

## IAP - IJPP CME 2025

**ALLERGIC RHINITIS****\*Prasanna R**

**Abstract:** Allergic rhinitis is an inflammatory disorder of the nasal mucosa characterized by sneezing, itching, rhinorrhea, and nasal congestion, resulting from immunoglobulin E-mediated responses to environmental allergens. Genetic susceptibility and environmental exposures contribute to disease pathogenesis through a T-helper-2-driven inflammatory cascade. Allergic rhinitis commonly coexists with asthma and other atopic conditions, supporting the unified “one airway, one disease” concept. Diagnosis is primarily clinical, supported by allergy testing when required. Intranasal corticosteroids remain the most effective therapy, while antihistamines, leukotriene receptor antagonists and allergen immunotherapy provide additional control and long-term disease modification.

**Keywords:** Allergic rhinitis, Intra nasal corticosteroids, Allergen immunotherapy.

**Points to Remember**

- *Nasal congestion (cardinal symptom), sneezing, itching of nose and eyes and rhinorrhea with postnasal drip are the major symptoms.*
- *Allergic salute, nasal crease, allergic gape, allergic shiners, Dennie Morgan lines and pale inferior turbinates with hypertrophy are the clinical features to look for.*
- *Skin prick test (SPT) is the gold standard; specific serum IgE and component-resolved diagnostics (CRD) for molecular allergen components are adjuncts.*
- *Intranasal corticosteroids (INCS) with or without intranasal antihistamines are the cornerstone of treatment. Long-term use of oral antihistamines and leukotriene receptor antagonists (LTRAs) should be avoided.*

**References**

1. Baab S, Le PH, Gurnani B, Kinzer EE. Allergic conjunctivitis. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2025 Jan 26 [cited 2026 Feb 14]. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK448118/>
2. Bousquet J, Schünemann HJ, Togias A, Erhola M, Hellings PW, Zuberbier T, et al. Next-generation ARIA care pathways for rhinitis and asthma: a model for multimorbid chronic diseases. Clin Transl Allergy. 2019; 9:44. doi:10.1186/s13601-019-0298-x.
3. Chen T, Norbäck D, Deng Q, Huang C, Qian H, Zhang X, et al. Maternal exposure to PM BC during pregnancy predisposes children to allergic rhinitis which varies by regions and exclusive breastfeeding. Environ Int. 2022; 165:107315. doi:10.1016/j.envint.2022. 107315.
4. Ibanez MD, Valero AL, Montoro J, Jauregui I, Ferrer M, Davila I, et al. Analysis of comorbidities and therapeutic approach for allergic rhinitis in a pediatric population in Spain. Pediatr Allergy Immunol. 2013; 24(7):678-684.
5. Wallace DV, Dykewicz. Allergic rhinitis. In: Adkinson NF, Bochner BS, Busse WW, Holgate ST, Lemanske RF Jr, Simons FER, editors. Middleton's Allergy: Principles and

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- Practice. 7th ed. Philadelphia (PA): Mosby Elsevier; 2009; p711-738.
6. Byeon H. The association between allergic rhinitis and otitis media: a nationally representative sample of South Korean children. *Sci Rep.* 2019; 9(1):1610. doi:10.1038/s41598-018-38369-7.
  7. Baraniuk IN, Alim MA, Naranch K. Hypertonic saline nasal provocation and acoustic rhinometry. *Clin Exp Allergy.* 2002; 32(4):543-550.
  8. Amin KAM. Allergic respiratory inflammation and remodeling. *Turk Thorac J.* 2015; 16(3):133-140.
  9. Gupta N. Allergy testing In : Gupta N, Ashok N, Pandit GS, et al. *A Handbook on Allergic Rhinitis.* New Delhi (India): Jaypee Brothers Medical Publishers; 2025; p176-187.
  10. Ansotegui IJ, Melioli G, Canonica GW, Caraballo L, Villa E, Ebisawa M, et al. IgE allergy diagnostics and other relevant tests in allergy: a World Allergy Organization position paper. *World Allergy Organ J.* 2020; 13(2):100080. Erratum in: *World Allergy Organ J.* 2021; 14(7):100557. doi:10.1016/j.waojou.2021.100557.
  11. Augé J, Vent J, Agache I, Airaksinen L, Campo P, Chaker A, et al. EAACI position paper on the standardization of nasal allergen challenges. *Allergy.* 2018; 73(8):1597-1608. doi:10.1111/all.13477.
  12. Abdulla B, Latiff A. Pharmacological management of allergic rhinitis: a consensus statement from the Malaysian Society of Allergy and Immunology. *J Asthma Allergy.* 2022; 15:983-1003.