INTRODUCTION

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Vasomotor rhinitis is a heading that has been chosen to group together various well-recognized clinical entities which can not readily be classified under any other headings and which can be attributed to imbalance of the components of autonomic innervation of the nose and paranasal sinuses ***(Mackay and Cole, 1987).***

The clinical picture of vasomotor rhinitis exhibits wide variation. Patients usually complain of perennial nasal obstruction accompanied by profuse watery nasal discharge or by scanty thick rhinorrhea ***(Stewart, 1967).*** Sinus headache, due to sinus ostia blockage, located over the bridge of the nose or frontal region is a frequent complaint. Sneezing may occur but pruritis is not prominent. The symptoms are exacerbated by nonspecific irritants, changes in whether and humidity. Most patients have no history of allergy. Some patients have histories of other autonomic dysfunctional states, such as irritable bowel syndrome ***(Pogorel, 1977).*** Vasomotor rhinitis is often a diagnosis of exclusion because other causes of nasal obstruction are far more prevalent ***(Fairbanks and Raphael, 1993).***

The management of any case of vasomotor rhinitis depends on a number of factors and will vary from case to case according to the pattern and severity of symptoms. It is therefore advisable to make an attempt to classify each case by selecting the predominant symptoms and by assessing the degree of incapacity or discomfort caused and treating accordingly.

Surgical reduction of the turbinates is necessary when nasal obstruction is present and is particularly relevant to those cases in which obstruction is caused by enlarged inferior turbinates.

Care should be taken not to remove too much of mucosal covering of the turbinates or an atrophic condition of the remaining mucosa with continued crusting may result ***(Martinez et al., 1983).***

Submucous resection of the turbinate bone affords the removal of disordered tissue (for example, thickened spongy space-occupying bone and hypervascular submucosa) while sparing the surrounding normal physiologically functioning tissue and produces consistent long-lasting and predictably favourable results ***(Raphael et al., 1991).***