WHEN FLONASE WILL NOT WORK: UNILATERAL RHINORRHEA AND SPONTANEOUS CRANIAL CEREBROSPINAL FLUID LEAKS

Eda Selim Turgut, DO
Department of Family Medicine, Advocate Lutheran General

INTRODUCTION
Rhinorrhea and rhinorrhea is a significant portion of patients with rhinitis complaining of cronicity and differentiate between allergic and nonallergic, but it is not universally recognized as important. The term "rhinorrhea" is derived from the Greek words rhino for the nose and rrhea for flow, thus describing a symptom of excess nasal drainage. The term is not used in clinical practice, as it is less specific than "nasal discharge." When rhinorrhea is present, patients often seek medical attention due to its impact on their quality of life.

CASE SUMMARY
R catering to a 65-year-old woman who presented with a history of severe unilateral headaches, located in the left frontal region, that were triggered by sneezing, turning the head, or coughing. The headaches were described as severe and constant for the past month. She denied any prior history of sinus surgery, trauma, or sinusitis. She also reported a decrease in vision, including redness and pain in the left eye. She had a history of hypertension, hyperlipidemia, and obesity. Physical examination showed a normal heart rate and blood pressure. The visual acuity was normal in both eyes.

DIFFERENTIAL DIAGNOSIS
Considering the patient's symptoms, the differential diagnoses include:
1. Intracranial Hypertension
2. Nasal polyps
3. Nasal septal deviation
4. Sinusitis
5. Orbital cellulitis
6. Orbital pseudotumor

PHYSICAL EXAM
HR: 80, BP: 120/70, RR: 16, Temp: 98.6°F (37.0°C), Hgb: 117.4 g/L, WBC: 11,000/µL, Hct: 39.5%, Pt: 7, Ptt: 120 seconds, Temperature: 98.6°F (37.0°C), Heart rate: 80 bpm, Respiratory rate: 16 breaths per minute, Blood pressure: 120/70 mmHg, Oxygen saturation: 98% on room air.

DISCUSSION
Cerebrospinal Fluid (CSF) leaks can be caused by trauma, tumors, or congenital abnormalities. CSF leaks can be further subclassified as in situ or orbital. Radiographic tests, such as CT and MRI, are commonly used to identify the presence of a CSF leak. The treatment options for CSF leaks vary depending on the cause and location of the leak. In situ leaks may be managed conservatively, while orbital leaks may require surgical intervention. The patient was referred to an otolaryngologist for further evaluation and treatment.

REFERENCES

CONCLUSIONS
Initial evaluation of the case summarized for possible transnasal endoscopic CSF leak repair failed to resolve the patient's symptoms. Further endoscopic evaluation and repair were recommended. The patient was referred to an otolaryngologist for further evaluation and treatment. The patient's symptoms were relieved after the endoscopic repair was performed.

A. Example of CT imaging showing a leak at the site of a cerebrospinal fluid rhinorrhea. The image demonstrates the presence of a fluid collection along the skull base and the sella turcica, indicating a CSF leak. The patient was referred to an otolaryngologist for further evaluation and treatment.