Hydrorhinorrhea

- Endoscopic Vidian neurectomy for treating postcoital unilateral hydrorhinorrhea: A case report and literature review
- Unilateral rhinorrhea after translabyrinthine surgery due to parasympathetic hypersensitive syndrome: differentiation from cerebrospinal fluid leakage

Hydrorhinorrhea refers to the excessive or abnormal discharge of a clear, watery fluid from the nose. This can result from various conditions or underlying causes, including:

Common Causes:

Cerebrospinal Fluid Leak:

A serious cause of hydrorhinorrhea.

Occurs when there is a breach in the dura mater, leading to the leakage of cerebrospinal fluid into the nasal cavity.

Commonly associated with trauma, surgery, tumors, or spontaneous defects.

Symptoms may include a salty taste, positional headaches, and risk of meningitis.

Allergic Rhinitis:

Triggered by allergens such as pollen, dust mites, or pet dander.

Characterized by clear nasal discharge, sneezing, and itching.

Non-Allergic Rhinitis:

Also called vasomotor rhinitis.

Often due to irritants like smoke, strong odors, or weather changes.

Infections:

Viral infections like the common cold can cause clear nasal discharge, particularly in the early stages.

Drug-Induced Rhinitis:

Overuse of nasal decongestants can lead to rebound rhinitis with excessive nasal discharge.

Idiopathic Causes:

Sometimes, no clear cause can be identified, but symptoms persist.

Diagnosis

History and Physical Exam: Important to identify trauma, recent surgeries, or other underlying

conditions.

CSF Leak Testing:

Beta-2 transferrin or beta-trace protein test: Specific markers for CSF in nasal discharge.

Imaging:

CT or MRI scans to locate the defect in cases of suspected CSF leaks.

Management

For CSF Leak:

Bed rest, hydration, and sometimes surgical repair.

Avoid activities that increase intracranial pressure (e.g., heavy lifting, straining).

For Allergic or Non-Allergic Rhinitis:

Antihistamines, nasal corticosteroids, or saline sprays.

For Infections:

Supportive care, hydration, and symptomatic treatment.

Avoidance:

Identifying and avoiding triggers for rhinitis or irritants.

If hydrorhinorrhea is persistent, accompanied by symptoms like headache, fever, or changes in consciousness, immediate medical evaluation is necessary to rule out serious conditions such as a CSF leak.

A case of honeymoon rhinitis consisting of a 48 years-old male patient with left unilateral nasal discharge mainly present during sexual intercourse and orgasm. Exploratory nasal endoscopy, CT and MRI were normal. Beta-trace test and all allergy tests were negative. The response to antihistamines and corticosteroids had been negative. A Vidian endoscopic neurectomy was carried out.

Using Vidian neurectomy, a complete sympathetic-parasympathetic denervation of the nasal mucosa was achieved. After a follow-up of 15 days, the patient stated that his symptoms had improved. Nasal obstruction, sneezing, and rhinorrhea had decreased without showing symptoms either in the morning or during sexual intercourse. After two years of follow-up, the symptoms were still resolved without any complaints related to his preoperative "honeymoon rhinitis." Anatomical structural relationships between the activation of the autonomic nervous system in the pelvic region and the stimulation of sympathetic-parasympathetic neurons in the nasal mucosa is unknown. However, the use of Vidian neurectomy for treating these cases reveals they may be mediated by a possible disbalance of the autonomic activity.

This case report gives background on the autonomic innervation of the nasal mucosa and how its imbalance causes a clinical condition that we suggest it could be solved by the Vidian neurectomy when other therapeutic measures fail ¹⁾.

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Massegur H, Carrera A, Gras-Cabrerizo JR, Tubbs RS, Reina F. Endoscopic Vidian neurectomy for treating postcoital unilateral hydrorhinorrhea: A case report and literature review. Int J Surg Case Rep. 2024 Dec 18;126:110749. doi: 10.1016/j.ijscr.2024.110749. Epub ahead of print. PMID: 39708722.

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