷い時は膿も鼻汁も出ない（鼻が乾燥する）
臭いが軽くなる時は膿が出て鼻が潤ってる感じがする
要は膿が出てても排泄できていれば臭いは酷くなくて
排泄が滞って膿が上顎洞等に溜まってしまうと悪臭が発生する！
こういう図式なんじゃないかって思ってる。」

との書き込みあり。

“自臭症”“気にしすぎ”と言われることを酷く嫌う。内科的疾患はない。周囲の反応つまり咳・鼻すすりなどに極めて過敏。

（症例7）28歳・女性

現病歴：いつから悪臭が出始めたのかは定かでない。少なくとも社会人になってから鼻の臭いを発するようになった。

出勤時には、自宅で馬油を鼻腔内吸入することで、午前中は臭くない、しかし午後になると悪臭を発し、周囲の人に迷惑をかけ、周囲の人からの「臭い」と嫌われる。馬油が鼻の臭いを抑えるという事実は「鼻の臭いの友」で知り実践している。

生理食塩水での鼻洗浄は2時間程度しか効果がないと言う。

自分が臭いと思っているため、恋愛は避けている。

性格は素直で真面目。鼻汁分泌不全症候群と嗅覚基準症候群も混在しているようです。

(以上、7つの症例からは、男性は周囲の反応つまり咳・鼻すすりなどに鈍感と思われるが、男性にも周囲の反応に過敏で自己臭恐怖と診断される者は、このSNSに多い。ここに挙げた女性例は全て自己臭恐怖を合併している)

【考察】

鼻汁を産生する鼻腺・杯細胞などが含まれる固有鼻腔鼻粘膜を破壊するのは何の菌かは定かでない。

鼻臭を訴える者は一般的な抗生剤を服用して数日のみだが劇的に悪臭が減ると主張する者が非常に多い。1週間継続服用しても、悪臭が減るのは最初の数日のみと言う。

鼻臭を訴える者の多くは鼻汁は時折僅かに出るのみで強い乾燥感を訴える。鼻粘膜の荒廃強いためと考えられる。

女性に於いては「生理のサイクルに呼応して鼻臭が強くなったり鼻臭がほとんど無くなる」「月経中は鼻臭が強くなる」と主張する。これは生理のサイクルに呼応して固有鼻腔の微生物叢が変化するためと推測される。これは古来、萎縮性鼻炎・臭鼻症の病因としてホルモン説があり、月経中は萎縮性鼻炎・臭鼻症の悪臭が増大すると一致する。この「臭いの悩みSNS」に参加している女性数名は自分自身では悪臭が分からないため周囲の反応で推測しているが、彼女らの周囲の反応への敏感度は極めて高く、正しい判断と思われる。このSNSの参加者のほとんどは自己臭恐怖あるいは鼻汁分泌不全症候群と自己臭恐怖の合併である。

夜、帰宅後、生理食塩水などにて鼻腔洗浄しても翌日の朝には固有鼻腔より悪臭を放つ例が全てと言って良い。生理食塩水などによる鼻腔洗浄は一時的には奏功するが、その効果継続時間は長くない。2時間ほどと言う者が多い。

ベンゾジアゼピン系抗不安薬を服用すると、周囲の反応すなわち咳・鼻すすりなどが劇的に無くなると主張する者がこのSNSには非常に多い。これは過敏性が一時的ながらも無くなるためであり自己臭恐怖と考えられるが、鼻汁分泌は副交感神経支配であり、

ベンゾジアゼピン系抗不安薬服用により交感神経過緊張が解され副交感神経の活動阻害が無くなり鼻汁分泌が促され鼻臭が弱くなる機序も可能性として考えられ得る。

DSM-5 に於いて自己臭恐怖は「他の特定される強迫症および関連症／他の特定される強迫性障害および関連障害」に分類されている。“カラスがカアカア（臭い臭い）と言って飛んで行く”“後ろの車が大きく車間距離空けてついて来る”と言う者も存在し、これは「統合失調症スペクトラム障害および他の精神病性障害群」に分類される。

上記7例とも、唾液分泌を促進する薬剤を服用すると、その悪臭は一時的で有るが収まる。これは鼻水も同時に分泌促進されるからと考えられる。

【最後に】

この新しい病態は、萎縮性鼻炎・臭鼻症が多く存在していた昭和30年以前には鼻副鼻腔炎が非常に多かったため多数存在していたが、痂皮の形成はなく、萎縮性鼻炎・臭鼻症より臭気が一般に弱いため、萎縮性鼻炎・臭鼻症のベールに隠れ見逃されていたと考えられる。また、軽症の萎縮性鼻炎・臭鼻症と診断されていた可能性も考えられる。

少なくとも鼻臭に於いては本当に臭いが自己臭恐怖と誤診されている者も多いと思われる。鼻臭を訴える者の多くは生理食塩水などによる鼻腔洗浄を毎日数回行っており、受診時、悪臭は弱い者がほぼ全てである。空気の乾燥する秋と冬にのみ悪臭を指摘される者も多い。

鼻臭を訴え自己臭恐怖とされている者の中には、鼻汁分泌不全症候群が含まれていると考えられる。鼻臭は自分では認知できないため、口臭・体臭を訴え自己臭恐怖とされている者の中にも鼻汁分泌不全症候群が含まれていると思われる。

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Calling all co-authors. My English language skills are limited.