

Allergic Rhinitis does Exist in Young Children

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Introduction

The diagnosis of allergic rhinitis (AR) in children of pre-school age, as well as asthma, should be carefully evaluated by physicians. Viral infections inducing rhinitis are usually self-limited and require little medical attention. Other diseases can mimic allergic rhinitis, making differential diagnosis difficult sometimes [1]. The presence of two or more symptoms such as nasal obstruction, rhinorrhea, pruritus and sneezing for more than one hour in two days is sufficient for a clinical diagnosis of AR [2].

We conducted a study, using a validated and standardized written questionnaire to parents of infants aged 12 to 15 months, looking for symptoms of rhinitis, its association with wheezing and the use of medications to treat rhinitis in the first year of life. The prevalence of allergic rhinitis symptoms was 48.3%, beginning at 6 months of age similarly in both males and female. There was an association of symptoms of AR with recurrent wheezing (>3 episodes). Infants with symptoms of allergic rhinitis had more likely a physician diagnosis of rhinitis than those without symptoms of AR (32.4% versus 8.9%). The use of medications to treat rhinitis was higher in children with nasal symptoms and 20% had used oral anti-H1 (AH1) or intranasal corticosteroids (InC) and 14.5% used both AH1 and InC. Intranasal steroids are not approved by regulatory agencies for use below 2 years of age [3].

A birth cohort in Singapore followed up to 18 months, had questionnaires applied to select among 1,237 children those with current and recurrent nasal symptoms. Prick skin tests to common aeroallergens and foods were obtained at 18 months of age. Rhinitis

was associated with a history of parents' atopy and the presence of comorbidities such as eczema and wheezing, but not with allergen sensitization to skin test [4].

We had observed in a series of 1,549 asthmatic children up to 14 years of age, that 74% of children younger than 2 years had rhinitis and 36% had allergic rhinitis with positive skin test for at least one aeroallergen [5].

In conclusion, there is evidence that allergic rhinitis begins in young children and is prevalent. New studies are needed to recognize allergic diseases and their comorbidities at an early age, contributing to diagnosis and appropriate treatment.

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