

ENT manifestations of allergy

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ABSTRACT

The ear nose and throat (ENT) specialist often encounter patients suspected to have allergy. A combination of suggestive clinical history, physical examination confirmed by standard allergy testing is needed to make an accurate diagnosis. However, this may be challenging in certain patients without a clear presentation of allergy. Nasal symptoms (sneezing, runny nose, itchy nose or blocked nose) on its own are not specific for allergic rhinitis as it may also be caused by non-allergic nasal pathologies. Physical signs may potentially be used to identify allergy. Middle turbinate oedema was reported to be a specific sign for inhalant allergy and may be a promising clinical marker for allergy. Furthermore, its link with central compartment atopic disease thought to be an allergic phenotype of chronic rhinosinusitis has also been well described. Other classic textbook description of nasal allergy such as pale hypertrophied inferior turbinate has been found to be a non-specific for allergy. Patients may also complain of itchy ears but this symptom is not necessarily due to allergy. Throat symptoms such as globus sensation, voice changes or throat clearing may be due to either allergic laryngitis and laryngopharyngeal reflux. The clinical signs on laryngeal endoscopy between these two diseases also overlap and no distinct clinical sign of allergy has been identified. Therefore, more studies are needed to identify the features which are specific for allergy in the ENT region. This is important for identifying allergy as an underlying cause to enable better patient selection for immunotherapy.