

ALLERGIC RHINITIS AND MIGRAINE

Report of a Case

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The following case is reported to demonstrate the rôle of allergy in a case of rhinitis and migraine of long duration.

REPORT OF CASE

The patient, a single woman, 39 years of age, came to the Clinic on June 25, 1937, for a general physical examination. She was a graduate nurse and had three major complaints: persistent nasal discharge and attacks of bronchitis which had been present for many years; sick headaches all her life, and varicose veins.

Since the age of 14 years, she had had chronic nasal symptoms which were characterized chiefly by a perennial anterior and posterior nasal discharge of yellowish-green, purulent mucus. These symptoms were more severe during cold weather, at which time she had frequent "head colds." Her nose was constantly congested and at times the discharge was watery rather than purulent. Several times every year and occurring at any season, she had an attack of bronchitis which lasted for two or three weeks. Much operative work, including a submucous resection at the age of 14, had been done in an effort to relieve these symptoms. Polypi were removed at the age of 15 and when 22 a tonsillectomy was performed. Washings of the antra were then tried for several years and finally an antrotomy on the right side was performed one year preceding her visit to the Clinic. Since that time there had been gradual improvement in the symptoms although they were still troublesome. Therapy with autogenous vaccine was tried but was discontinued because of severe reactions. It was also of significance that some brands of face powder caused her to wheeze and that she had kept a dog for several years.

The patient stated that all her life she had had "sick headaches." These were unilateral, although either side might be affected. The duration was from 5 to 48 hours and nausea and vomiting usually accompanied them. They occurred from one to three times monthly. There was a questionable association with the menstrual periods which, while regular, were scanty and had lasted only three days since a dilatation and curettage for menorrhagia four years previously. By taking "Veracolate," she noticed some decrease in the severity and frequency of the headaches. She knew that nervous tension increased them and suspected that chocolate and cream would produce them. One uncle had had similar headaches.

The physical examination revealed a moderate degree of obesity, a tendency toward dryness of the skin and hair, a dull right antrum, and varicose veins in both lower extremities.

Routine laboratory investigation, including urinalysis, examination of the blood, determination of the level of the blood sugar, and complement fixation tests, gave normal findings. The basal metabolic rate was reported as plus or minus zero.

Investigation for the determination of allergens was advised because of the long history of symptoms which failed to yield to local treatment. Complete skin tests were carried out, chiefly by the intradermal method. Rather marked reactions were obtained to several inhalants, notably feathers of all kinds, dog dander, house dust, orris root, and tobacco. Chocolate produced the most significant reaction to food although a number of others, including milk and wheat, also gave reactions.

Instructions were given regarding a routine for the elimination of inhalants and foods to which reactions had occurred. Additional vitamins (A, B₁, C, D, and G, twice daily) were prescribed to supplement the diet and she was advised to take one grain of thyroid daily.

The patient was next seen fourteen months later when she reported marked improvement. The purulent discharge had entirely cleared and she had no nasal symptoms of any kind, nor had she had any more colds. The headaches had almost ceased. She had suffered only two severe ones which she believed were caused either by excess nervous strain or dietary indiscretion. The patient had followed her regimen very carefully and had had no therapy other than that noted above. The thyroid had not been taken regularly. She was delighted with the result and felt that avoidance of chocolate was largely responsible for the relief of headaches and that dust and contact with her dog had caused most of her nasal symptoms. Her blood counts were rechecked at this time and showed no significant change.

DISCUSSION

This case emphasizes the fact that mild nasal allergy is very commonly overlooked. I feel that it was the important factor in producing the patient's nasal symptoms and when removed the associated infection soon cleared up. The long history and the large amount of operative work which had been performed without producing adequate relief are strongly suggestive of allergy.

The typical migraine nature of the headaches also indicated that investigation for the determination of allergens should be carried out, especially in the light of the familial history of similar headaches in a maternal uncle.

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In conclusion, it is suggested that all patients with a history of long-standing nasal symptoms, especially when an associated allergic state can be demonstrated, be given the benefit of an allergic investigation before nasal surgery is undertaken.