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Letter to the Editor / Editöre Mektup

When the nose will become a periscope

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Dear Sir,

The rhinologists all over the world are absolutely aware of the importance of the theoretical knowledge on the anatomy of the nose. But, it seems quite reasonable to start to observe this anatomy, particularly the anatomy of the nasal septum, through the prism of the medicine as a whole, not strictly being focused on the local problem, which in most of the cases is just a matter of the surgical procedure. The medicine as a whole lies over the sea surface, and the particular knowledge connected to the specializations and sub-specializations are just the submarines of various colors, living their lonesome, isolated, constrained life under the sea surface, in the darkness of the sea depths. The garrison members of the each particular submarine believe they are satisfied and content with their daily routine, almost proud of their professional life, but some of them have the problem because, from time to time, they simply start to think wider, over the given, well established frontiers. And because of their curiosity and their personal intellectual level, that allows them the productive reverie, they can easily get to some unusual ideas, previously unknown to the other colleagues, sailors in their submarine or to the sailors of the ships floating up there, on the sea surface. Someone has a new idea that doesn't embed at all with already strongly and well established creeds on the cargo their submarine has been carrying around for decades? The upset commander of such a submarine immediately contacts the commanders of the closest submarines as to check with them the new situation he found himself in. The big question mark appears in commander's mind: "What to do with such individuals? Are they desirable as a garrison member at my submarine?" However, neither the other commanders have any clear answer, but usually complain they have the same problem with some members of their submarine crew. Finally, the commanders make a consensus that everyone of these weird people will be kept under the radar, the commanders will not be paying any further attention to their fantasies and their weird, eccentric and embarrassing way of thinking. Problem solved! Is it really? No, it's not! There is a problem for commanders which permanently continues to exist and usually remains unrecognized. It is not at all foreseen by the commanders. It goes for the deep, almost indigenous willingness, strong wish, which live in the mind of this "weird" people. It goes for their willing to take a look over the sea surface, to see what's going on over there. The commanders, however, as in rule forget that every submarine, just like this one they are commanding with, has the periscope for this purpose. And, furthermore, they don't want even to imagine a theoretical idea that the periscope will be, most probably in a secret, un-

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dercover way, used by the "weird sailors" sooner or later. They have a strong portent than from this very moment when the "weird ones" finally will take a look through the periscope, which is sticking out over the sea surface, everything in their submarine will start to change. The philosophy and the faith of their submarine will start to tear down. Day by day, week by week, month by month…They know every rule connected to the philosophy of their submarine, everyone of the crew members knows the rules as well, and nobody needs any changes, particularly not the substantial ones. So, why to look through the periscope unless there are the signs of approaching danger? Just for fun? No, not at all! Thanks, but no, thanks! But still, there is the question here, bothering most of them: what lies behind the local finding during the anterior rhinoscopy and the endoscopy of the nose? How and why this what we can see in the nose has aroused? Where did it come from? What are the roots? What are the roads leading to these roots and vice versa? Are we capable to portend any relationship of the structures we are looking at in the nose with their close anatomical neighbors or remote anatomical structures? Personally, I am afraid that in this very moment we mostly are not. Simply because we are not interested in at all. Still, because of the inevitable first beam of the morning sun, regardless whether or not the sky is or suddenly will be covered or just veiled by the clouds, there is a very first hope that the light of this first sun's beam is approaching, the first completely new thought or idea maybe is approaching as well. One should be ready to see it and accept or decline it, sooner or later. The readiness depends on many unpredictable factors and, and, I believe, requires also four main prerequisites to portend possible relationships between the anatomy of intranasal structures and other anatomical structures in the same body:

1) *Willingness to scientifically consider this possibility!* (this is the first, crucial prerequisite)
2) *Individual mental and intellectual capability to portend and foresee* (this is the second crucial prerequisite).
3) *High level of the knowledge of both anatomy of the human body and its physiology*
4) *High degree of the knowledge on human pathology*

But, first of all, the ocular and objective of the endoscope (periscope?) should be properly cleaned. If there is anything in front of the objective, or if the ocular is not perfectly clean, the image will not be clear at all. For instance, if the doctor enters someone's nose with the endoscope, the image that can be seen could look like this one of the Figure 1. What's that? Draggled objective? What a surprise!

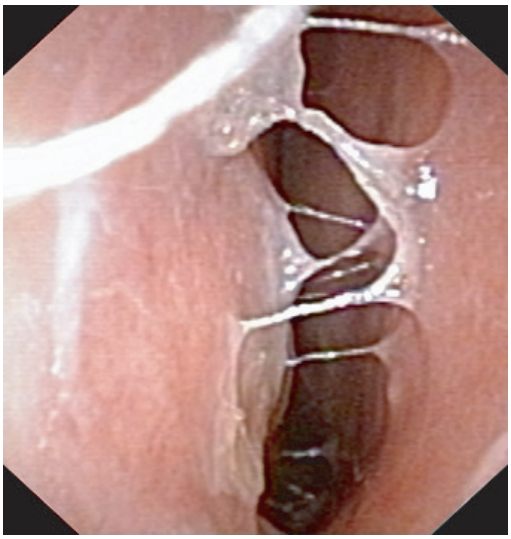

Figure 1. Typical endoscopic appearance of the arachnoidal rhinitis or cobweb rhinitis (rhinitis arachnoidalis) in the left nasal cavity

It's obvious that the sailors of the submarine finally caught the occasion to get the periscope in their own hands, but they see only the formation resembling a cobweb, something that is full of subtle filaments. They checked both objective and ocular, they were not draggled at all! One of them fortunately knew what's going on. He knew it was the "plantation" of two species of the intranasal moulds: *Paecilomyces* and *Fusarium sp.* (Figure 2 and 3). The most important fact from the clinical point of view regarding these two intranasal moulds is that they produce specific toxins, named *paecilotoxins* and *fumonisins*. The most important effect of these two mycotoxines is local anesthetic effect on the nasal mucosa because of which the patient has a subjective feeling of impaired nasal breathing! It goes for an absolutely new and so far scarcely internationally accepted diagnosis, but it seems that it plays an important role in everyday nasal pathophysiology (1).

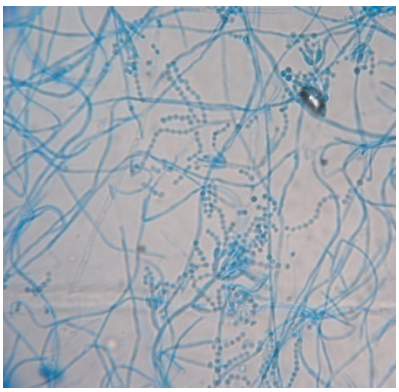

Figure 2. Microscopic appearance of *Paecilomyces sp.* culture

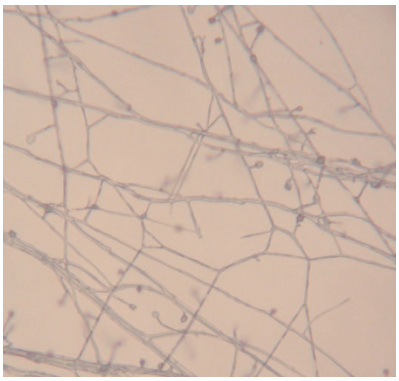

Figure 3. Microscopic appearance of ***Fusarium sp.*** culture

Fortunately, it's quite simple to remove this obstacle as to continue searching for a good sight through the periscope. The sterile (saline) water nasal spraying applied several times a day will help to remove totally these organisms, and the way and the sight will both be clear!

After cleaning the periscope once more time (for any case) and the field around it using the surgical suction, the brave and curious sailors expect to finally see what's going on over the sea surface. But, unexpectedly, just before emerging the head of their periscope above the sea surface, they saw an image like this (Figure 4). They were convinced they were faced to some shallow reef, overgrown by nice, red corals…

To be continued in the next issue of this journal.

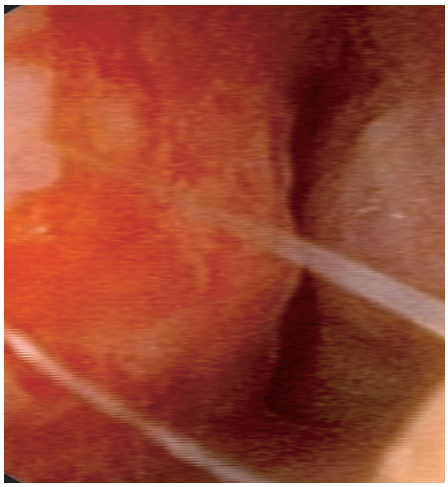

Figure 4. The image seen by curious sailors just before emerging the head of their periscope above the sea surface

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