Cases with middle nasal turbinate honey and nasal smell

-------- Critical disease being overlooked, "nasal discharge secretion syndrome" --------

Toshiro Takami
Mmm82889@yahoo.co.jp

[Abstract]

Having middle turbinate pneumatization, I experienced a case to give off a nose smell. Paranasal sinus mycosis was denied than an examination for psychiatry introduction consultation as the self-smell fear than otolaryngology, but there was relatively strongly surely a nose smell. The treatment in dentistry was assigned enough. "I was troubled with chronic rhinosinusitis (CRS) from the elementary school lower grades very much and suffered from the mucus which came out during classful very much. It totally disappeared to suffer from a runny nose coming out during class from the second grade at a high school, but this time says, I seemed to give off a nose smell. " The article that described a middle turbinate pneumatization and the association of the nose smell was not found include foreign countries and reports it here.
Introduction
Self-odor fear / self-smelling delusions are currently increasing disease, and many clinicians suffer from persistence of complaints. However, I experienced a case that is not self-odor fear / self-odor delusion. I reviewed the entire world, but I could not find the appropriate disease name. I consider it a serious disease being overlooked and report it here.

**Case**

(Case 1) 56 years old, male  
Past history / family history: No notes.  
Life history: Excellent grades from elementary school age, graduated from the University of Tokyo (science), former bureaucracy (for privacy protection, hereinafter abbreviated)  
Current medical history: First grade primary year, rhinosinusitis develops. Since then, I suffered very much from the nasal discharge that came out during the class. Whether chronic rhinosinusitis became mild or had secretions declined since the second spring of high school, I cease to suffer from running nasal discharge during class.  
Starting in 2 years of high school, severe acne who has been suffering from the time of primary school 6 years dramatically remitted. This is exactly in agreement with the time when you no longer have difficulty with running nasal discharge during class. At that time, the case was thought that this changed the intestinal microbial flora, which changed the skin and the nasal cavity bacterial flora, as the older sister's severe acne changed the meal to vegetable emphasis.  
Currently, however, I believe that because of severe chronic rhinosinusitis most of the nasal mucosa is abolished and many cells that secrete nasal secretion died out. A case started with high school 2 years, we visited an otolaryngology department highly reputed by a doctor, and it is written in the diary that it was diagnosed as "atrophic rhinitis" from an elderly doctor there, so at this time, it has already given off a strong nasal odor I believe. However, there is no atrophy on MRI. Although there was no atrophy, it was thought that an experienced older otolaryngologist diagnosed so because a strong nasal odor was emitted. I think that from the beginning of the second year of high school where nasal discharge came out and it hardly took trouble during the lesson, when I followed my memory, at least I had a strong nose smell in high
school 3rd winter (I studied at the library in 3rd high school winter. There is a memory that is avoided if there is).

I have been bothered by bad breath for many years since high school graduation. I have thought that bad breath is caused by chronic gastritis. In chronic gastritis the case was thought to be bad breath. About 12 years ago, bad breath self diagnosed according to gastroesophageal reflux disease, gastric contrast examination at university hospital and 24 hour esophageal pH monitoring, but gastroesophageal reflux disease was denied. The patient began to think that her smell was not a bad breath but a bad smell, because gastroesophageal reflux disease was denied by 24-hour esophageal pH monitoring, and where did your stench emanate? When I was worried, I read the net's "Friends of troubles with nose smell". Since then, I carefully read the "Friends of the Nostrils with troubles", and also exchanges mails and writes vigorously. I notice a lot of people suffering from nasal smell. However, I also notice that "too much aficionados" and self-odor fears are so numerous that it is almost no exaggeration to say almost everything. ("Friendship afflicted with nose smell" was opened up about 16 years ago by present owner due to nasal smell. However, many people suffering from bad breath / body odor and so on came to participate 10 years ago, "smell of Trouble SNS "changed its name)

The case becomes a trial in the past car accident, it has own head MRI inspection film, it judges that fungus balls are reflected. I was in the former hospital visit with doubt that it might be fungal rhinosinusitis. There was not a fungal mass but a middle nasal concha honeycomb (Figure 1, Figure 2, Figure 3). There was a strong stench in exhalation at the time of visit introduction of this hospital which is a psychiatric department. Self - smell philosophy or self - odor fear "written in the introduction letter of the former hospital was denied. In case We used individual imported mupirocin 14) widely used all over the world at surgical sites to selectively kill cocci, such as Staphylococcus aureus, but the dry feeling of intrinsic nasal cavity did not weaken (smell unknown ). I noticed nasal odor and intranasally injected with physiological saline etc., but since it was known that the effect was about 1 hour, now it is surpassing by inhaling horse oil in the nasal cavity. Horse oil is not strong
in cleaning effect, but because it is thought that duration of effect is long. In addition, I read horse oil books and inhaled horse oil into the nasal cavity in hopes that the horse oil will regenerate the nasal mucosa that was abolished. I always try to mask and reduce the thirst of intrinsic nasal passages, but the sense of dryness of intrinsic nasal cavity is strong, only a very small amount of viscous nasal secretion can be confirmed if I bite my nose strongly with a towel after leaving the bath is there. From the net, I thought of himself as fungal rhinosinusitis, he visited an otolaryngologist with an MRI exam film of a car accident in the past, fungal rhinosinusitis was denied by CT examination, there was no crust formation and no intrinsic nasal cavity It was a psychiatry introduction that there was weak atrophy but it could not be said atrophic rhinitis. I do not know the surrounding reactions such as coughing, nasal ingestion. The case complained of nasal smell and he visited an otolaryngology department about 10 times while living in Tokyo, but both were introduced as psychiatry as self-smelling delusion or self-odor fear. Otolaryngologic examination is carried out to an extent sufficiently. The case is denied fungal rhinosinusitis in some college hospital otolaryngology and medicine in Tokyo, but examination of fungal rhinosinusitis only considered textbook type fungal rhinosinusitis He did not suspect fungal rhinosinusitis, antifungal drugs were imported individually from overseas and had been applied with cotton buds to inherent nasal cavities.

■ Consideration

The case is not "self-smelling delusion / self-odor fear". And if you look over the net, those who are suffering from the same condition (including several doctors) are very numerous and believe to be a serious disease being overlooked. The nose odor is emitted, and the problem of this disease which often interferes with social life is examined by the writer. This is because most of the nasal glands and goblet cells that produce nasal secretions due to chronic rhinosinusitis are destroyed, many are strongly aware of the thirst of the nasal cavity, and the causes are diverse and the nasal discharge I thought that should be called secretion deficiency syndrome. It was also
thought that it is often unrelated to the middle nasal turbinate honeycomb. It is considered to be a toxin produced by Staphylococcus aureus that destroys the nasal mucosa of the intranasal nasal cavity including nasal glands and goblet cells that produce nasal discharge. Pneumococcus (Streptococcus pneumoniae), Haemophilus influenzae, Moraxella catarrhalis, etc., which are considered causative bacteria of chronic rhinosinusitis, are unlikely to produce strong toxins which destroy the nasal mucosa.

If nasal discharge is sufficiently produced, metabolites of Staphylococcus aureus will be swept away to the throat and nasal odor will not be emitted. However, because nasal discharge is not sufficiently produced, it is considered that a nasal odor emanates as in the case. Many of those who suffer from sniff smell of this SNS commonly say that the season of drying is a problem, and in the period without drying, the nose smell is weak.

On the overview of the net, it is said that it is much more fascinating to China, but this is because nasal mucosa of intrinsic nasal cavity containing nasal glands · goblet cells etc. producing nasal discharge due to intense air pollution in China is destroyed Therefore, it is speculated that because metabolic products of Staphylococcus aureus are not shed to the throat because China is also dry in many areas.

About 30% of Staphylococcus aureus in Europe is owned in the intranasal cavity as an indigenous bacterium, but it does not hold 70%. The reasons have been elucidated recently 19). Staphylococcus lugdunensis, an indigenous nasal cavity, produces substances that inhibit the growth of S. aureus, but not as much as 30% possesses Staphylococcus lugdunensis. It is not clear in thesis 19) that the reasons for not possessing that Staphylococcus lugdunensis are genetic and born or caused by antibiotics. Statistics in this paper are inpatients at university hospitals, and it is presumed that there are many older adults. It is estimated that Staphylococcus lugdunensis, one of the indigenous bacteria in the intranasal nasal cavity, has been killed by taking antibiotics until it reaches relatively old age. The proportion of possessing Staphylococcus aureus in the intranasal nasal cavity is similar in other papers. In a new paper in Japan, 8.1% of patients with chronic rhinosinusitis in children have a staphylococcus aureus in the nasal cavity 3).
The mechanism by which the nasal mucosa is damaged in chronic rhinosinusitis and the like is not inherently having Staphylococcus lugdunensis or does not have an acquired age, so S. aureus is easy to grow in the intranasal nasal cavity, yellow. It was thought that the staphylococcal metabolite (toxin) would damage the nasal mucosa. In case

However, the case already purchased Staphylococcus lugdunensis and performed treatment to plant it in its own nasal cavity, but the nasal odor may have been relieved in a few months, but after several months it returned to its original state or not at all, Say. In detail, "Staphylococcus lugdunensis was planted in the intranasal cavity for four months and nasal discharge (nasal discharge) that had been forgotten for decades came out but gradually disappeared like before. Today's new kind of yellow grape It is thought that it was considered to have been driven out by coccis. " It is also possible to purchase Staphylococcus lugdunensis again and plant it in a unique nasal cavity, but also rub the skin with staphylococcus epidermis of the resident bacterial skin of the skin with a cotton swab and put it in the intrinsic nasal cavity "I think that there is only a way to wash the intrinsic nasal cavity with physiological saline mixed with glycerin and the like which had been done in the ear, nose and throat department, there is no way to wash." "I think most of life I am conspicuously sending, but young people are irrational." In case

Presently, it is common to administer antibiotics to rhinosinusitis and allergic rhinitis, Staphylococcus lugdunensis has been destroyed, basically only S. aureus present only in the nasal vestibule is in the intranasal cavity. The mechanism of abnormal proliferation was assumed.

Those who complain of nasal smells claim that they drink less frequently but only a few days after taking general antibiotics. Even if you take it for a week, it is the first few days that the odor decreases. This suggests that it is Staphylococcus aureus that is stinky. In the case of at least Staphylococcus aureus, bacteria that have acquired resistance to drugs are less habitable than ordinary Staphylococcus aureus, because they have obtained drug resistance at the expense of their habitat ability 2). Normally, ordinary Staphylococcus aureus, which is drug susceptibility, occupies the nasal vestibule, and drug resistant Staphylococcus aureus live in the root of the intranasal nasal cavities so that it is hidden to the very least number, but it is common by antibiotic administration Of Staphylococcus aureus was killed and drug-resistant Staphylococcus
Staphylococcus aureus grew not only in the nasal vestibule but also in the neighboring inherent nasal cavity at once. Many people complaining of nasal smell appeal strong intense nasal cavities. It is considered to be due to the strong desolation of nasal mucosa. Staphylococcus aureus is strong against drying, but in the wet state, other bacteria are also easy to grow, and S. aureus is destroyed and does not grow much. In case Moreover, it is speculated that S. aureus is often abnormally proliferated, because "smell of fart" and "fecal odor" are often pointed out by humans.

Those suffering from nasal smells participating in "smell trouble SNS", many visited hospital for otorhinolaryngology at nasal sinusitis or allergic rhinitis or visit hospital. In females, it claims that "the nasal odor becomes strong and nasal smell almost disappears in response to the cycle of menstruation" and "the nose smell becomes strong during menstruation." This is presumed to be due to the change in the microflora of the intranasal nasal cavity in response to the physiological cycle. This has been consistent with an old hormone theory as a cause of atrophic rhinitis / bruising, and malodor of atrophic rhinitis / bromodystrophy increases during menstruation.

Several women who participate in this "friends' society troubled by nose smells" themselves do not know the bad smell, so they are guessing by surrounding reactions, but their sensitivity to the surrounding reactions is extremely high, I think that the. However, most of the participants in this SNS are self-odor fear or merger of nasal secretion syndrome and self-odor fear. In case

Even after going home at night, even if I wash the nose with saline or the like, the next day the morning it is said to be all cases that stinks from the inherent nasal cavity. Nasal washing with physiological saline or the like temporarily works, but its effect duration is not long. There are many people who say it takes about 2 hours.

There are quite a lot in this SNS who suffer from nasal odor, which claims to take benzodiazepine type anxiolytics, dramatically eliminate surrounding reactions such as coughing and nasal sinus. This is because mental hypersensitivity is temporary but weak, which is thought to be self-odor fear, but nasal secretion is parasympathetic innervation, sympathetic nervous hypertonia is resolved by taking benzodiazepine type anxiolytic medicine and parasympathetic Mechanisms can be
conceived in which activity inhibition disappears and nasal secretion is promoted and nasal odor is weakened.

Finally

This condition was present in large numbers due to the large number of chronic rhinosinusitis before 1954 when many atrophic rhinitis / bronchiasis was present, but there was no crust formation, nasal atrophy, And odor was generally weaker than atrophic rhinitis / odor nasal symptoms, it was thought that it was often diagnosed as mild atrophic rhinitis / bronchiasis or was regarded as no disease. It is speculated that there are many people who are misdiagnosed as odor fear of truly smell at least in the nasal odor. Many people who complain of nasal smell are cleaning nasal cavity with physiological saline or the like several times a day, and almost everyone who has weak malodor at the visit is almost all. Because the corresponding disease name can not be found, the writer named the nasal secretion syndrome syndrome. We also believe that nasal discharge secretion syndrome can occur frequently not only by rhinosinusitis but also by other diseases and causes. Some people who are regarded as self-odor fears are considered to contain nasal discharge secretion syndrome. Since nasal odor can not be perceived by oneself, it is speculated that those who are suffering from odor and body odor and self-odor fear also contain a lot of nasal secretion syndrome syndrome. In addition, since the case has a large middle nasal congeal honeycomb, there was a possibility that this might be involved in emitting a strong nasal odor by some mechanism.

Literature

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