

【Research report】

1 case suffering from nose smell, which are misdiagnosed as halitophobia

---- nasal mucosa imperfection syndrome (ozena of a new concept) ----

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【Summary】

We show one case that complained of nasal odor and was admitted to a psychiatric department as self-sickness fear. The case was actually releasing a strong nose. It has not been diagnosed as atrophic rhinitis or ozana in otolaryngology.

There are many people who suffer from the same condition as looking over the net. Almost all are complaining of strong nose dryness. It was thought that she could not flush bacterial metabolites into her throat etc. because she had run out of nasal secretions, and she was giving a strong nasal odor.

Although the frequency of this disease is high, it has been diagnosed as being self-sickness by leaving or psychiatry. Named as nasal mucosal dysfunction syndrome. This is a new concept of ozena.

It seems that it may be named as new-type ozena. There is no scab formation, and it is thought that it is a serious disease that is obscured because it is difficult to recognize because the nasal mucous membrane is only degraded by nasal endoscopy, and it is hidden in a bout of atrophic rhinitis and ozena.

【Key words】

ozena of a new concept, nasal mucosa imperfection syndrome, chronic rhinosinusitis

【Introduction】

The malodor is generally weaker than atrophic rhinitis and olfactory rhinitis due to the abnormal growth of *S. aureus* on the nasal mucosa without forming scabs.

Even if she complains of a nasal odor and visits the otolaryngology department, it does not apply to the atrophy rhinitis / trochal nose disease concept (2, 9), so all patients referred to as a psychiatric fear may be said to be all.

Dysfunction of nasal discharge syndrome "The endonasal nasal mucous membrane is strongly destroyed, the tissue that secretes nasal discharge is damaged, nasal secretion is strongly reduced, bacterial metabolites are not drained into the throat, etc. and remain in the intrinsic nasal cavity It is considered as a pathological condition that it gives off a nasal odor. The cause is presumed to be diverse. The most probable cause is those who suffer from chronic rhinosinusitis and are presumed to have been slightly or rapidly injured in the nasal mucosa.

Although the frequency of this disease is high, almost all have been diagnosed with self-sickness. However, the offensive odor may be so strong that a number of people refuse to stay in the same room.

Now that "agitation" has increased dramatically, there are a lot of "agitation" being received as "smelling people." There are also a large number of people in social escape / retraction. Atrophic rhinitis and olfactory rhinitis are described in ancient Egyptian documents as mysterious diseases. It has been suggested that B. Frankel proposed that atrophic rhinitis and olfactory rhinitis be accompanied by three main signs of "smell, atrophy, scabs", and established a footstep as one disease (9).

In the past, the frequency of atrophic rhinitis and ozena has been high worldwide, and various etiologies have been discussed. It has been empirically known that female hormone administration is effective, that natural healing is often observed in old age, that women's morbidity rate is more than twice that of men, in female patients Depending on the menstrual cycle, nasal odor often became strong or weak, and it was suggested that sex hormones had a large effect on atrophic rhinitis and otorrhinosis when these were combined (9).

Atrophic rhinitis and ozena have been on the decline since 1955, and now at least in developed countries there is almost no occurrence (2,9). This is considered to be due to the fact that high doses of female hormones are common in modern livestock farming and aquaculture. Atrophic rhinitis and ozena still occur relatively frequently in areas where it is not possible to eat milk and meat by modern livestock farming and aquaculture.

There are "smelling trouble SNS" on the Internet, more than 200 registrants, many women in general, and ages ranging from 14 to 55 years. People who suffer from various odors such as bad breath, nasal odor, body odor, and gas type of IBS are registered. Since the organizers are suffering from a nasal odor, the "friendship suffering from nasal odor" was the name until several years ago. Many people with bad breath and body odor etc. seem to be included although they have a nasal odor.

Many of this SNS's self-smelling fears are said to be "smelling," and the experience of being forced to "smells" has become a personal trauma and falls into self-steering fears. It is because it does not actually smell, or it is because it keeps in mind so as not to care about the smell and to smell it, it does not smell at the off meeting (a meeting where people who are troubled with their own odor gather and check "smell") Is almost always.

It is extremely difficult to convince those who are self-sponsored with this SNS arousal of reaction, ie, "cough", "nasal sore", etc., to be a sensitive relationship delusion.

The treatment difficulties of self-smelling fear are thought to be dysphoria, anorexia nervosa, and the difficulties that come next.

[Case]

(Case 1) 57 years old, male

Family history: Father and sister and nervous (elder sister and two brothers)

Personality: Toughness, heat neutrality, warmth, gentleness, nervous, obsessive and obsessive

Life history: Excellent grades from a young age (below, abbreviated for privacy protection)

Medical history: At 28 years of age, he developed depressive disorder and continues to have mild and severe deterioration.

At age 32, he developed psychogenic urination and continues to do so.

History of illness: Primary rhinosinusitis with rhinosinusitis. Since then, during the class, he suffered very much from the nasal discharge coming out. Whether the chronic rhinosinusitis has been alleviated or the secretions have decreased since the second year of high school, he was not bothered by the nasal discharge coming out during class.

he have been suffering from bad breath for many years since high school graduation. Bad breath has been thought to be caused by chronic gastritis.

A few years ago, bad breath was self-diagnosed to be due to gastroesophageal reflux disease, and he underwent gastrography and a 24-hour PH test at university hospitals etc., but all were denied gastroesophageal reflux disease.

The case that started to think that my odor was nasal odor rather than bad breath was a 24-hour PH test that denied gastroesophageal reflux disease and where did my malodor originate from? When I was bothered with it, he read the "friendship troubled by my nose" on the Internet.

In the second year of high school, he suffered from severe acne that had been a problem since the sixth grade of elementary school, which has been ameliorated dramatically. This is in line with the time when he was not struggling with the nasal discharge during class. The case is considered to have changed the intestinal microbiota, which in turn changed the skin flora and specific nasal flora, as the diet changed to a vegetable-based diet due to her sister's severe acne.

He thought that he had a strong nose that he had a strong nose at least in high school winter at least from high school second year, or if he went through memories from high school 2 years when he had no rhinorrhea and did not struggle in class And, there is an avoided memory). However, when he trace my memory further, he start to become enthusiastic about bicycling with a view to becoming a bike racer as he graduate high school, and start thinking about when he was actively running on national roads where many large trucks run. The case went on a national road by bicycle every day, and was actively training. He often ran through a long tunnel by bicycle. At the beginning of his second year in high school, he had a nasal odor but it was not strong, and he think it would be more appropriate to think that nasal odor became stronger from this time.

Mupirocin 4,14), which is widely used all over the world at the surgical site, was used to selectively kill *S. aureus* and other cocci, but it did not weaken the dry feeling of the specific nasal cavity (smell) Is unknown).

He noticed nasal odor and she had been using an intranasal injection of a lactic acid bacteria solution, but the effect was found to be about one hour, so she is now crawling by inhaling horse oil in the nasal cavity. Horse oil does not have a strong cleaning effect, but the effect duration is long. In addition, he read a book on horse oil and inhaled horse oil into the nasal cavity in the hope that the horse oil will regenerate the abolished nasal mucosa.

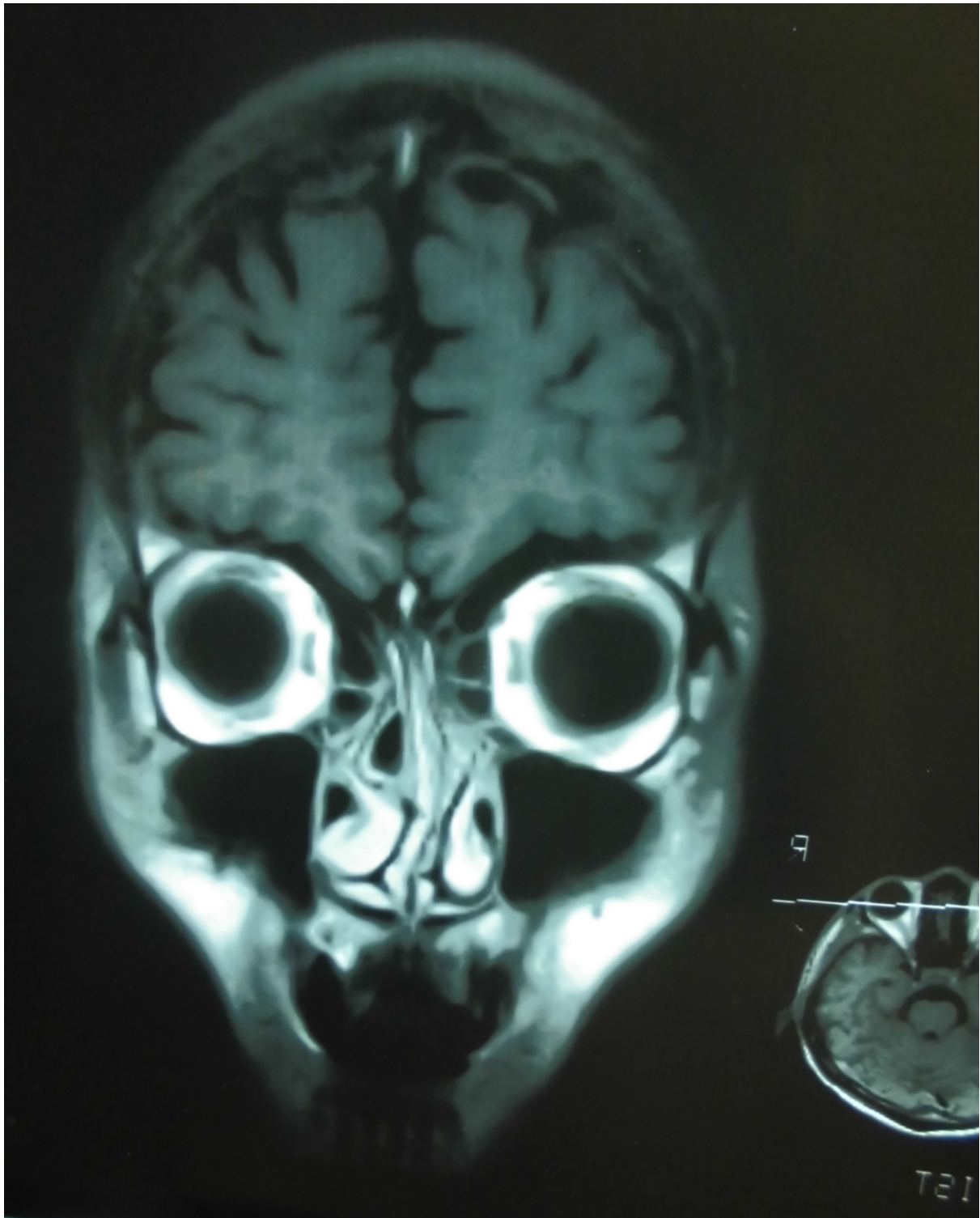
He always try to mask and reduce the thirst of the specific nasal cavity, but the feeling of dryness of the specific nasal cavity is strong, and the watery nasal discharge sometimes only slightly appears.

From the Net, he think that he is fungal rhinosinusitis myself, and he visited the otorhinolaryngology department, mycotic rhinosinusitis is denied by CT examination, there is no scab formation and there is a weak atrophy of the intrinsic nasal cavity, but there is atrophic rhinitis It was a psychiatric introduction that he could not say. He does not know the reaction around, such as coughing or sneezing.

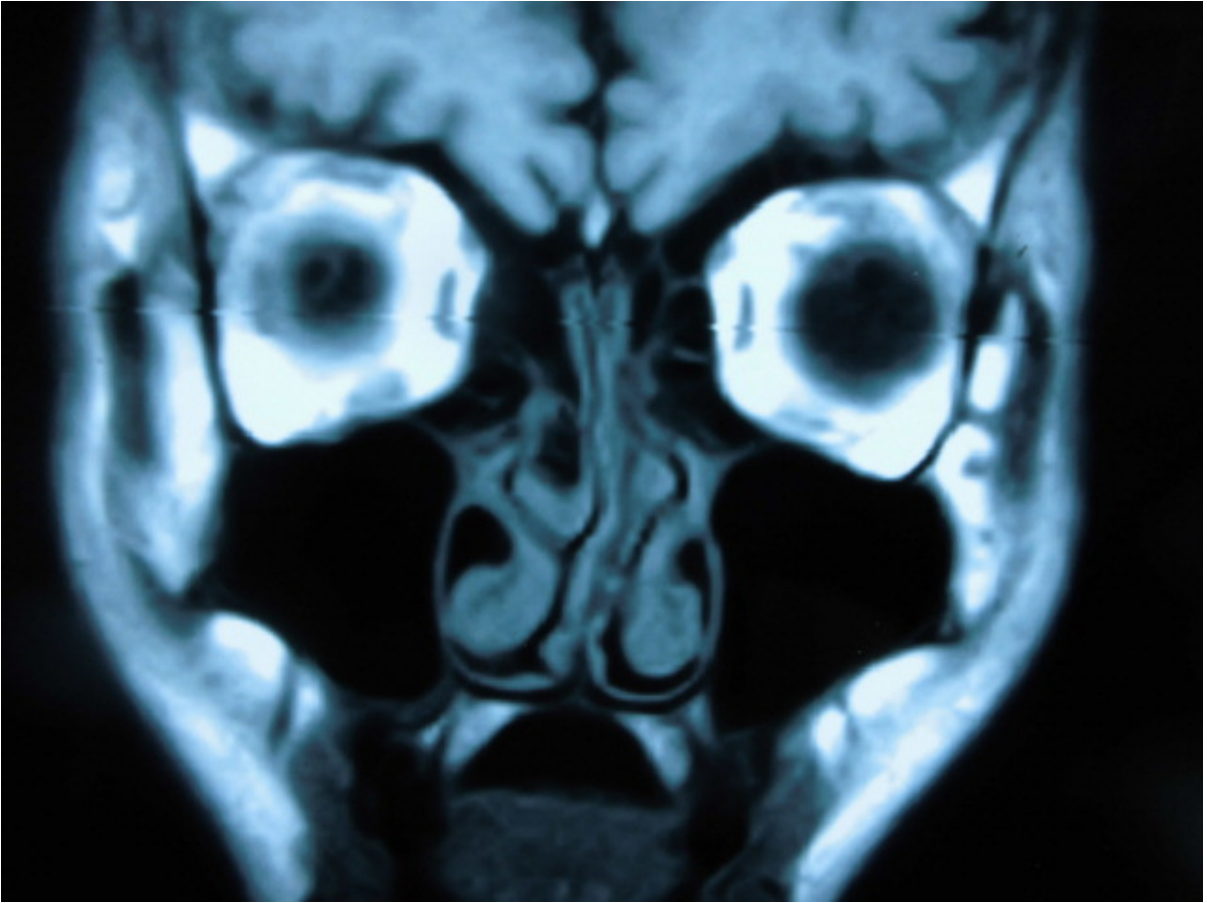
In addition, the case has relatively large middle turbinate cells (Photos 1, 2 and 3). This is involved in the onset and exacerbation of chronic rhinosinusitis, and its direct involvement in nasal mucosal dysfunction syndrome seems subtle. The case says that it has never been mentioned at least once in the Otolaryngology section, and that it was totally unknown.

(Case 2 and the following are 6 cases of “Smelling trouble SNS”, described as reference. Not only reading but also exchanging e-mails actively. We selected those considered to have a high possibility of nasal mucosal dysfunction syndrome.)

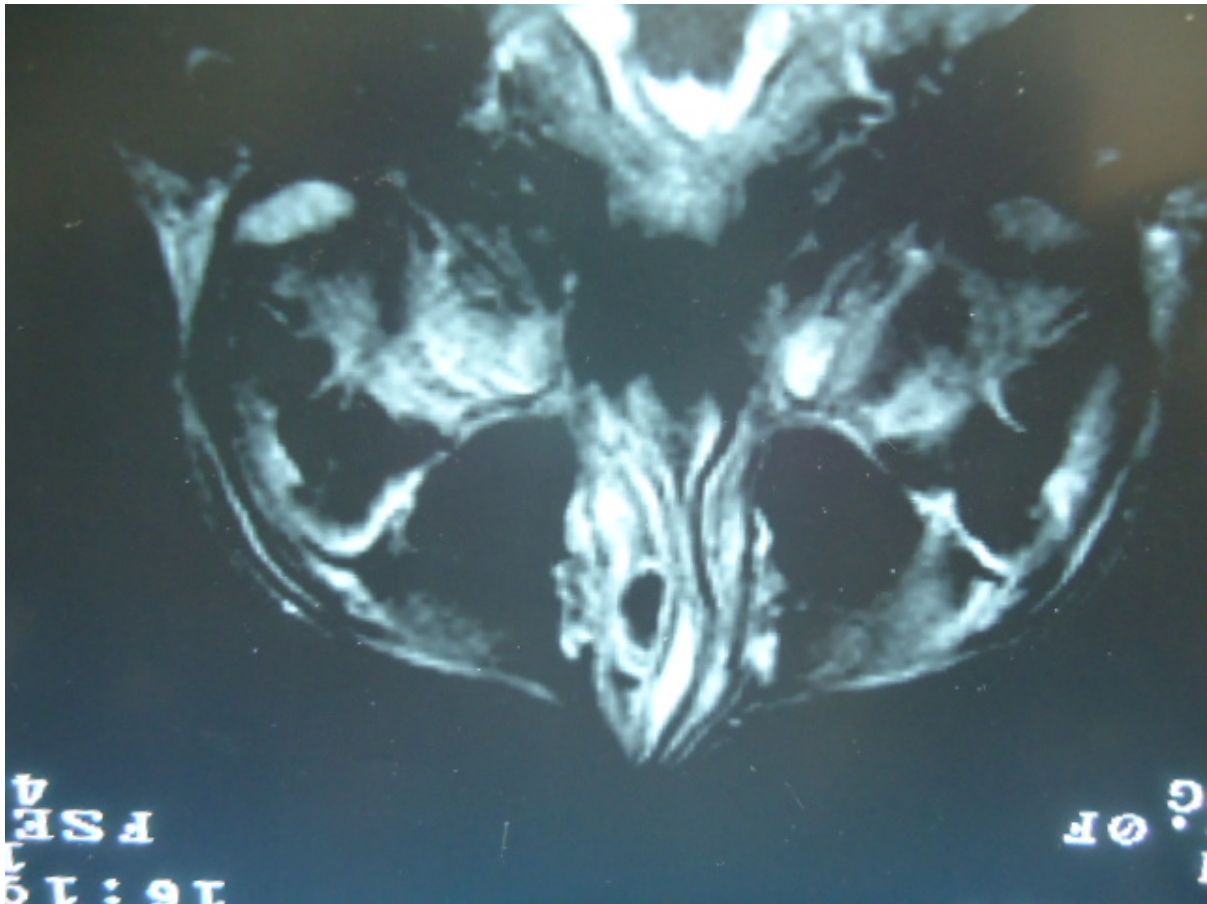
(Photo 1)



(Photo 2)



(Photo 3)



(Case 2) 31 years old, male

History of actual condition: It is claimed that he started working in the freezing room from the age of 19 and naturally got stunted nose.

He visited the otorhinolaryngology department, but he was diagnosed with self-sickness. there is no psychiatric medical history.

He is doing his work seriously without a break. Many work in the freezing room even now. There are few people close to people on business. He has never been annoyed.

He can't take it because he think it smells when he put it in his car. When he go to play in the person's house he always wash in the equipment to wash in the nasal cavity by putting saline etc. in the car before entering the person's house It is like that.

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

Character is serious and obedient. he always wear a mask, but he only occasionally have a slight, viscous, watery nasal discharge. He does not know the reaction around his body, such as coughing or sneezing.

(Case 3) 37 years old, male

Actual history of illness: In high school, in winter, in bed in front of a hot air stove and inhale warm air for a long time, thereby claiming to form a scab on the specific nasal cavity and release nasal odor, and visit multiple otolaryngology department did. He was diagnosed with a sense of affliction from an otorhinolaryngology department and was recommended to visit a psychosomatic internal medicine department, and he consulted a psychosomatic internal medicine department with a letter of introduction, and is now in a psychosomatic internal medicine hospital. Psychosomatic medicine goes to want a sleep agent.

He work for the post office and he have never been tortured. It is presumed that this is because the case work at post office is very few in close contact with people. In post office, he work in a department with a large number of night shifts. When he joined post office, he chose the current department to avoid ordinary people because he was concerned about nasal odor.

"It is a problem in the dry winter, when it gets dry, the smell gets worse." "It is masked with vaseline recently to prevent drying."

Character is serious and obedient. he always wear a mask, but he have a slight nasal sputum occasionally. he do not know the reaction around such as coughing or sneezing.

(Case 4) 58 years old, male

History of actual illness: Ears and nose have been worse since elementary school children in the lower grades, and they have been to otolaryngology. During his junior high and high school days, he had a lot of nasal discharge and he struggled in class.

After graduating from high school, he joined company A's Tokyo branch. Work on a floor with nearly 200 people. Therefore, "offensive" is said by the employees of the company in a negative way. However, he did not care much.

At the age of 30, he moved to the Osaka branch. Again, he work on a floor with nearly 200 people. Rumors of being in the Tokyo branch are being transmitted, and "smelling" is similarly said to be negative by employees of the company. It often happened that a young employee came near the case and smelled it and said "smelling". The patient suffered from chronic rhinosinusitis surgery at a university hospital. It is surmised that this kind of disease could have occurred because it was a workplace with plenty of time.

He found "friendship troubled by nose odor" on the internet, and he think that he is ozena. "A certain otolaryngology department has said," There is no scab formation, but it may be said that it is atrophic rhinitis. "" It has been said that the mucous membrane is severely damaged. "

A letter of introduction to psychiatry was written in a certain otolaryngology department, and he has visited a psychiatric department. In the psychiatric department, he was diagnosed with apoplexy and was prescribed alprazolam and sulpiride. The character is well-rounded and

highly social. There are three children and the family is at home. he does not know the reaction around his body, such as coughing or sneezing.

(Case 5) 29 years old, female

Current medical history: She has been treated at the otorhinolaryngology department for nasal sinusitis since the lower grades of elementary school until recently. She have been taking antibiotics since her elementary school lower grades.

It seems that "it seems to have been giving off a bad smell since junior high school age, but it is unclear, maybe it may have been giving off a bad smell from elementary school days", says in writing.

It is as follows in the self-introduction of "stomach trouble SNS".

"I have not laughed for many years.

She laughed when she laughed, so she learned how to close her mouth and laugh.

The conversation was as short as possible, and she learned how to do it with words.

I try to breathe a bit of my own breath.

The surroundings do not make this effort.

So I will offer you breath care

I'm offering Fabrys.

The action you are doing in kindness makes me more painful.

I love children and I want to be married.

But because of this smell I have shut everything down, I feel I should not fall in love.

I work hard. Lol

I am serving with a sense of inconvenience.

Smelling, dark and unable to work, more than

It's smelly, but he can do it well

It is probably lately that I came to aim.

She went to a famous dentist. she did a medical checkup. she even drank her stomach camera.

She also tried Kampo therapy. However, she did not know what and where this smell was released. Half a year ago she realized that she had a nasal odor.

When will we be able to smile from the heart? "

According to the cycle of menstruation, it is argued that nasal odor becomes strong and nasal odor is almost gone. Character is serious and obedient. Watery rhinorrhea only occasionally exits occasionally.

It is written that "the mucous membrane of the nose was said to be very rough in the otolaryngology department" "it was said that there was a weak atrophy of the nasal cavity in a few otolaryngology department". Extremely sensitive to reactions around the body, such as cough and nasal sores.

(Case 6) 28 years old, female

History of actual illness: When she was a high school student, she suffered from rhinosinusitis, and she visited the otorhinolaryngology department and received antibiotics such as antibiotics. Sino-sinusitis resolved in a few years and stopped visiting otolaryngology. It was about the end of high school days when she went to the department of otorhinolaryngology when it was said that "smell".

Because people say "smell", they have avoided dealing with people as much as possible. She was self-diagnosing with social anxiety disorder. This is the reason she thought that it was a smell of odor and she did a surgery on that smell of odor.

She feel myself stinking, she are extremely nervous at the examination center, and she fail in the university entrance exam. she will be a ronin but she will not go to the preparatory school because she smell and she will not be at home. However, due to extreme tension at the university entrance examination practice exam, grades continue to fall and give up admission to university.

Even if she try a part-time job, she can not do a part-time job because she smell herself. She fall in a closed haunt.

At 21 years of age, she continued to be called "smell" from her surroundings, even when she performed surgery for her smell at cosmetic surgery. Although she had judged for herself the postoperative odor and for several years, She thought that it was not a postoperative odor and she did not know the cause of the odor. About a year ago, she noticed that she had a nasal odor.

Even if she or she has an otorhinolaryngology, she is diagnosed with self-sickness and is recommended to visit a psychosomatic department. However, the letter of introduction to psychosomatic medicine is left as it is.

She notice that there are many people who are in the same trouble as myself in the "Stomach trouble SNS".

The dry feeling of the inherent nasal cavity is strong. She is worried about the reaction around her, that is, coughing and nasal sores.

(Case 7) 46 years old, female

History of actual illness: she had rhinosinusitis in the fourth grade of elementary school. After becoming a junior high school student, her nose got blocked frequently and nasal breathing became difficult at night. At the same time, we know that it seems that an offensive odor is emitted from the nose. She complained of a nasal odor to the otorhinolaryngology department, but was treated lightly. Around this time, it is said that it is "smell" from a classmate, and it is more violently irritated by female chiefs. In the second year of junior high school, she started taking over-the-counter herbal medicines that are said to be effective for chronic rhinosinusitis, stinosis, etc., and got remission in about three months (become aware

of no runny nose), but high school In the first year, she relapsed. she look in the library and think that my own condition seems to be stinosis. When she was in junior high school, it was said that "the smell of salmon" and "the smell of stool".

When she was in my twenties, she was told in an ear-nose and throat department that "The nose is black! You smoke cigarettes like Godzilla! (Cases do not smoke)". At this time, chronic rhinosinusitis was so bad that a large amount of green nasal discharge came out, pointing to the place where the case was at work, it was a big deal, "Squid smell-raw smell ...". This is immediately after taking the antibiotic for 7 days, and it is presumed that P. aeruginosa has been grown abnormally 13).

She have visited a large number of otolaryngology department, it was said in one otolaryngology department that "there is a weak atrophy of the nasal cavity that can not be said as atrophic rhinitis, and the nasal mucosa is very rough."

She personally imported and used mupirocin, but it came to the stomach (stomach gets rough) and was discontinued in a few days if no effect was felt.

According to the menstrual cycle, nasal odor may become strong or weak, especially during menstruation, it has a strong odor (it is judged from the surrounding reaction because it does not smell on its own).

"When you take the medicine (note; etizolam), the reaction such as coughing and nasal sipping around the patient disappears completely" "It is often said by brothers and families that they don't smell" "The son has a nasal odor" and writes. etizolam was imported individually from the internet.

Recently, it is often said that "the smell of salmon" and "the smell of stool" are often pointed out. she seriously care about people who have bad breath at work. It is extremely sensitive to the smell. At home, let the child check the smell, and if it says "no smell," he will blame until "I tell the truth."

"If the smell is bad, no pus or nasal discharge will come out (the nose will dry)

When the smell gets lighter, you feel pus out and your nose getting wet

The point is that the smell is not so bad if she can excrete even if she have pus

If the excretion is delayed and pus accumulates in the maxillary sinus etc., an offensive odor will occur!

I'm wondering what a scheme like this. "

With writing.

She strongly hate to be said to be "self-odorous" or "too much concern". Extremely sensitive to reactions around the body, such as cough and nasal sores.

(In the above seven cases, men seem to be insensitive to their surrounding reactions, such as coughing and nasal sores, but many men who are hypersensitive to their surrounding

reactions and who are diagnosed as having self-sickness are also in this SNS. (All the women mentioned here have merged with self-sickness fear))

【Discussion】

It is considered that the toxin produced by *S. aureus* is the one that destroys the nasal mucosa of the inherent nasal cavity, including nasal glands and goblet cells that produce nasal discharge. It is unthinkable that *Streptococcus pneumoniae*, *Haemophilus influenzae*, *Moraxella catarrhalis*, etc., which are the causative bacteria of chronic rhinosinusitis, produce strong toxins that destroy the nasal mucosa.

Those who complain of nausea only take a few days after taking general antibiotics, but very many claim to reduce odors dramatically. Even if it is taken continuously for a week, it is said that the first few days reduce offensive odor. This suggests that it is *Staphylococcus aureus* that is giving off an offensive odor. At least in the case of *S. aureus*, bacteria that have acquired drug resistance are less able to survive than ordinary *S. aureus* because they are resistant to the drug at the expense of their ability to live³). Normally, drug-sensitive ordinary *S. aureus* occupies the nasal vestibule and the specific nasal cavity, and drug-resistant *Staphylococcus aureus* inhabit in the pores of the nasal vestibule, etc. It is thought that the administration results in the death of ordinary *S. aureus* and the drug resistant *S. aureus* rapidly proliferates not only in the nasal vestibule but also in the adjacent specific nasal cavity. However, the possibility of *Pseudomonas aeruginosa* is also expected to increase rapidly after several days.

Most people who complain of nasal odor complain of a strong sense of dryness with occasional slight nasal discharge. It is thought to be due to the desolation of the nasal mucosa. *S. aureus* is resistant to dryness, but in wet conditions other bacteria are likely to grow and *S. aureus* does not grow much.

In addition, it is speculated that *S. aureus* is abnormally grown because humans have pointed out "fowl odor" and "fecal odor" ¹³).

Those who suffer from nasal odor who participate in "Stoms trouble SNS" have often visited Otolaryngology department due to rhinosinusitis or allergic rhinitis. However, in allergic rhinitis, she can not fall into this condition, ie, nasal mucous membrane failure syndrome, the author thinks that it is a mere self odor.

In women, it is claimed that "the nasal odor becomes strong or nasal odor disappears in response to the menstrual cycle", and "the nasal odor becomes strong during menstruation". This is presumed to be due to changes in the microbiota of the specific nasal cavity in response to the menstrual cycle¹²). Since ancient times, hormonal theory has been used as the pathogenesis of atrophic rhinitis and olfactory rhinitis, and it is consistent with the increase in malodor of atrophic rhinitis and olfactory rhinitis during menstruation ²). Some of

the women participating in this “smelling trouble SNS” guess their own response because they do not know the odor by themselves, but their sensitivity to the response around them is extremely high. Seem. However, most of the participants on this SNS are afflicted autism or a combination of nasal mucosal dysfunction syndrome and autism.

After returning home at night, even if you wash the nasal cavity with saline etc., the example that emits an offensive odor from the inherent nasal cavity in the morning of the next day can be said to be all. Nasal lavage with saline etc. works for a while, but its duration is not long. Many people say about 2 hours.

There are a large number of people in this SNS claiming that taking benzodiazepines anxiolytics will result in a dramatic loss of their surrounding reactions, such as coughing and nasal sores. This is because the hypersensitivity is temporarily eliminated, and it is considered as self-spontaneous fear, but nasal discharge is parasympathetic, and by taking a benzodiazepine anxiolytic drug, sympathetic hypertonia is resolved and parasympathetic activity is inhibited. It may be considered that the nasal discharge is promoted and nasal odor is weakened.

In DSM-5, self-sickness is classified as "other identified obsessive compulsive disorder and related disorder / other identified obsessive compulsive disorder and related disorder". There are also those who say, "A crow is flying and saying" Kaakaa "(smelly smelling)" "The car behind you is following a large distance between them", "This is a schizophrenia spectrum disorder and other psychotic disorder group. "are categorized.

【Finally】

This new pathophysiology was present in large numbers because chronic rhinosinusitis was very frequent before 1955 when there were many atrophic rhinitis and ozena but there was no scab formation, but atrophic Since the odor is generally weaker than rhinitis and otorrhinosis, it is thought that they have been hidden behind in the balms of atrophic rhinitis and ozena or have been diagnosed with mild ozena.

It seems that there are many people who are misdiagnosed as having a self-smell fear, at least at least in the nose. Most people who complain of nasal odor perform nasal cavity cleansing with physiological saline etc. several times daily, and at the time of consultation, almost all the people who are weak in odor are weak.

It is thought that nasal discharge syndrome is included among those who are considered to be afflicted with autism. Nasal odor syndrome can not be recognized by oneself, and it is thought that nasal discharge syndrome is included in those who complain of halitosis and body odor and are considered as self-sickness fear.

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(Please forgive me for not being good at English and relying on google translation.)

【研究報告】

鼻臭を訴え自己臭恐怖と診断されてきた1例

-----鼻粘膜不全症候群（新しい概念の臭鼻症）-----

高見敏郎*

【要旨】

鼻臭を訴え自己臭恐怖として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・臭鼻症とは診断されていない。

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。ほぼ全てが強い鼻の乾きを訴えている。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。鼻粘膜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。新型臭鼻症と名付けて良いとも思われる。痂皮形成はなく、鼻腔内視鏡で鼻粘膜の荒廃が認められるだけであるため認知困難なためと、萎縮性鼻炎・臭鼻症のベールに隠れ、気付かれずにいる重大な疾患と考えられる。

【Key words】

ozena of a new concept, nasal mucosa imperfection syndrome, chronic rhinosinusitis

【はじめに】

痂皮を形成せず鼻粘膜上に於ける黄色ブドウ球菌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(2,9)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、細菌の代謝産物が喉などへと流されず固有鼻腔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。一番多いと推定される原因が、慢性鼻副鼻腔炎に罹患し、少しずつ、あるいは急速に鼻粘膜が傷害されたと推測される者である

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(9)。

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る(9)。

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(2,9)。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55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の自己臭恐怖の多くは「臭い」と言われた、「臭い」と虐められた経験が心的外傷となって自己臭恐怖に陥っている。実際には臭わないためか、臭いを

気にして臭わないように非常に心がけているためか、オフ会（自身の臭いに悩んでいる者が集まって“臭い”を確認する会合）では臭わないことがほとんどである。

このSNSの自己臭恐怖の者に反応すなわち“咳”“鼻すすり”などを気にすることが敏感関係妄想であることを納得させることは困難を極める。

自己臭恐怖の治療困難さは、醜形恐怖、神経性食思不振症、その次に来る困難さと思われる。

【症例】

（症例1）57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年次、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。高校2年春より慢性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PHテストを受けたが、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PHテスト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。

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、出てくる鼻汁に苦労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労しなくなった高校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）。

しかし、記憶を更に辿ると、高校卒業とともに競輪選手になることを視野に入れ、自転車競技に熱中し始め、大型トラックの多く走る国道を、盛んに走っていた頃からと思い始める。症例は毎日、自転車で国道を走り、鍛錬を盛んに行っていた。長いトンネルを自転車で走り抜けることも多かった。現在は高校2年の初めより鼻臭があったが強くなく、この頃から鼻臭が強くなったと考えた方が妥当とも考えている。

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 4,14)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。

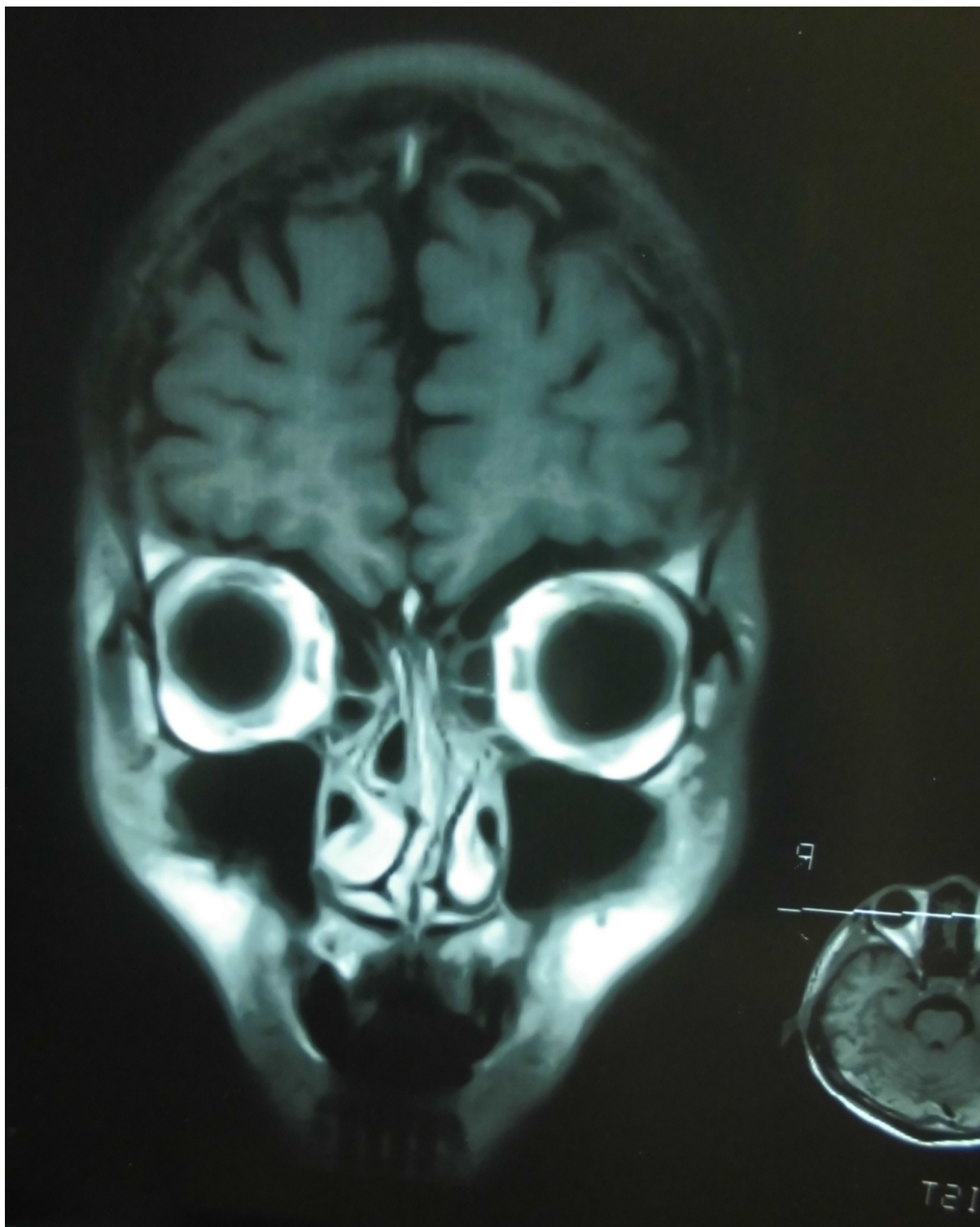
常にマスクをし固有鼻腔の渴きを軽減するように務めているが、固有鼻腔の乾燥感は強く、水様性鼻汁が時折僅かに出るのみである。

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、痂皮形成はなく固有鼻腔の弱い萎縮はあるが萎縮性鼻炎とは言えないと精神科紹介となった。周囲の反応つまり咳、鼻すすりなどは分からない。

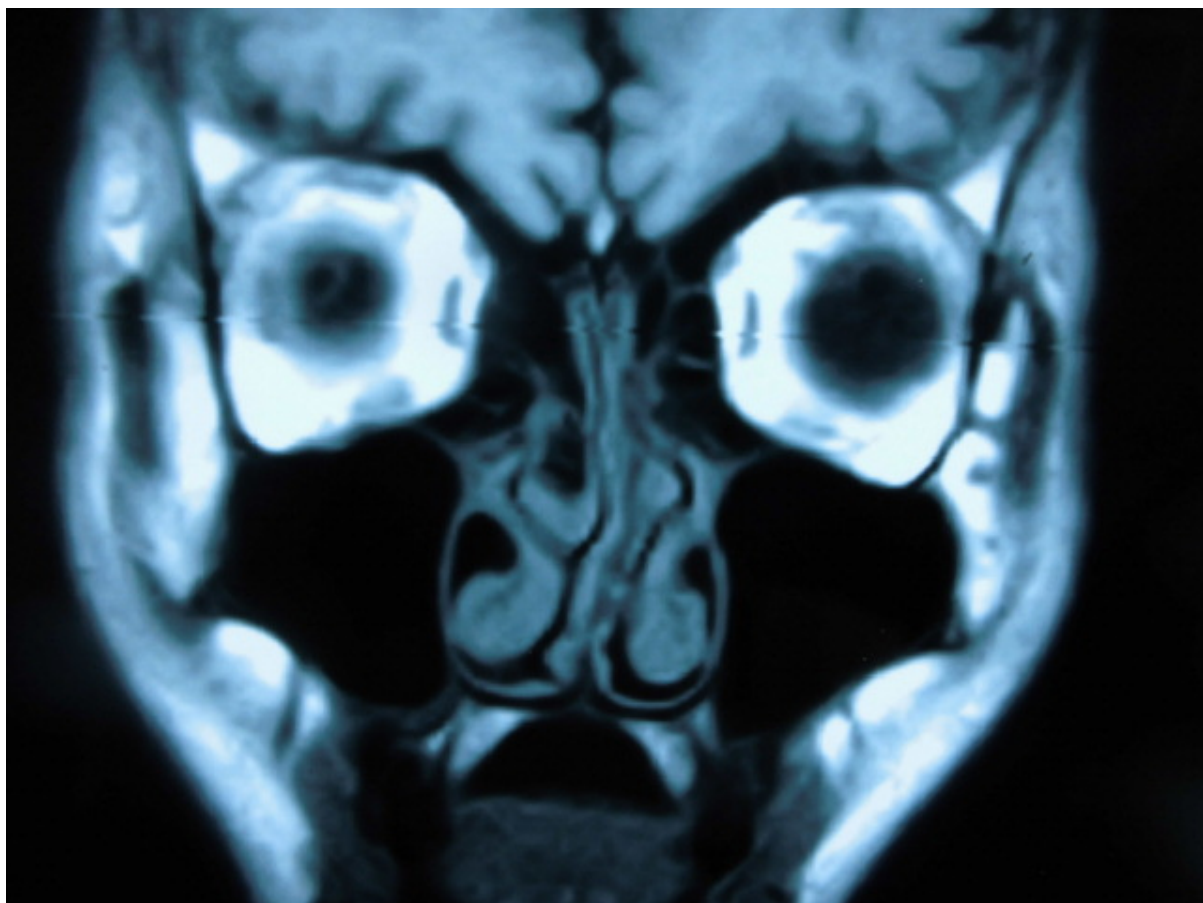
また、症例は比較的大きい中鼻甲介蜂巢を持つ(写真1、2、3)。これは慢性鼻副鼻腔炎の発症と重篤化に関与し、直接的な鼻粘膜不全症候群への関与は微妙と思われた。症例は中鼻甲介蜂巢のことは耳鼻咽喉科にて1回も言及されたことはなく、全く知らなかったと言う。

(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。鼻粘膜不全症候群の可能性が高いと思われるものを選択した)

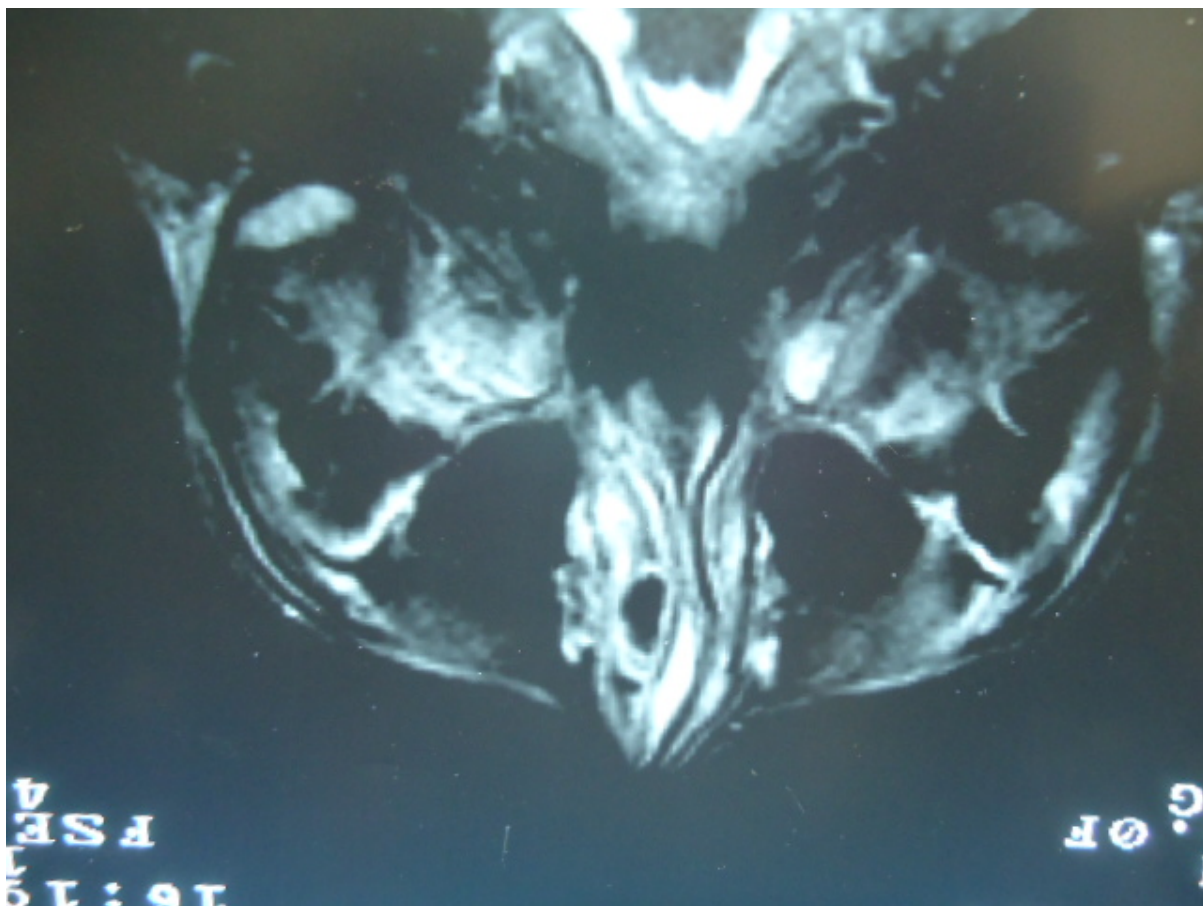
(写真1)



(写真2)



(写真3)



（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。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、乾燥してると臭いが酷くなる」「乾燥予防に最近は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。周囲の反応つまり咳、鼻すすりなどは分からない。

（症例4）58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慢性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。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や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。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。

「耳鼻咽喉科で鼻の粘膜が非常に荒れていると言われた」「数件目の耳鼻咽喉科で鼻腔の弱い萎縮があると言われた」との書き込みあり。周囲の反応つまり咳、鼻すすりなどに極めて過敏。

（症例6）28歳、女性

現病歴：高校生の時、鼻副鼻腔炎に罹患、耳鼻咽喉科受診し、抗生剤などの投与を受けてきた。鼻副鼻腔炎は数年で寛解し、耳鼻咽喉科への通院を中止した。「臭い」と言われ始めたのは耳鼻咽喉科へ通院していた高校時代の終わり頃であった。

「臭い」と人から言われるため、人と接することを極力避けるようになった。社交不安障害と自己診断していた。腋臭と思い、腋臭の手術をしたのはこのためである。

自分が臭いと思い、試験場で極度に緊張し、大学入試に失敗する。浪人となるが予備校に通うのは自分が臭いため通わず、自宅浪人する。しかし、大学入試模擬試験場での極度の緊張のため、成績不振が続き、大学進学を諦める。

アルバイトをしようにも、自身が臭いためアルバイトが出来ない。閉じ籠もりに陥る。

腋臭と思い、21歳時、美容外科にて腋臭の手術をするも周囲から「臭い」と言われ続けた。術後臭と数年間は自分で判断していたが、術後臭ではないらしく、臭いの原因が分からないで居た。1年余り前、鼻臭であることに気付く。

耳鼻咽喉科を受診するも自己臭恐怖と診断され、心療内科受診を勧められる。しかし、心療内科への紹介状はそのままにしている。

「臭いの悩みSNS」で自分と同じ悩みの人が多いことに気付く。

固有鼻腔の乾燥感が強い。周囲の反応つまり咳、鼻すすりなどが気になる。

（症例7）46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」といわれ女番長などより激しい苛めを受ける。中学2年次、慢性鼻副鼻腔炎・臭鼻症などに効果があるとさ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、慢性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(13)。

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。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」「兄弟・家族からは臭くないと言われることが多い」「息子も鼻臭がある」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。周囲の反応つまり咳、鼻すすりなどに極めて過敏。

(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の鼻粘膜を破壊するのは黄色ブドウ球菌の産生する毒素と考えられる。慢性鼻副鼻腔炎の原因菌とされる肺炎球菌 (*Streptococcus pneumoniae*) ・インフルエンザ桿菌 (*Haemophilus influenza*) ・モラキセラ菌 (*Moraxella catarrhalis*) などが鼻粘膜を破壊する強い毒素を産生することは考え難い。

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と言う。これは悪臭を放っているのは黄色ブドウ球菌であることを示唆する。少なくとも黄色ブドウ球菌の場合、薬剤への耐性を得た菌は、生息能を犠牲にしてその薬剤耐性を得ているため、普通の黄色ブドウ球菌より生息能が弱い³⁾。普段は、薬剤感受性である普通の黄色ブドウ球菌が鼻前庭と固有鼻腔を占領しており、鼻前庭の毛穴などに薬剤耐性の黄色ブドウ球菌が極少数隠れるように生息しているが、抗生剤投与により普通の黄色ブドウ球菌が死滅して薬剤耐性の黄色ブドウ球菌が鼻前庭のみでなく隣接する固有鼻腔にも一気に増殖するためと考えられる。しかし、数日後、一気に増えるのは緑膿菌の可能性も想定される。

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。黄色ブドウ球菌は乾燥に強いが、湿潤状態では他の菌も増殖しやすく黄色ブドウ球菌は余り増殖しない。

また、“屁の臭い” “便臭” を人より指摘されることから、黄色ブドウ球菌が異常増殖していると推測される¹³⁾。

「臭いの悩みSNS」に参加している鼻臭に悩む者は、多くが鼻副鼻腔炎あるいはアレルギー性鼻炎にて耳鼻咽喉科に通院したことがある。しかし、アレルギー性鼻炎にて、この病態すなわち鼻粘膜不全症候群に陥ることはあり得ない、それは単なる自臭症である、と筆者は考える。

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 12)。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 2)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。しかし、この SNS の参加者のほとんどは自己臭恐怖あるいは鼻粘膜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考えられる。

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” という者も存在し、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。

【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 年以前には慢性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、または軽症の鼻臭症と診断されていた、と考えられる。

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。

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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TAKAMI Toshiro : 1 case suffering from nose smell, which are misdiagnosed as halitophobia

---- nasal mucosa imperfection syndrome (ozena of a new concept) ----

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