

Fig 2. Differential diagnosis of rhinitis / rhinosinusitis

	SUBGROUPS
RHINITIS	
Allergic rhinitis	Intermittent / persistent Mild / moderate / severe Occupational
Infectious rhinitis	Viral Bacterial Non-viral non-bacterial (Protozoa / fungi)
Non-allergic non-infectious rhinitis	Drug-induced (β blokkers / vasodilators / contraceptives / aspirin / NSAID) Hormonal (hypothyroidism / pregnancy) NARES (some have local IgE production) Occupational (LMW agents / irritants) Atrophic / rhinitis of the elderly Idiopathic
RHINOSINUSITIS	Acute / chronic Mild / moderate / severe

Fig 3. Inspection of the nose showing distortion of the anatomy at the level of the nasal entry (in cleft lip patients)

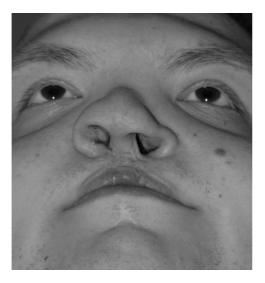
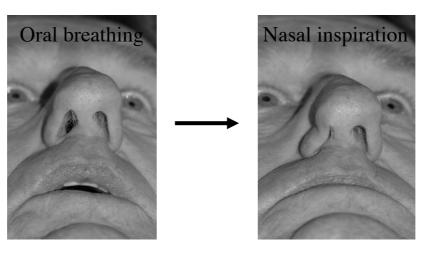




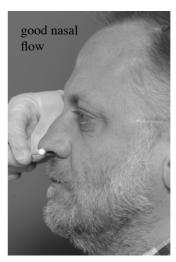
Fig 4. Inspection of the nose showing alar collapse during inspiration



Courtesy of P. Hellings

Fig 5. Tip elevation test for evaluation of improved breathing by restoration of normal tip support





Courtesy of P. Hellings

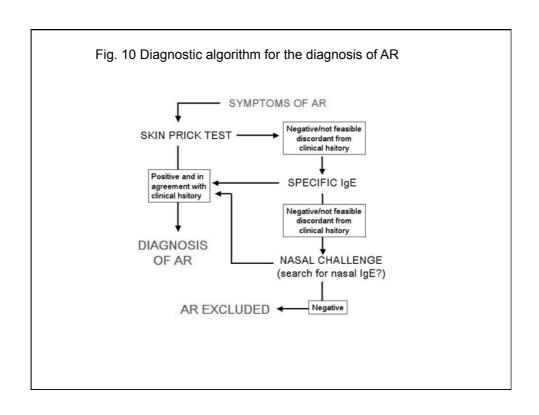
Fig 6. Anterior rhinoscopy allowing the evaluation of mucosal and/or anatomic pathology at the anterior part of the nasal cavity



Fig 7. Mirror test for evaluation of the condensate of expired air on a cold metal instrument or mirror







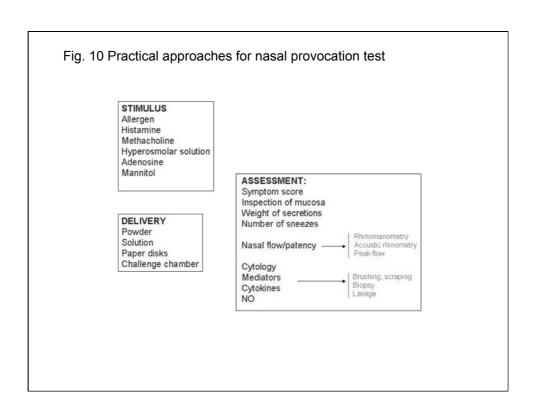


Fig. 11 Skin prick test with evaluation of wheal and flare reaction on the skin at the site of allergen deposition



Fig. 12 Peak nasal inspiratory flow measurement



Fig. 13 Active anterior rhinomanometry



Fig. 14 Acoustic rhinometry



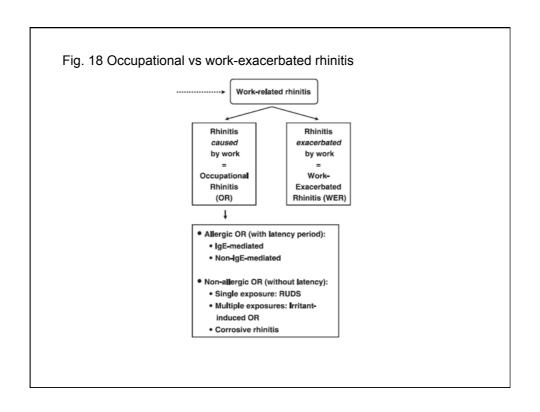
Fig. 15 Plain X ray of skull allowing the evaluation of the adenoid volume in relation to the nasopharyngeal airway passage



Fig. 16 Coronal CT scan images of normal (left) and NP patient (right)







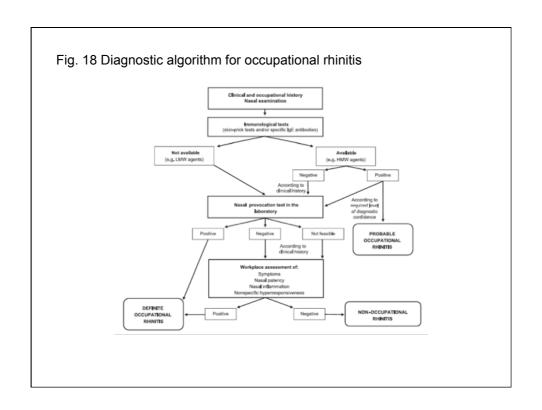


Fig. 19 University of Pennsylvania Smell Identification Test (UPSIT)

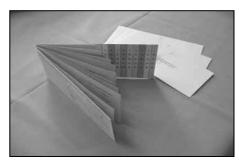




Fig. 20 Connecticut Chemosensory Clinical Research Center (CCCRC)





Fig. 21 Sniffin' Sticks





Fig. 22 Barcelona Smell Test (BAST)-24



