

Allergic Rhinitis in Oman and Malaysia: The Similarities and Differences

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Dear Editor,

I read with great interest the paper on allergic rhinitis entitled “Allergic rhinitis and associated comorbidities: Prevalence in Oman with knowledge gaps in literature” published in the November issue of the Oman Medical Journal.¹ It is a great finding of such a common disease whereby 48% of the patients with non-infective rhinitis were diagnosed as allergic rhinitis, which constituted 7% prevalence of the adult population presenting with nasal symptoms to the center.¹ However, these fairly high figures are often overlooked. In fact, the burden of the disease is increasing, with the increase of the prevalence globally.

It is interesting to note that even though Oman and Malaysia are far apart, and the population, environment, demographics, and climate of the two countries are invariably different, there are many similarities among the studied allergic rhinitis patients from both countries.

A similar study looking at allergic rhinitis among the Malaysian population was conducted by Asha'ari et al, in 2010, over the same period of time (one-year in a tertiary center).² Despite a different climate pattern, only ten out of 61 patients in Al-Abri's study were categorized as seasonal type, and all of them were sensitive to Russian thistle.¹ Malaysia is a non-seasonal country thus the majority, if not all, patients were of the perennial group.³

In the Omani population, 80% were found to be sensitive to house dust mites (HDM).¹ This figure was the same as the Malaysian population whereby 72 out of 90 patients were positive to the similar allergen on skin prick test. This constituted exactly

80% of the sample population. In addition to the HDM, reaction to allergens containing domestic cat's fur (37.8%), egg yolk (17.8%), and egg white (17.8%) were also statistically significant ($p < 0.050$) among Malaysians. Reactions to peanut and wheat flour were also high (positive in more than 20% of the patients); however, this was not statistically significant.² Many patients demonstrated sensitivity to more than a single allergen in both the Omani and Malaysian population.^{1,2} These findings are also consistent with one study conducted in Malaysian children, whereby 98 out of 143 patients had a positive 3mm wheal upon testing with HDM allergen, and 54.6% were positive to multiple allergens.⁴

Both of these studies have shown that allergic rhinitis has universal similarities. As common features have been revealed between studies we now need to take steps to try to manage the allergic rhinitis more effectively and efficiently.

REFERENCES

1. Al-Abri R, Bharghava D, Kurien M, Chaly V, Al-Badaai Y, Bharghava K. Allergic rhinitis and associated comorbidities: prevalence in oman with knowledge gaps in literature. *Oman Med J* 2014 Nov;29(6):414-418.
2. Asha'ari ZA, Yusof S, Ismail R, Che Hussin CM. Clinical features of allergic rhinitis and skin prick test analysis based on the ARIA classification: a preliminary study in Malaysia. *Ann Acad Med Singapore* 2010 Aug;39(8):619-624.
3. Elango S. Recent trends in the diagnosis and management of allergic rhinitis. *Med J Malaysia* 2005 Dec;60(5):672-676, quiz 677.
4. Gendeh BS, Mujahid SH, Murad S, Rizal M. Atopic sensitization of children with rhinitis in Malaysia. *Med J Malaysia* 2004 Oct;59(4):522-529.