INTRODUCTION

AND AIM OF THE WORK

No organ is more subjected to allergic involvement than the nose (Sherman and Kessler 1957).

This is undoubtely related to the fact that it is peculiarly exposed to great amount of air currents not only with inhaled allergen and irritants but with extremes of temperature and humidity.

The effect of an imbalance of circulating hormones on the nose is frequently but inadequately mentioned in the literature. The influence of sex hormones on the nasal mucosa is well known.

Changes in nasal function during puberty, sexual excitement and pregnancy are well decumented (Holmes et al., 1950 & Foxen 1971).

The role of the thyroid on nasal allergy is vague. Thyroid hypofunction has been claimed to give symptoms similar to vasomotor-rhinitis (Ritter 1967).

On the other hand hyperthyroidism has been recorded to increase the allergic manifestations (Weir 1979) . Experimentally thyroidectomized animals could not be rendered allergic (Angel Joumer 1967) .

It has been claimed that cortisol level in asthmatics is below normal (Mathe and Knopp 1971) . Further it is customary to use corticosteroids in the management of servere allergic manifestations.

These facts led us to study the levels of thyroid hormones and cortisol in patients with allergic rhinitis in an attempts to clarify the relation between allergic rhinitis and these hormones.

Serum levels of immunoglobulins were also assayed with two purposes, first to study the changes of immunoglobulin level in allergic patients, and secondly, for proper diagnosis of allergic rhinitis, as raised IgE level is a good indicator of the presence of atopy. (Stemius et al., 1971).