

Nasal Allergies (Allergic Rhinitis)

Affecting over one-quarter of the population, nasal allergy is more than just itching and sneezing. It also causes nasal congestion, headaches, fatigue, difficulty concentrating, poor school and work performance. Its effect on quality of life can rival that of asthma. Also, nasal allergies increase the risk of asthma, orthodontic problems, sleep disorders, ear and sinus infections. Treatment generally involves a combination of allergen avoidance, medical therapy, and if needed, allergen immunotherapy (shots).

Asthma

Often presenting as chronic cough, chest tightness, difficulty breathing and recurrent bronchial infections, asthma is a life-altering, and sometimes life-threatening, disease affecting 1 out of every 13 people. Like nasal problems, asthma has allergic and non-allergic forms. In both types, chronic inflammation of the airways causes swelling and narrowing of the bronchial tubes and "twitchiness" of the airway nerves triggering bronchospasms to non-specific irritants, such as strong odors, cold air and exercise. In addition to allergen avoidance and medical therapy, some patients may benefit from allergy shots and anti-IgE therapy (an injected antibody that "ties-up" the allergic antibodies, blocking their ability to trigger the allergic reaction).

Food Allergy:

Like other allergic diseases, food allergy is increasing in frequency, affecting up to 10% of infants and children, usually presenting as chronic eczema, recurrent hives and anaphylaxis (severe, life-threatening allergic reactions). Children with food allergy are also more likely to develop nasal allergies and asthma later on. Fortunately, only 2% of adults have significant food allergy. Strict avoidance of the offending food(s) is currently the only available treatment, but studies using anti-IgE and oral desensitization are ongoing

Atopic Dermatitis (Allergic Eczema):

Usually presenting in infants and children, atopic dermatitis (AD) is an intensely, itchy rash affecting the scalp, face and creases of the arms and legs. AD is often related to food and inhalant allergy and frequently leads to difficulty sleeping, irritability and frequent skin infections. AD is less common in adults and often mimicked by **Allergic Contact Dermatitis (ACD)** which is caused by inflammatory cells (called cytotoxic T cells) reacting against chemicals that come in contact with the skin, such as nickel and dyes. Treatment mainly consists of avoiding the offending allergen(s) and topical medications

Stinging Insect Allergy:

For most people, a bee (or other stinging insect) sting only results in localized itching, redness and swelling; however, for some it can lead to life-threatening anaphylaxis (severe allergic reaction). Unfortunately, there is no way to tell ahead of time when someone will have a severe reaction, but if such a reaction does occur venom immunotherapy (shots) will drastically reduce the risk of another reaction.

Chronic Sinusitis:

Over time the wear and tear of allergies and sinus infections can lead to damage of the lining of the nasal passages and sinuses. In response to this damage, the lining loses its normal smooth contour and develops “polyps” filled with inflammatory cells and mucus. The “polyps” blocks normal sinus aeration, leading to recurrent sinus infections. Treatment involves aggressive medical therapy, possibly allergy shots, and if poor response to medical therapy, an ENT referral for possible sinus surgery.

***Other common problems treated by Dr. Hoover include: **Chronic Urticaria/Angioedema** (hives and swelling), **Drug Allergies** and **Immune Deficiencies** (typically presenting in childhood with recurrent severe infections, such as pneumonia, sinusitis, meningitis and blood infections).