

Editorial Note on Allergic Rhinitis

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Editorial

Allergic rhinitis also known as hay fever it is a form of nasal inflammation caused by the immune system's overreaction to allergens in the air. A runny or stuffy nose, sneezing, red, itchy, and watery eyes, and swelling around the eyes are all signs and symptoms. The liquid that comes out of the nose is normally clear. Symptoms occur minutes after being exposed to an allergen and can interfere with sleep, work, and analysis. Some people may only experience symptoms at certain times of the year, usually as a result of pollen exposure. Asthma, allergic conjunctivitis, and atopic dermatitis are common in people with allergic rhinitis.

Environmental allergens such as pollen, pet hair, dust, or mould are commonly responsible for allergic rhinitis. Allergies are caused by inherited genetics as well as environmental exposures. This risk is reduced by growing up on a farm and having several siblings. The underlying mechanism involves IgE antibodies binding to an allergen, which then cause mast cells to release inflammatory chemicals like histamine. A combination of symptoms and a skin prick test or blood tests for allergen-specific IgE antibodies are normally used to make the diagnosis.

However, these tests may produce false positive results. Allergies have symptoms that are similar to a cold, but they usually last more than two weeks and do not have a fever. Early childhood exposure to animals can lower the risk of developing these allergies. Nasal steroids, antihistamines like

diphenhydramine and cromolyn sodium, and leukotriene receptor antagonists like montelukast are only a few of the drugs that can help with allergic symptoms. Medications don't always fully regulate symptoms, and they may also have negative side effects.

Allergen immunotherapy (AIT), which includes exposing people to growing quantities of allergen, is sometimes efficient. The allergen may be administered as a subcutaneous injection or as a tablet taken under the tongue. Treatment lasts three to five years on average, after which the benefits can be extended. The form of allergy that affects the largest number of people is allergic rhinitis. In Western countries, between 10% and 30% of the population is affected each year. Between the ages of twenty and forty, it is the most popular. Rhazes, a physician from the 10th century, provided the first detailed explanation. Rhinorrhea, scratching, sneezing fits, and nasal congestion and obstruction are all common symptoms of allergic rhinitis. Conjunctival swelling and erythema, eyelid swelling with Dennie–Morgan folds, lower eyelid venous stasis, swollen nasal turbinates, and middle ear effusion are all typical physical findings.

The aim of rhinitis treatment is to avoid or alleviate the symptoms caused by inflammation in the affected tissues. Avoiding the allergen is one of the most important measures. For chronic symptoms, intranasal corticosteroids are the recommended medical treatment, although there are other treatments if they don't work. Antihistamines, cromolyn, and nasal irrigation are examples of second-line treatments. Antihistamines taken by mouth are appropriate for mild intermittent symptoms. There is no evidence that mite-proof covers, air filters, or removing certain foods from children are safe.

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