EAR, NOSE & THROAT

More than a tickle

Pay attention to those allergies in the nose, throat and ears.



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n allergy happens when the body's immune system produces an exaggerated response to a normally harmless substance (allergen). Large amounts of antibodies are generated, and powerful inflammatory chemicals released. The result? Itchy ears, nose and throat; sneezing, runny or blocked nose; headache; cough, sore throat and hoarseness; dark circles under the eyes and conjunctivitis. Over the long term, recurrent sinusitis, middle ear infections and sleep apnoea can result too.

The rates of allergy are increasing worldwide, affecting 35% of people at some stage. There is also a genetic predisposition – there is a 33% risk for a child with one allergic parent and a 70% risk if both parents are allergic.

Other hypotheses include hygiene (inadequate exposure to environmental microorganisms due to overuse of antimicrobial agents, vaccinations and hygienic food preparation), processed foods and environmental pollutants.

ENT allergies.

Not all

chronic runny and blocked noses are allergy-related. One in three is non-allergic rhinitis. Allergies in ENT are usually inhalant, and sometimes foodrelated. Testing for allergies is complex, especially for delayed allergy reactions and some food allergies. There is continuing debate even among the medical profession about the value of these tests, as indiscriminate testing and careless interpretation of results may confuse and frustrate patients instead of helping them.

For skin tests, diluted extracts from common local allergens such as house dust mites, animal dander, grass and tree pollen, cockroaches and mould, are lightly pricked onto the skin. A positive allergen is determined when a small weal forms in reaction. Blood tests to detect antibodies to a specific allergen can be done if eczema or antihistamine ingestion preclude a skin test.

Treatment includes avoiding and reducing allergens where possible. This can be challenging

sometimes. For instance, it is difficult for an outdoor lover to avoid tree and grass pollen, and for someone to steer clear of pet dander floating from home miles away, as the allergen is present for as long as four months after removal of the animals.

Face masks and medications are helpful; the latter usually include nasal rinses, antihistamines, decongestants, corticosteroids and leukotriene inhibitors. Many patients confuse nasal steroid sprays with anabolic oral steroids. Nasal steroid sprays are not associated with the more significant side effects of oral steroids, and can be safely used from two years of age if appropriately dosed. Immunotherapy (oral or injectable) can significantly reduce the allergic reactions for longer term control of allergies and reduce the need for daily medications.

Challenges with food allergies

These foods account for over 90% of reported food allergies: eggs, milk, peanuts, tree nuts, shellfish, soya, wheat, and fish. Sometimes, ENT symptoms or abdominal discomfort may manifest hours or days after consumption, making observation identification difficult. Food antigens can be complex, and not all survive processing into standard extracts for skin tests.

Selected blood tests may be needed, but the amount of antibody measured may not always reflect the severity of the allergy. What can facilitate the best diagnosis are a very careful history, diet charting, clinical examinations over time, targeted testing and a trial

of diet revision.

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