Rhinorrhoea/Otorrhoea

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‘Rhinorrhoea’, a running nose, derives from Neo-Latin, from Greek *rhino-* (nose) and *-rrhoea* (flow). Combined forms of *rhino-* are many: *rhinobyon* (a nose-plug), *Rhinodon* (a gigantic shark), *rhinolaryngologist*, *rhinotheca* (the horny sheath of the upper jaw in birds), *rhino-tracheitis* (a respiratory disease of cattle and cats).

The words appeared in the mid 19th century. Other words with the same suffix *-rrhoea* are: *logorrhoea* (excessive flow of words), *bronchorrhoea* (excessive bronchial secretions), *gonorrhoea* and *diarrhoea*.

‘Cerebrospinal fluid (CSF) rhinorrhoea’ is known neurologically as a symptom of a fistula through the dura of the anterior cranial fossa into the nose, with a grave risk

of recurrent pyogenic meningitis. The common cause is trauma of the anterior fossa with fracture of the cribriform plate of the ethmoids. Apparently spontaneous rhinorrhoea is well documented and may complicate hydrocephalus and intracranial hypertension. ‘CSF otorrhoea’ is similarly a leak through the thin layer of temporal bone, the tegmen, and the adjacent dura, usually traumatic. Congenital defects, osteolytic tumours and infection can similarly breach these structures resulting in CSF leakage into the external ear and the risks of meningitis. Urgent investigation is always indicated followed by surgical repair.