

【Research report】

A case of complaining of nasal smell and being diagnosed as self-odor fear

In case

----- Nasal mucosal insufficiency syndrome (a new concept of bad smell) -----

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【Abstract】

A case of complaining of nasal smell and self-odor fear is shown as a case of psychiatrist referral received from otolaryngology. The case actually had a strong nasal odor.

Otorhinolaryngology does not deny the malodorous diseases such as atrophic rhinitis and bronchitis.

Many people suffer from the same pathology when looking over the net. Almost everything complains about abnormal dryness of the nose. It is thought that *Staphylococcus aureus* or *Pseudomonas aeruginosa* abnormally proliferates in the ruined intranasal nasal mucosa and fails to sweep the metabolic products of the bacteria to the throat etc due to failure of nasal secretion and has a strong nasal odor. It was done. In addition, *Staphylococcus lugdunensis* that produces substances to prevent the growth of *Staphylococcus aureus* was not considered to be present. Although the frequency of this disease is high, it is diagnosed as self-odor fear in neglect or psychiatry. I call it nasal mucosal insufficiency syndrome. This is a new concept of odor nasal disease. There is no crust formation and atrophy of the intranasal nasal cavity, because the nasal mucous membrane disappears only with the endoscope, it is thought that it is a serious disease which is hidden behind veil of atrophic rhinitis / bad nasal symptoms and is not noticed .

At least for women, it can be said that all self-odor fears are merged.

【Key words】

ozena of a new concept, nasal mucosal insufficiency syndrome, halitophobia, *staphylococcus aureus*, *staphylococcus lugdunensis*

【Introduction】

It does not crust and there is no atrophy of the intranasal nasal cavity and malodor is generally weaker than atrophic rhinitis / bronchitis due to abnormal proliferation of *Staphylococcus aureus* or *Pseudomonas aeruginosa* in the intranasal nasal mucosa. It develops to those who do not have *Staphylococcus lugdunensis* 16 congenitally or acquired. Even if I have a nose smell complain of nose smell, I can say that all patients introduced as

psychiatry as self-odor fear because it does not apply to disease concept 3, 7) of atrophic rhinitis / bronchoscopy.

Nasal mucosal insufficiency syndrome is "intense nasal mucosa ruined strongly, tissue that secretes nasal secretion is damaged, nasal secretion is strongly reduced, and *S. aureus* or *Pseudomonas aeruginosa* abnormally proliferates in intranasal nasal mucosa. The metabolic products stay in the nasal mucosa of the intranasal nasal cavity without being flushed to the throat etc. and release a strong nasal odor. "

It is presumed that the cause is diverse. The most probable cause is "Nasal mucosa was injured little by little or rapidly by rhinosinusitis". Other causes are common to those working in the freezing room.

Although the frequency of this disease is high, almost everything is diagnosed as self-odor fear. However, there are times when the bad odor is strong enough that the people refusing to stay in the same room continue.

As the "bullies" has increased drastically, it is very common that you are receiving "bullying" as a "smelly man". Also, there are many people who are falling into society flight and bargaining. In case

Atrophic rhinitis / bromodystrophy is also described in the Egyptian ancient document as a mysterious disease. B. Frankel proposed that atrophic rhinitis / bronchitis accompanied by three main symptoms of "malodor, atrophy, crust", it is said that he developed a ground as a disease 7).

In the past worldwide, the frequency of atrophic rhinitis and odor nasal syndrome was high, and various arguments about its etiology have been made. It was empirically known that female hormone administration was effective, it was found that natural healing occurred frequently in old age, that the incidence rate of women was more than twice that of men, in female patients. It was suggested that the nasal odor became stronger or weaker more frequently depending on the physiological cycle, and it was suggested that combining these suggested that sexual hormone had great effect on atrophic rhinitis / bronchitis 3,7). There was also a strong autonomic neuropathy theory that the number of nervous patients was very large and the bacterial infection was secondary.

Atrophic rhinitis and bronchitis have continued to decline since 1956, and at least at least in developed countries, there has been little occurrence 3, 7). I think this is due to the fact that it is common for modern animal farmers and female hormones to be administered in large quantities in aquaculture. Even now, atrophic rhinitis and bronchitis are occurring relatively frequently in rural areas where modern animal farming and milk, meat etc. by aquaculture can not be eaten.

There is "smell trouble SNS" on the net, the number of registrants exceeds 200, overlooking the number of women, the age ranges from 14 to 56 years old. People suffering from a variety of smells such as bad breath, nasal smell, body odor, irritable bowel syndrome (IBS)

gas type, etc. are registered. Because the organizer was suffering from a stuffy nose, "friends meeting with nose smell" was the name until a few years ago. In bad breath / body odor etc., it seems that many people who are not aware while being nose smell are also included. In case

Many of the participants in this SNS are said to be "smelly", the experiences of being tormented as "smelly" are becoming mental trauma and falling into self-odor fear. Is it because it is not actually smelly, because you care about the smell and do not smell so much, the off party (the meeting where people suffering from their own smell gathers and confirm "smell") do not smell It is almost the case.

It was almost impossible to convince the SNS to be convinced that it is related thought to be concerned about self-smell fear people, that is, "cough", "nose recommendation", etc. It was almost impossible to convince. It seemed that severe symptoms were gathered from moderate self-odor fear. In case

In case

【Case】

(Case 1) 56 years old, male

Family history: It is nervous with father and sister (older sister and 2 brothers)

Personality: stiffness, heat neutrality, disgust, gentle, nervous and obsessive

Lifestyle history: Excellent grades from a young age (hereafter, abbreviated for privacy protection)

History history: At 28 years of age, he developed a depressive disorder and repeatedly experienced mild and severe symptoms.

At the age of 32, psychogenic pollaki has developed and continues now.

Current medical history: first year winter, nasal sinusitis develops. Since then, I suffered very much from the nasal discharge that came out during the class. I notice that the left nasal bone is bulging in the second year and winter of middle school. The fungus mass (fungus ball) 14) was formed (Fig. 1), but the case was released without worrying.

From the second spring of high school, I was worried about whether the nasal sinusitis became mild or whether the secretion was decreased or not in the class of nasal discharge.

I have been bothered by bad breath for many years since high school graduation. I have thought that bad breath is caused by chronic gastritis.

Several years ago, bad breath self diagnosed according to gastroesophageal reflux disease, gastric contrast examination at university hospital and 24 hour esophageal pH monitoring, but gastroesophageal reflux disease was denied in either case.

The patient began to think that her smell was not a bad breath but a bad smell, because gastroesophageal reflux disease was denied by 24-hour esophageal pH monitoring, and where did her stench originate? When I was worried, I read the net's "Friends of troubles with nose smell". Also, at this time, he was diagnosed with "strong atrophic rhinitis" (CT, no endoscope

was used) by the parents' strong recommendation of an elderly doctor familiar with an elderly doctor in the second spring of high school, its diagnosis name I wrote in my diary, but I know the meaning of that disease name first. However, atrophic rhinitis is denied from the MRI without atrophy of nasal turbinates.

In the second spring of high school, severe acne who had been suffering from the time of primary school 6 years dramatically remitted. This is exactly in agreement with the time when you no longer have difficulty with running nasal discharge during class. Around this time, I suspect that this changed the intestinal bacterial flora, as the older sister's severe acne changed the meal to vegetable emphasis, which also changed the skin and the nasal cavity bacterial flora.

From high school 2 years when my nasal discharge came out and no difficulty during the lesson, I thought that if I followed my memory I had strong nose smell at least in high school 3 winter (I am studying at the library in 3 rd high school And there is a memory evaded). As I go about memory, when I was in junior high school 3 years old, my nasal smell began after I started eating a lot of meat. It began to think that the meat was covered with antibiotics, and that the *Staphylococcus lugdunensis* in the intranasal nervous system died out so that *S. aureus* could grow abnormally in the intranasal cavity. In case

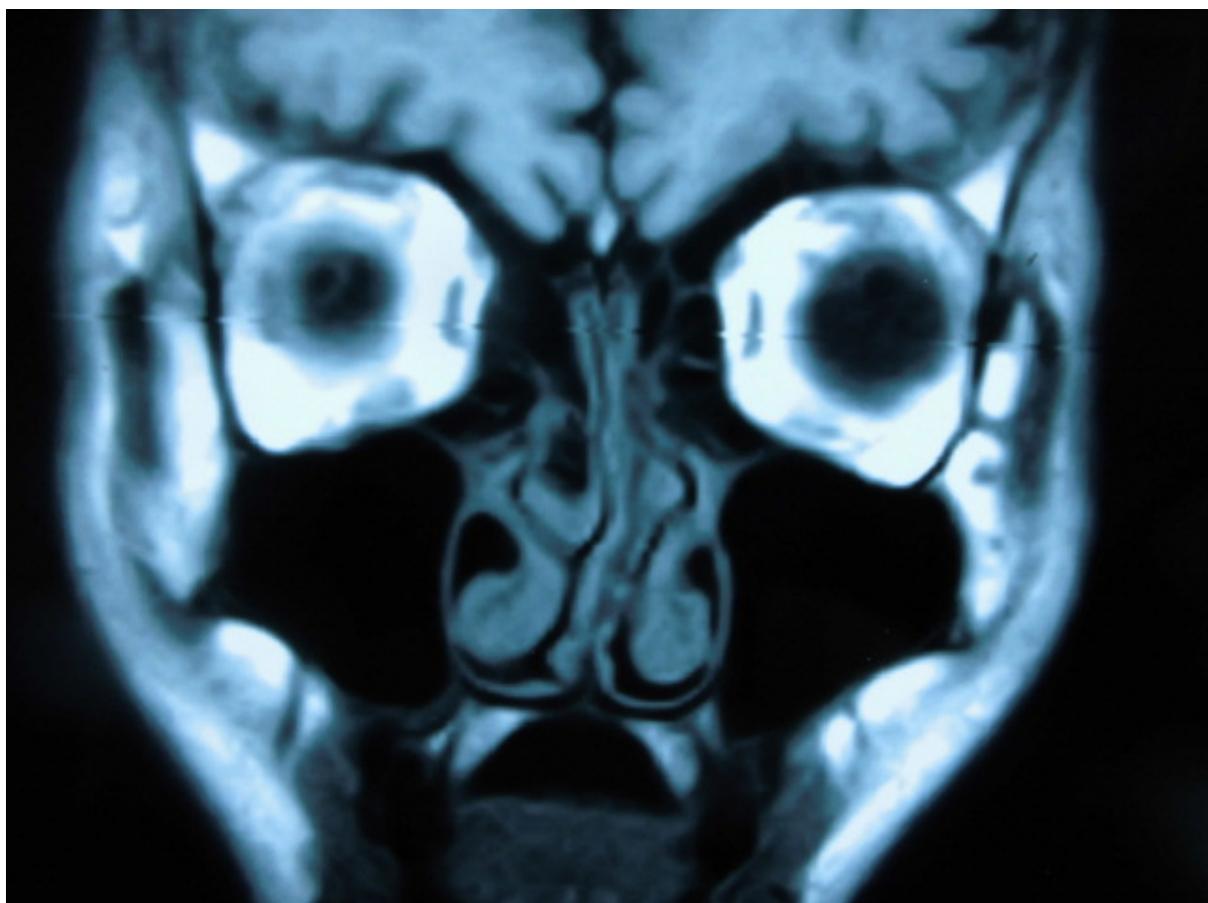
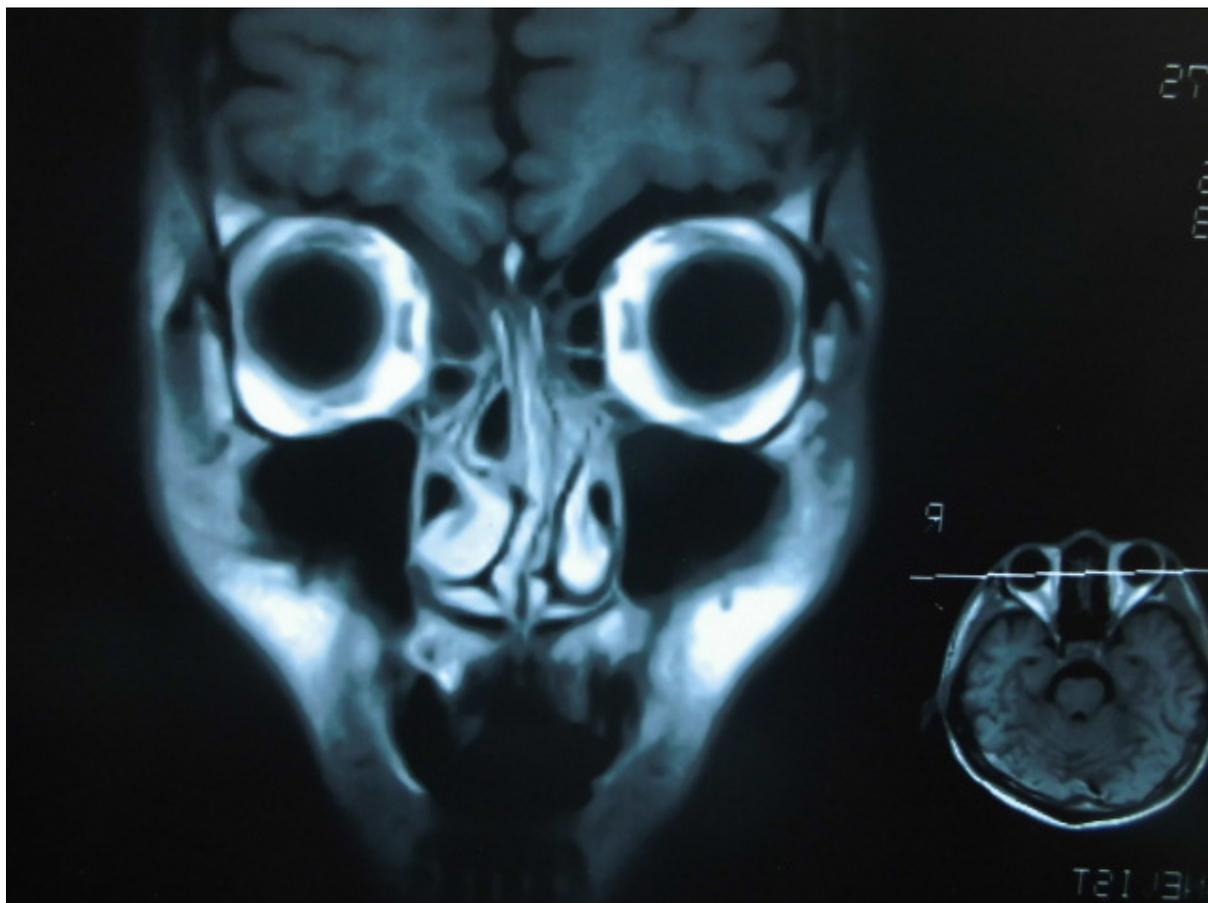
We used individual imported mupirocin 4, 12) which is widely used all over the world for surgery to selectively kill streptococci such as *Staphylococcus aureus*, but the dry feeling of intrinsic nasal cavity did not weaken (odor Is unknown).

I noticed the nasal odor and intranasally injected the lactic acid bacteria solution, but since the effect was found to be about 1 hour, now it is surpassing by inhaling horse oil intranasally. Horse oil does not have a strong cleaning effect, but has a long effect duration. In addition, I read horse oil books and inhaled horse oil into the nasal cavity in hopes that the horse oil will regenerate the nasal mucosa that was abolished.

I always try to mask and reduce the thirst of intrinsic nasal passages, but the intrinsic nasal cavity's dryness is strong and watery nasal discharge occasionally occurs only slightly. You can understand that you are rough when you touch the inherent nasal nasal mucosa with a cotton swab.

From the net, I thought that I was fungal rhinosinusitis, I got a nose and throat visit, mycotic rhinosinusitis was denied by CT examination, there was no crust formation and intact nasal cavity atrophy without atrophic rhinitis, nose It was a psychiatry introduction that there was no stench-causing disease that was neither sinusitis nor sinusitis. There is no medical disease. I do not know the surrounding reactions, ie coughing, nasal ingestion.

In case



(Case 2 and below are five examples of 'smelly trouble SNS'.) In addition to reading not only reading, I exchanged mails actively. On that seems to have high possibility of nasal mucosal insufficiency syndrome was selected)

(Case 2) 31 year old, male

Current medical history: From 19 years old I assume that I became working in the freezing room and naturally became bronchitis. In case

I visited an otorhinolaryngology department, but it is diagnosed as self-odor fear. No psychiatrist consultation history.

My work is serious without taking a break. I still work in the freezing room now. There is little contact with people close to work on business. I have never been bothered.

When people go to their own cars they think that they smell and can not get on. When going out to a person's house Be sure to put in a car the physiological saline and wash them with the instrument to wash the nostrils before entering the house I am doing it.

There is writing a "and the like tired day not sleeping mask, is endlessly nosebleed out when that happened too dry".

Personality is serious and obedient. I always mask, but occasionally only slightly water-like nasal discharge with no viscosity. Nose hair does not grow. There is no medical disease. I do not know the surrounding reactions, ie coughing, nasal ingestion.

(Case 3) 37 years old, male

Current medical history: I am sleeping in high school, in winter, in front of a warm-air stove, for a long time I inhale warm air, which insists that it creates an enlarged nasal cavity in the nasal cavity and has a stuffy nose, and consulted several otolaryngology did. He was diagnosed with an odor fear from a certain otolaryngology and was advised to visit psychosomatic medicine department. He was admitted to the psychosomatic department with an introduction letter, and he is still in psychosomatic medical hospital. Psychosomatic medicine goes because I want sleeping medicine.

I work for Y station, I have never been bothered. This is presumed to be because the case job at the Y station is very close to contacting people very close. In the Y station I work for a very large number of night shifts. When I joined the Y station, I was concerned about nasal smell, so ordinary people chose the current department to avoid.

"There is a problem in the dry winter season, when it dries it gets bad smell." "There is recently written petrolatum for masking dry prevention, and it is masking."

Personality is serious and obedient. I always mask, but only occasionally slightly watery nasal discharge. There is no medical disease. I do not know the surrounding reactions, ie

coughing, nasal ingestion.

(Case 4) 56-year old, male

Current medical history: Ear and nose were bad from elementary school student's low grade and I went to the otolaryngology hospital. In junior high school and high school a lot of nasal discharge came out and I had a hard time during the lesson. In case

After graduating from high school, I join A branch of Tokyo. I work on the floor where there are close to 200 people. So "smelly" is said to be a sign of neglect from company employees. However, he himself did not care much. In case

At the age of 30, it will be moved to the Osaka branch. Again, I work on the floor where there are close to 200 people. Rumors of being in the Tokyo branch are being conveyed, and the company employees say "beholden" in the same way as "smelly". A young employee came near the case and smelled and frequently said "smell". The patient suffered and underwent operation on rhinosinusitis at a university hospital. It was presumed that such a torment could have occurred because it was a workplace with plenty of time.

I found a "friends meeting that suffers from a stuffy nose" on the net, I think that he seems to be himself an odor nasal symptom. "There is something in one otolaryngology" There is a thing that it is said that it may be called atrophic rhinitis although there is no crust formation and atrophy of the nasal cavity, "" the mucosa is being badly damaged "".

I have written an introduction letter to a psychiatrist at one otolaryngology and sometimes visited a psychiatrist. In psychiatry it was prescribed alprazolam, sulpiride, diagnosed as self-smelling fear. Personality is moderate and sociality is high. There are three children, the family is relaxed. There is no medical disease. I do not know the surrounding reactions, ie coughing, nasal ingestion.

(Case 5) 29-year-old female

Current medical history: I have been treated from early nose and throat with rhinosinusitis until recently from elementary school lower grade. I have been taking antibiotics since elementary school lower grade.

"It seems to have been stinking since junior high school days, but it is not clear, maybe it may have been stinking since elementary school days".

Self introduction of "smell trouble SNS" is as follows. In case

"I have not laughed since my heart for years.

I smell when laughing, so I learned to laugh by closing my mouth.

As much as possible, conversation was short, and I got a technique to complete with a word.

I strive to suck even a bit on my own breath.

The surroundings do not understand this effort.

So I will offer you bracecare

Offering Fabrezes.

That behavior that you are meant for gentleness makes me suffer unnecessarily.

I like kids and I want to get married.

But I felt like I should not be in love because of this smell and it all shut down.

I have a job. Lol

I am working in the hospitality industry at my own misunderstanding.

From a smelly dark worker

You can smell, but you can work with good health

It was recently that it began to aim.

I also went to a famous dentist. I also did a human dog. I even had a stomach camera. I also challenged traditional Chinese medicine. Yet, I did not know where and where I smelled this smell. It is half a year ago that I noticed that I had a stuffy nose.

When will it make me laughable from the bottom of my heart? "

In response to the cycle of menstruation it is argued that often the nasal odor becomes stronger or the nasal odor hardly disappears.

"It was said that the mucosa of the nose was very rough in a few cases of ear, nose and throat" "I can hardly feel the smell, at the otolaryngology" olfactory nerve cells are abolished. Why, it was released. It was written that "It is impossible" "It is pointed out in the summer that the rotten smell of fish", in fall and winter "smell of fart" is pointed out. Personality is serious and obedient. Water-like nasal discharge occasionally occurs only slightly. There is no medical disease. Extremely sensitive to surrounding reactions, ie coughing, nasal ingestion and so on.

(Case 6) 48-year old female

Current medical history: Elementary school 4th year, became rhinosinusitis. Since I became a junior high school student, my nose was often clogged, and my nose breathing became difficult at night. At the same time, I know that there is a bad smell from the nose. I complained about otolaryngology, but I was lightly treated. Around this time, they are said to be "smelly" from classmates and suffer severe burns than female chiefs. Although I started taking medicinal herbal medicine which is said to be effective for nasal sinusitis, bronchiasis, etc. in junior high school second year, remission (it does not matter if you do not care about nose smell) in about three months, but high school 1 Annual, re-burned. I examine it in the library and think that my pathology seems to be bronchitis. It was said that "smell of fart" and "smell of feces" will take place at junior high school. In case

When I was in my twenties, there was something in an ear, nose and throat "There is black in the nose! I smoke cigarettes like Godzilla! (Case does not smoke cigarette)". Around this time, rhinosinusitis became extremely worse, a large amount of green nasal discharge appeared, and it pointed to the place where the case was in the workplace and was made a

fuss about "That squid odor ~ fishy smell ~". This is just after antibiotics were taken for 7 days, and it is presumed that *Pseudomonas aeruginosa* was abnormally proliferating 11). In case

I have been consulted with many otolaryngologists, but it is said that there is a weak atrophy of the nasal cavity which is not atrophic rhinitis, the nasal mucosa is extremely rough "in one ENT.

I used mupirocin as an individual import, but it comes to the stomach (stomach is rough), and stopped using it in a few days if the effect is not felt. In case

I assert that the nasal odor becomes stronger or weaker as a result of the physiological cycle, especially the odor is strong during menstruation (I do not smell on my own, so I judge from surrounding reactions). In case

"When taking medicine (Note; etizolam), there are no reactions such as throat cleansing and nose ingress in the surroundings at all" "My son also has a stuffy nose" "When I have a cold and a runny nose comes out, the smell gets weak" is written. etizolam was importing individuals from the net. In case

Recently I often point out "smell of fart" and "smell of feces". I care about those who have bad breath in the workplace. It is extremely sensitive to smell. At home, let the child check the smell, and say "no smell" to blame until we cry "tell me the truth".

"When the smell is bad, neither pus nor nasal discharge comes out (the nose dries)

When the smell gets lighter, pus emanates and the nose feels moist

The point is that smell is not severe if it can be excreted even though pus appeared.

If excretion is delayed and pus accumulates in the maxillary sinus or the like, a bad smell will occur!

I think that it is such a diagram. "

And there is writing.

I dislike a lot about being told that "odor," "overdose". There is no medical disease.

Extremely sensitive to surrounding reactions, ie coughing, nasal ingestion and so on. In case

(From the above six cases, it seems that men are insensitive to surrounding reactions, that is, coughing and nasal rubbing, etc. However, men are also sensitive to mental reactions and are diagnosed as self-odor fear in this SNS The two female cases listed here merge self - odor fear)

【Discussion】

It is considered to be a toxin produced by *Staphylococcus aureus* that destroys the intranasal nasal mucosa including nasal glands and goblet cells that produce nasal discharge.

Streptococcus pneumoniae, *Haemophilus influenzae*, *Moraxella catarrhalis*, etc., which are considered to be causative bacteria of rhinosinusitis, are unlikely to produce strong toxins which destroy the nasal mucosa. In case

About 30% of *Staphylococcus aureus* is possessed in the nasal cavity as an indigenous bacterium in Europe, but it does not hold 70%. The reasons have been elucidated recently (16). *Staphylococcus lugdunensis*, an indigenous nasal cavity, produces substances that inhibit the growth of *S. aureus*, but not as much as 30% possesses *Staphylococcus lugdunensis*. It is not clear in the paper (16) that the reason why he / she does not possess the *Staphylococcus lugdunensis* is whether it is genetically born or born by antibiotics.

In the latest paper in Japan, 8.1% of patients in children with rhinosinusitis are assumed to have *Staphylococcus aureus* in the nasal cavity (5). It is estimated that *Staphylococcus lugdunensis*, one of the indigenous bacteria in the intranasal nasal cavity, has been killed by taking antibiotics because the statistics in Europe are adults and take antibiotics until they become adults. The proportion of possessing *S. aureus* in the intranasal nasal cavity is similar in many other papers.

Presently, it is common to administer antibiotics to rhinosinusitis and allergic rhinitis, *Staphylococcus lugdunensis* has been destroyed, basically only *S. aureus* present only in the nasal vestibule is in the intranasal cavity. The mechanism of becoming a bacterium that grows even though it is present is assumed.

Those who complain of nasal smells claim that they drink less frequently but only a few days after taking general antibiotics. Even if you take it for a week, it is only the first few days that the malodor is reduced. This suggests that it is *Staphylococcus aureus* that is stinky. In the case of at least *S. aureus*, the bacteria that acquired resistance to the drug have weaker habitability than ordinary *Staphylococcus aureus* because they gain their drug resistance at the expense of habitability (4). Normally, ordinary *Staphylococcus aureus* which is drug sensitive occupies the nasal vestibule and intrinsic nasal cavity and lives in such a way that drug-resistant *Staphylococcus aureus* is hidden in a few pores in the nasal vestibule, but antibiotics. It is thought that the administration causes the normal *S. aureus* to die and drug-resistant *Staphylococcus aureus* grows not only in the nasal vestibule but also in the neighboring inherent nasal cavity at once. Also, after a few days, the possibility of *Pseudomonas aeruginosa* is expected to increase at a stretch. In case

Many people who complain of nasal smell complain of a strong dry feeling only occasionally slightly out of nasal discharge. It is considered to be due to the strong desolation of nasal mucosa. *Staphylococcus aureus* is resistant to drying, but in humid state other bacteria are also easy to grow and *S. aureus* does not grow much. In case

It is presumed that *S. aureus* is abnormally proliferating because it is pointed out by "human felt smell of fart" and "fecal odor" (11). Moreover, it is presumed that *Pseudomonas aeruginosa* grows abnormally when "fishy smell like fish" (11).

In females, he says, "In response to the cycle of physiology, the nasal odor becomes stronger, the nasal smell almost disappears," and "The nasal odor becomes strong during menstruation." It is speculated that this is due to the change in the microflora of the intranasal nasal cavity in response to the physiological cycle (10). It has been said that hormone theory as an etiology of atrophic rhinitis / bronchoscopy since ancient times, and malodor of atrophic rhinitis / bronchitis increases during menstruation (3). Several women who participate in this "smelly trouble SNS" are guessing by the surrounding reactions because they do not know the malodor on their own, but their sensitivity to the surrounding reactions is extremely high, and the correct judgment and seem. Most of the participants in this SNS are self-odor fear or merger of nasal mucosal insufficiency syndrome and self-odor fear. In case

Even after going home at night, even if I wash the nose with saline etc., the next day morning, it is said that all the cases which give off a stench from the inherent nasal cavity are all. Nasal washing with physiological saline or the like temporarily works, but its effect duration is not long. There are many people who say it takes about 2 hours.

There are quite a lot in this SNS who claim to take benzodiazepine anxiolytic drugs, dramatically eliminating surrounding reactions, ie, coughing, nasal administration and so on. This is thought to be a self-odor fear because hypersensitivity is lost temporarily, but nasal secretion is parasympathetic innervation, sympathetic nervous hypertonia is resolved by taking benzodiazepine type anxiolytic medicine, inhibition of parasympathetic activity. The mechanism by which nasal secretion is promoted and the nasal odor is weakened may be considered as the possibility.

In DSM-5, self-odor fear is classified as "other identified obsessive and related diseases / other identified compulsive disorders and related disorders". "Crows fly away saying Kaakaa (smelly smell)" There are also those who say that the car behind is greatly leaving a distance between the cars, which is called "schizophrenia spectrum disorder and other psychotic disorder group" are categorized. In case

【Finally】

This new pathology was present in large numbers due to the large number of rhinosinusitis before 1954 when many atrophic rhinitis / bromodysplasia was present, but there was no crust formation, atrophic rhinitis - Since odor is generally weaker than bromodystrophy, it is thought that it was hidden behind veil of atrophic rhinitis and bad nose disease and was overlooked. It is also possible that it might have been diagnosed as mild atrophic rhinitis / bronchitis.

Many people seem to have misdiagnosed the odor as fear of self odor at least in the nose odor. Many people who complain of nasal smell perform nasal washing with physiological saline or the like several times each day, and almost everyone who has a weak odor at the

time of visit is almost all. Many are pointed out only in autumn and winter when the air dries. Some people who are suffering from nasal odor and self-odor fear are considered to contain nasal mucosal insufficiency syndrome. Since nasal odor can not be perceived by oneself, it is thought that nasal mucosal insufficiency syndrome is included among those who are complaining of bad breath / body odor and self-odor fear.

In case

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TAKAMI Toshiro: 1 case suffering from nose smell, which are misdiagnosed as halitophobia
---- Nasal mucosal insufficiency syndrome (ozena of a new concept) ----

【研究報告】

鼻臭を訴え自己臭恐怖と診断されてきた1例

-----鼻粘膜不全症候群（新しい概念の臭鼻症）-----

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【抄録】

鼻臭を訴え自己臭恐怖として耳鼻咽喉科より精神科紹介受診とされてきた1例を示す。症例は実際に強い鼻臭を放っていた。耳鼻咽喉科にて萎縮性鼻炎・臭鼻症など悪臭を放つ疾患は否定されている。

ネットを見渡すと同じような病態で苦しんでいる者は多い。ほぼ全てが異常なほどの鼻の乾きを訴えている。荒廃した固有鼻腔鼻粘膜に於いて黄色ブドウ球菌または緑膿菌が異常増殖し、鼻汁分泌が不全なため細菌の代謝産物を喉などへ押し流すことが出来ず、強い鼻臭を発していると考えられた。また、黄色ブドウ球菌の増殖を防ぐ物質を産生する *Staphylococcus lugdunensis* が存在していないと考えられた。この疾患の頻度は高いが、放置あるいは精神科にて自己臭恐怖と診断されている。鼻粘膜不全症候群と名付ける。これは新しい概念の臭鼻症と言える。痂皮形成と固有鼻腔の萎縮はなく、内視鏡で鼻粘膜の荒廃が認められるだけであるためと、萎縮性鼻炎・臭鼻症のベールに隠れ、気付かれないでいる重大な疾患と考えられる。

少なくとも女性に於いては自己臭恐怖を合併していることが全てと言って良い。

【Key words】

ozena of a new concept, nasal mucosal insufficiency syndrome, halitophobia, staphylococcus aureus, staphylococcus lugdunensis

【はじめに】

痂皮を形成せず固有鼻腔の萎縮はなく固有鼻腔鼻粘膜に於ける黄色ブドウ球菌または緑膿菌の異常増殖のため萎縮性鼻炎・臭鼻症より一般に悪臭は弱い。先天的または後天的に *Staphylococcus lugdunensis* (6) を持たない者に発症する。

鼻臭を訴えて耳鼻咽喉科受診しても萎縮性鼻炎・臭鼻症の疾患概念 (3,7) に当て嵌まらないため自己臭恐怖として精神科紹介される患者が全てと言って良い。

鼻粘膜不全症候群は「固有鼻腔鼻粘膜の荒廃強く、鼻汁を分泌する組織が損傷を受け、鼻汁分泌が強く減少しており、黄色ブドウ球菌または緑膿菌が固有鼻腔鼻粘膜に於いて異常増殖し、その代謝産物が喉などへと流されず固有鼻腔鼻粘膜に留まり強い鼻臭を放つ」を病態とする。

原因は多岐に亘ると推測される。最も多いと推定される原因が「鼻副鼻腔炎により、少しずつ、あるいは急速に鼻粘膜が傷害された」である。その他の原因として、冷凍室の中で働く者に多い。

この疾患の頻度は高いが、ほぼ全てが自己臭恐怖と診断されている。しかし、悪臭は同じ部屋に居ることを拒否する者が続出するほど強いこともある。“苛め”が激増した現在「臭い人」として“苛め”を受けていることが非常に多い。また、社会逃避・引き籠もりに陥っている者の数も多い。

萎縮性鼻炎・臭鼻症は謎の疾患としてエジプトの古文書にも記載されている。萎縮性鼻炎・臭鼻症は「悪臭、萎縮、痂皮」の三主徴候を伴うと B. Frankel が提唱し、一つの疾患としての地歩を築いたとされる (7)。

以前は世界的に萎縮性鼻炎・臭鼻症の頻度は高く、その病因について様々な議論が為されてきた。女性ホルモン投与が効果あることが経験的に知られていたこと、老年期になると自然治癒することが多く認められたこと、女性が男性より罹患率が2倍余りであったこと、女性患者では生理周期に応じて鼻臭が強くなったり弱くなったりを繰り返すことが多かったこと、これらを併せると性ホルモンが萎縮性鼻炎・臭鼻症に大きく作用していたことが示唆された (3,7)。また、神経質な患者が非常に多く細菌感染は二次的なものであるという自律神経障害説も強く存在していた (7)。

萎縮性鼻炎・臭鼻症は昭和25年以降、減少を続け、現在では少なくとも先進諸国に於いては発生がほとんど見られなくなった (3,7)。これは現代的畜農および養殖に於いて女性ホルモンを多量投与することが常態化しているためと筆者は考える。現代的畜農および養殖による牛乳・肉などを食することの出来ない地方では今でも萎縮性鼻炎・臭鼻症が比較的高頻度で起こっている。

ネットには「臭いの悩みSNS」が有り、登録者は200名を越え、概観すると女性が多く、年齢は14歳から56歳までに渡っている。口臭・鼻臭・体臭・過敏性腸症候群(IRS)のガス型など多岐の臭いに悩む人が登録している。主催者が鼻臭で悩んでいるため「鼻臭で悩む友の会」が数年前までの名称であった。口臭・体臭などの中には鼻臭でありながら気づいていない者も多く含まれると思われる。

このSNSへの参加者の多くは「臭い」と言われた、「臭い」と虐められた経験が心的外傷となって自己臭恐怖に陥っている。実際には臭わないためか、臭いを気にして臭わないように非常に心がけているためか、オフ会（自身の臭いに悩んでいる者が集まって“臭い”を確認する会合）では臭わないことがほとんどである。

このSNSの自己臭恐怖の者に反応すなわち“咳”“鼻すすり”などを気にすることが関係念慮であることを納得させることは困難を極め、ほぼ不可能であった。自己臭恐怖の中等症から重症が多く集まっていると思われた。

【症例】

（症例1）56歳、男性

家族歴：父・姉と神経質である（姉と2人兄弟）

性格：凝り性、熱中性、厭き性、優しい、神経質で強迫的傾向あり

生活歴：小さい頃より成績優秀（プライバシー保護のため以下、略）

既往歴：28歳時、うつ病性障害を発症し、軽症化重症化を繰り返し今も続いている。

32歳時、心因性頻尿を発症し今も続いている。

現病歴：小学1年冬、鼻副鼻腔炎を発症。以来、授業中、出て来る鼻汁に非常に苦しんだ。中学2年冬、左鼻骨が膨らんでいることに気付く。真菌塊（fungus ball）14)を形成しているが（図1）症例は気にせずに放っていた。

高校2年春より鼻副鼻腔炎が軽症化したのか、分泌物が減少したのか、授業中、出て来る鼻汁に悩まなくなった。

高校卒業頃より口臭に長年悩んできた。口臭は慢性胃炎により起こっていると考えた。

数年前、口臭は胃食道逆流症によると自己診断し、大学病院などで胃造影検査、24時間食道pHモニタリングを受けたが、いずれも胃食道逆流症は否定された。

症例が自分の臭いが口臭でなく鼻臭であると思い始めたのは、24時間食道pHモニタリングを受けて胃食道逆流症を否定され、自分の悪臭は何処から発しているのか？と煩悶していた頃、ネットの「鼻臭で悩む友の会」を読んでからであった。また、このとき、高校2年春に高齢の名医で名高い耳鼻咽喉科医を親の強い勧めで受診し“萎縮性鼻炎”と診断され（CT・内視鏡の使用はなかった）、その診断名を日記に書いていたが、その病名の意味を始めて知る。しかし、萎縮性鼻炎はMRIより鼻甲介の萎縮なく、否定される。

高校2年春、小学6年の頃から悩んできた重度のニキビが劇的に寛解した。これは授業中、出てくる鼻汁に苦労しなくなった時期と全く一致する。症例はこの頃、姉の重度のニキビのため、食事が野菜重視に変化したため、これが腸内細菌叢に変化を及ぼし、それが皮膚及び固有鼻腔の細菌叢にも変化を与えたと考えている。

鼻汁が出て授業中に苦労しなくなった高校2年からか、記憶を辿ると少なくとも高校3年冬には鼻臭を強く発していたと考えていた（高校3年冬、図書館で勉強していると、避けられた記憶がある）。

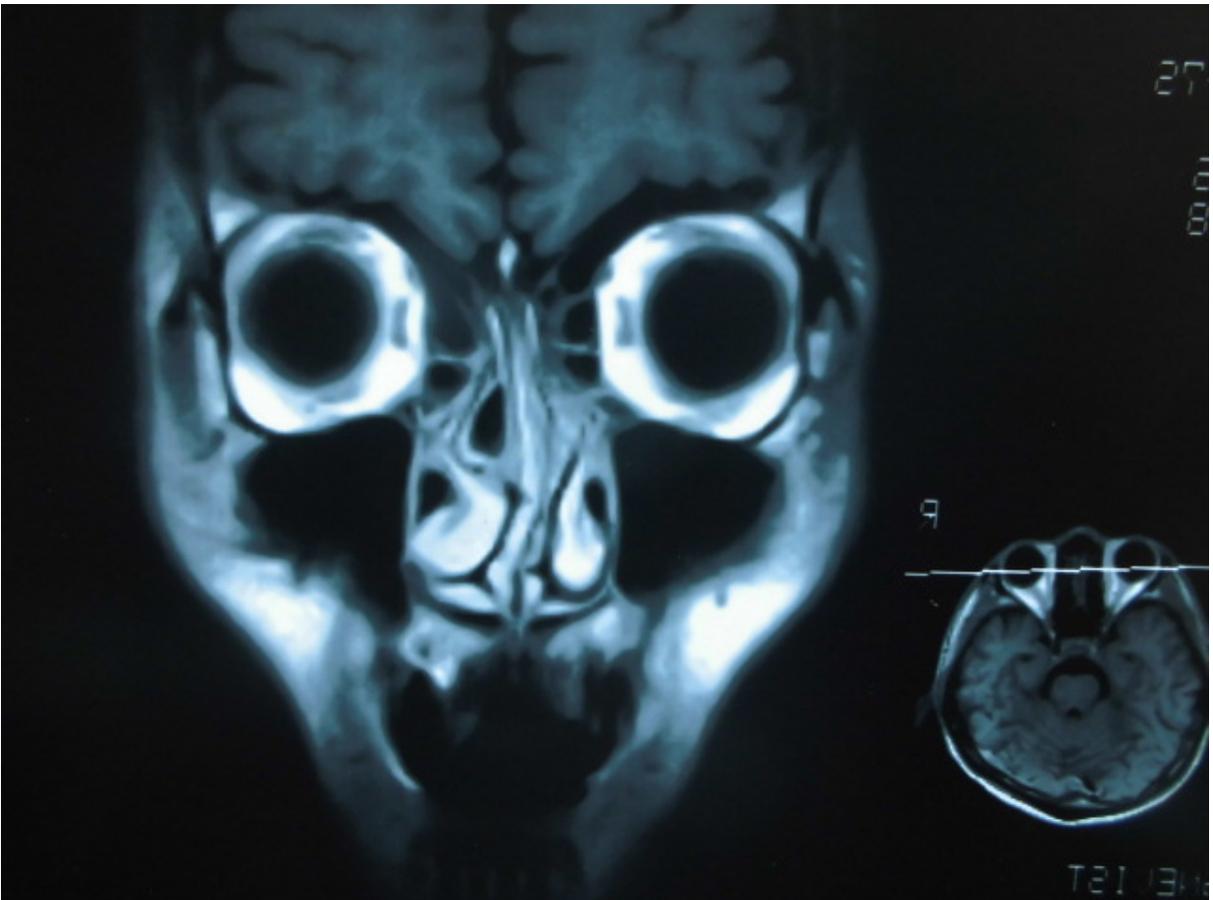
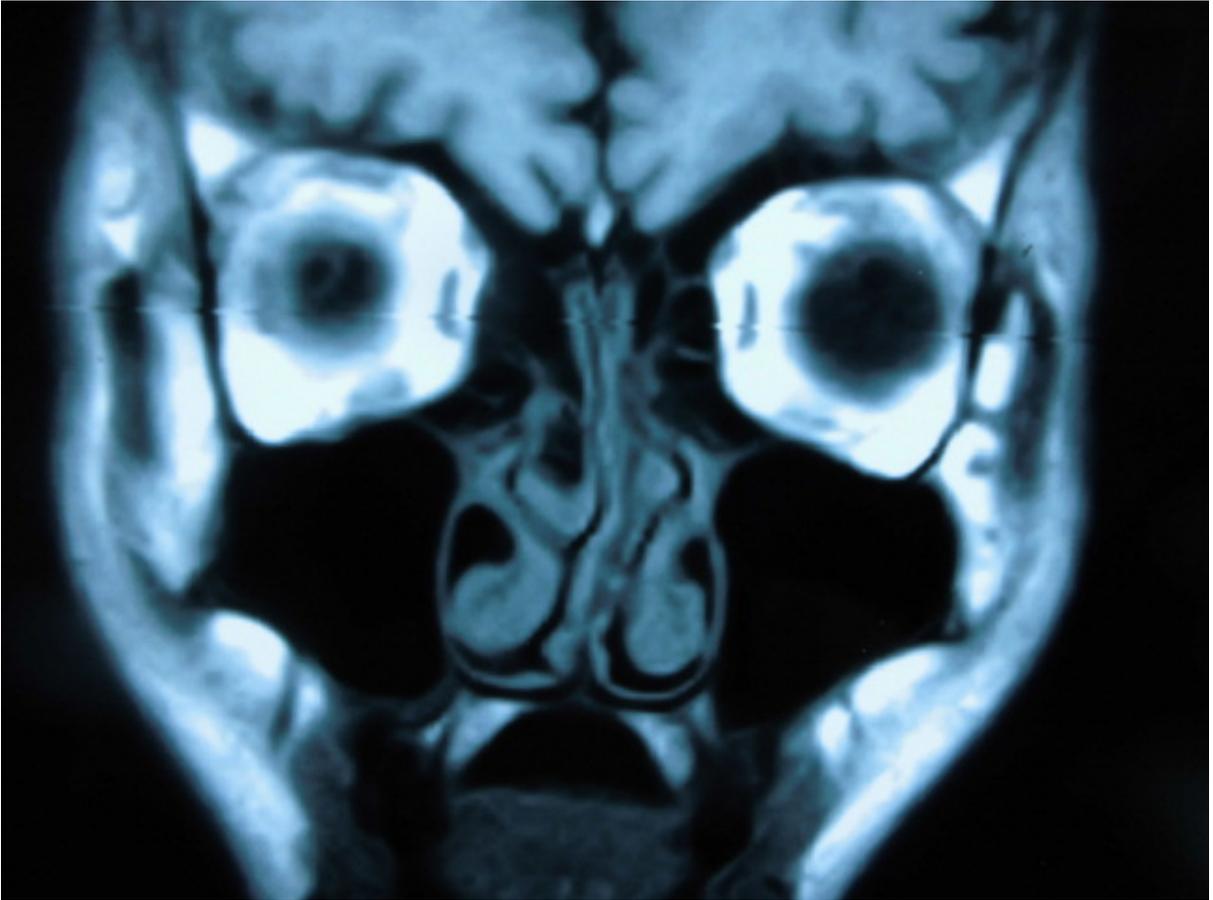
更に記憶を辿ると、中学3年の時に、肉を沢山食べ始めてから鼻臭が始まった。その肉は抗生剤まみれであり、固有鼻腔の *Staphylococcus lugdunensis* はこれで死に絶え、黄色ブドウ球菌が固有鼻腔に於いて異常増殖することが出来るようになった、と考え始めた。

黄色ブドウ球菌など球菌を選択的に殺すため手術現場に於いて世界中で広く使用されているムピロシン^{4,12)}を個人輸入して使用したが固有鼻腔の乾燥感は弱まることはなかった（臭いは不明）。

鼻臭と気づいてより乳酸菌溶液の鼻腔内注入を行っていたが、効果は1時間ほどと分かったため、現在は馬油を鼻腔内吸入して凌いでいる。馬油は洗浄効果は強くないが、効果持続時間が長いからである。また、馬油の本を読み、馬油が廃絶した鼻粘膜を再生してくれると期待して馬油の鼻腔への吸入を行っている。

常にマスクをし固有鼻腔の渇きを軽減するように務めているが、固有鼻腔の乾燥感は強く、水様性鼻汁が時折僅かに出るのみである。綿棒で固有鼻腔鼻粘膜を触ると荒れていることが自身でも分かる。

ネットより、自身が真菌性鼻副鼻腔炎と思い、耳鼻咽喉科受診し、真菌性鼻副鼻腔炎はCT検査より否定され、痂皮形成なく固有鼻腔の萎縮もなく萎縮性鼻炎ではない、鼻副鼻腔炎でもない、悪臭を放つ疾患はないと精神科紹介となった。内科的疾患はない。周囲の反応つまり咳・鼻すすりなどは分からない。



(症例2以下は「臭いの悩みSNS」の5例、参考として記す。書き込みを読むだけでなく、メール交換も盛んに行った。鼻粘膜不全症候群の可能性が高いと思われるものを選択した)

(症例2) 31歳、男性

現病歴：19歳時より冷凍室の中で働くようになって自然に臭鼻症に成ったと主張する。

耳鼻咽喉科を受診したが、自己臭恐怖と診断される。精神科受診歴はなし。

仕事は休むことなく真面目に行っている。今も冷凍室の中で働くことが多い。仕事上、人と近くで接することは少ない。苛めを受けたことはない。

人を自分の車に乗せると臭いと思うので乗せられない、人の家の遊びに行くときは人の家に入る前に必ず車の中で生理食塩水などを入れて鼻腔を洗う器具で洗うようにしている。

「疲れた日などはマスクして寝ないと、乾燥しすぎて起きたときにとめどなく鼻血が出る」と書き込みあり。

性格は真面目で素直。常にマスクをしているが、粘性のない水様の鼻汁が時折僅かに出るのみである。鼻毛が生えない。内科的疾患はない。周囲の反応つまり咳・鼻すすりなどは分からない。

(症例3) 37歳、男性

現病歴：高校時、冬、温風ストーブの前で寝込んで長時間、温風を吸い込み、それにより固有鼻腔に瘡蓋を形成し鼻臭を放っていると主張し、複数の耳鼻咽喉科を受診した。ある耳鼻咽喉科から自己臭恐怖と診断され心療内科受診を勧められ、紹介状とともに心療内科を受診し、現在も心療内科通院している。心療内科は眠剤が欲しいために通っている。

Y局に勤めており、苛めを受けたことはない。これはY局での症例の仕事は人と近くで接することが非常に少ないためと推測される。Y局では夜勤の非常に多い部署に勤務している。Y局に入社時、鼻臭を気にしていたため、普通の人は避ける現在の部署を選んだ。

「乾燥してる冬場が問題、乾燥してる臭いが酷くなる」「乾燥予防に最近はワセリン塗ってマスクしてる」と書き込みあり。

性格は真面目で素直。常にマスクをしているが、水様性鼻汁が時折僅かに出るのみである。内科的疾患はない。周囲の反応つまり咳・鼻すすりなどは分からない。

（症例４）５６歳、男性

現病歴：小学生低学年時より耳と鼻が悪く耳鼻科へ通院していた。中学・高校時代は大量の鼻汁が出て授業中苦労した。

高校卒業後、A社の東京支部に入社する。200名近い人がいるフロアで仕事を行う。そこで「臭い」と会社の社員から陰口を言われる。しかし、本人はあまり気に掛けないでいた。

30歳時、大阪支部に移動となる。ここでも200名近い人がいるフロアで仕事を行う。東京支部に居たときの噂が伝わってきており、同じように「臭い」と会社の社員から陰口を言われる。若手の社員が症例の近くに来て臭いを嗅ぎ「臭い」と言うことが頻繁に起こった。症例は悩んで大学病院で鼻副鼻腔炎の手術を受けた。時間的余裕が多い職場であったため、こういう苛めが起こり得たと推測される。

ネットで「鼻臭で悩む友の会」を見つけ、ここで自らが臭鼻症であるらしいと思う。「ある耳鼻咽喉科で“痂皮の形成や鼻腔の萎縮はないが萎縮性鼻炎と言えるかも知れない”“粘膜が酷くやられている”と言われたことがある」と書き込みあり。

ある耳鼻咽喉科で精神科への紹介状を書かれ、精神科を受診したこともある。精神科では自己臭恐怖と診断され alprazolam、sulpiride を処方された。性格は円満で社会性は高い。子供が3人居り、家庭は円満である。内科的疾患はない。周囲の反応つまり咳・鼻すすりなどは分からない。

（症例５）２９歳、女性

現病歴：小学校低学年時より鼻副鼻腔炎で耳鼻咽喉科にて最近まで治療を受けてきた。小学校低学年時より抗生剤を服用してきた。

「中学時代から悪臭を放っていたように思えるが、はっきりしない、小学生時代より悪臭を放っていたのかも知れない」と書き込みあり。

「臭いの悩みSNS」の自己紹介には次のようにある。

「もう何年も心から笑ってません。

笑うと臭いを放ってしまうから、口を閉じて笑う術を身につけました。

極力会話は、短く、単語で済ます術を身につけました。

自分で吐いた息は、自分で少しでも吸うように努力しています。

周りはこの努力をしらない。

だからブレスケアを差し出してくるし

ファブリーズを差し出してくる。

あなたが優しさのつもりでしてくれているその行動が、私を余計に苦しめる。

子供好きだし、結婚だってしたい。

でもこの臭いのせいで恋愛しちやいけない気がして全てシャットダウンしてきた。

仕事一筋っすよ。笑

迷惑覚悟で接客業してます。

臭くて暗くて仕事できないやつ、より

臭いけど元気で仕事できるやつ、を

目指すようになったのは、ここ最近かな。

有名な歯医者にも行きました。人間ドックもしました。胃カメラだって飲みました。漢方療法にも挑戦しました。なのに、どこで何がこの匂いを放っているのか分かりませんでした。鼻臭であることに気付いたのは半年前です。

いつになったら心から笑えるようになれるのでしょうか。」

生理のサイクルに呼応して鼻臭が強くなったり鼻臭がほとんど無くなることが多いと主張する。

「数件目の耳鼻咽喉科で鼻の粘膜が非常に荒れていると言われた」「臭いをほとんど感じる事が出来なく、耳鼻咽喉科で“嗅覚の神経細胞が廃絶している。何故、放っていた。これは無理”と言われた」「夏は“魚の腐った臭い”、秋と冬は“屁の臭い”を指摘される」との書き込みあり。性格は真面目で素直。水様性鼻汁が時折僅かに出るのみである。内科的疾患はない。周囲の反応つまり咳・鼻すすりなどに極めて過敏。

(症例6) 48歳、女性

現病歴：小学4年次、鼻副鼻腔炎になった。中学生になってから頻りに鼻が詰まり夜は鼻呼吸が困難になった。同時に鼻から悪臭が発しているらしいことを知る。耳鼻咽喉科に鼻臭を訴えて行ったが、軽くあしらわれた。この頃、同級生より「臭い」と言われ女番長などより激しい苛めを受ける。中学2年次、鼻副鼻腔炎・臭鼻症などに効果があると言われる市販の漢方薬を服用始めて三ヶ月ほどで寛解（鼻臭を気にしないでも良いようになる）したが、高校1年次、再燃した。図書館で調べて自身の病態が臭鼻症らしいと考える。中学生時は“屁の臭い”“便の臭い”がすると言われていた。

20代の時、ある耳鼻咽喉科で「鼻の中が真っ黒だ！タバコをゴジラのようにプカプカ吸っているのだろう！（症例はタバコは吸わない）」と言われたことがある。この頃、鼻副鼻腔炎が非常に悪化し緑色の鼻汁が大量に出ており、職場で症例の居る所を指さして“あの辺イカ臭い～生臭い～”と大騒ぎされた。これは抗生剤を7日間服用した直後のことであり、緑膿菌が異常増殖していたと推測される11)。

多くの耳鼻咽喉科を受診してきたが、ある耳鼻咽喉科で「萎縮性鼻炎とは言えない鼻腔の弱い萎縮はある、鼻粘膜が非常に荒れている」と言われた。

個人輸入してムピロシンを使用したけど、胃に来る（胃が荒れる）、効果が感じられないと数日で使用を中止した。

生理周期に寄って鼻臭が強くなったり弱くなったりする、特に月経中は臭いが強い、と主張する（自分では臭えないため、周囲の反応から判断している）。

「薬（注； etizolam）を服用すると、周囲の咳払い・鼻すすりなど反応が全く無くなる」「息子も鼻臭がある」「風邪を引いて鼻水が出るときは臭いが弱くなる」と書き込みあり。 etizolam はネットより個人輸入していた。

最近“屁の臭い”“便の臭い”を指摘されることが多いと言う。職場などで口臭が強い人を酷く気にする。臭いに極めて過敏になっている。家では子供に臭いを確認させ、「臭いはない」と言うとなんか「本当のことを言いなさい」と泣くまで責め立てる。

「臭いが酷い時は膿も鼻汁も出ない（鼻が乾燥する）
臭いが軽くなる時は膿が出て鼻が潤ってる感じがする
要は膿が出てても排泄できていれば臭いは酷くなくて
排泄が滞って膿が上顎洞等に溜まってしまうと悪臭が発生する！
こういう図式なんじゃないかって思ってる。」
との書き込みあり。

“自臭症” “気にしすぎ”と言われることを酷く嫌う。内科的疾患はない。周囲の反応つまり咳・鼻すすりなどに極めて過敏。

（以上、6つの症例からは、男性は周囲の反応つまり咳・鼻すすりなどに鈍感と思われるが、男性にも周囲の反応に過敏で自己臭恐怖と診断される者は、このSNSに多い。ここに挙げた女性例は2例とも自己臭恐怖を合併している）

【考察】

鼻汁を産生する鼻腺・杯細胞などが含まれる固有鼻腔鼻粘膜を破壊するのは黄色ブドウ球菌の産生する毒素と考えられる。鼻副鼻腔炎の原因菌とされる肺炎球菌（*Streptococcus pneumoniae*）・インフルエンザ桿菌（*Haemophilus influenza*）・モラキセラ菌（*Moraxella catarrhalis*）などが鼻粘膜を破壊する強い毒素を産生することは考え難い。

黄色ブドウ球菌は欧州に於いて30%ほどが常在菌として固有鼻腔に保有するが70%は保有しない。その理由が最近、解明された(16)。固有鼻腔の常在菌の *Staphylococcus lugdunensis* から黄色ブドウ球菌の繁殖を阻止する物質が産生されるが、30%ほどは *Staphylococcus lugdunensis* を保有しない。その *Staphylococcus*

lugdunensis を保有しない理由は遺伝的で生まれながらのものか、抗生剤の服用により生じるものか、論文 16)などでは判然としない。

本邦での最新の論文では小児の鼻副鼻腔炎の患者に於いて 8.1%が固有鼻腔に黄色ブドウ球菌を保有しているとされる 5)。欧州に於ける統計は成人であり、成人になるまでに抗生剤を服用するため、抗生剤服用により固有鼻腔に於ける常在菌の一つである *Staphylococcus lugdunensis* が死滅したと推測される。黄色ブドウ球菌を固有鼻腔に保有する割合は他の幾多の論文に於いても同様な傾向である。

現在、鼻副鼻腔炎さらにアレルギー性鼻炎に対し、抗生剤を投与することが一般であり、*Staphylococcus lugdunensis* が駆逐され、本来は基本的には鼻前庭のみに存在する黄色ブドウ球菌が固有鼻腔に於いても増殖する菌になる機序が想定される。

鼻臭を訴える者は一般的な抗生剤を服用して数日のみだが劇的に悪臭が減ると主張する者が非常に多い。1週間継続服用しても、悪臭が減るのは最初の数日のみと言う。これは悪臭を放っているのは黄色ブドウ球菌であることを示唆する。少なくとも黄色ブドウ球菌の場合、薬剤への耐性を得た菌は、生息能を犠牲にしてその薬剤耐性を得ているため、普通の黄色ブドウ球菌より生息能が弱い 4)。普段は、薬剤感受性である普通の黄色ブドウ球菌が鼻前庭と固有鼻腔を占領しており、鼻前庭の毛穴などに薬剤耐性の黄色ブドウ球菌が極少数隠れるように生息しているが、抗生剤投与により普通の黄色ブドウ球菌が死滅して薬剤耐性の黄色ブドウ球菌が鼻前庭のみでなく隣接する固有鼻腔にも一気に増殖するためと考えられる。また、数日後、一気に増えるのは緑膿菌の可能性も想定される。

鼻臭を訴える者の多くは鼻汁は時折僅かに出るのみで強い乾燥感を訴える。鼻粘膜の荒廃強いためと考えられる。黄色ブドウ球菌は乾燥に強いが、湿潤状態では他の菌も増殖しやすく黄色ブドウ球菌は余り増殖しない。

“屁の臭い” “便臭” を人より指摘されることから、黄色ブドウ球菌が異常増殖していると推測される 11)。また、“魚の腐ったような臭い” のときは緑膿菌が異常増殖していると推測される 11)。

女性に於いては「生理のサイクルに呼応して鼻臭が強くなったり鼻臭がほとんど無くなる」「月経中は鼻臭が強くなる」と主張する。これは生理のサイクルに呼応して固有鼻腔の微生物叢が変化するためと推測される 10)。これは古来、萎縮性鼻炎・臭鼻症の病因としてホルモン説があり、月経中は萎縮性鼻炎・臭鼻症の悪臭が増大する 3)と一致する。この「臭いの悩み SNS」に参加している女性数名は自分自身では悪臭が分からないため周囲の反応で推測しているが、彼女らの周囲の反応への敏感度は極めて高く、正しい判断と思われる。この SNS の参加者のほとんどは自己臭恐怖あるいは鼻粘膜不全症候群と自己臭恐怖の合併である。

夜、帰宅後、生理食塩水などにて鼻腔洗浄しても翌日の朝には固有鼻腔より悪臭を放つ例が全てと言って良い。生理食塩水などによる鼻腔洗浄は一時的には奏功するが、その効果継続時間は長くない。2時間ほどと言う者が多い。

ベンゾジアゼピン系抗不安薬を服用すると、周囲の反応すなわち咳・鼻すすりなどが劇的に無くなると主張する者がこのSNSには非常に多い。これは過敏性が一時的ながらも無くなるためであり自己臭恐怖と考えられるが、鼻汁分泌は副交感神経支配であり、ベンゾジアゼピン系抗不安薬服用により交感神経過緊張が解され副交感神経の活動阻害が無くなり鼻汁分泌が促され鼻臭が弱くなる機序も可能性として考えられ得る。

DSM-5に於いて自己臭恐怖は「他の特定される強迫症および関連症／他の特定される強迫性障害および関連障害」に分類されている。“カラスがカアカア（臭い臭い）と言って飛んで行く”“後ろの車が大きく車間距離空けてついて来る”という者も存在し、これは「統合失調症スペクトラム障害および他の精神病性障害群」に分類される。

【最後に】

この新しい病態は、萎縮性鼻炎・臭鼻症が多く存在していた昭和30年以前には鼻副鼻腔炎が非常に多かったため多数存在していたが、痂皮の形成はなく、萎縮性鼻炎・臭鼻症より臭気が一般に弱いため、萎縮性鼻炎・臭鼻症のベールに隠れ見逃されていたと考えられる。また、軽症の萎縮性鼻炎・臭鼻症と診断されていた可能性も考えられる。

少なくとも鼻臭に於いては本当に臭いが自己臭恐怖と誤診されている者も多いと思われる。鼻臭を訴える者の多くは生理食塩水などによる鼻腔洗浄を毎日数回行っており、受診時、悪臭は弱い者がほぼ全てである。空気の乾燥する秋と冬にのみ悪臭を指摘される者も多い。

鼻臭を訴え自己臭恐怖とされている者の中には、鼻粘膜不全症候群が含まれていると考えられる。鼻臭は自分では認知できないため、口臭・体臭を訴え自己臭恐怖とされている者の中にも鼻粘膜不全症候群が含まれていると思われる。

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