

Vestibulitis

There follows some brief information on the condition called vestibulitis. It should be read as a guide to management and not as a rigid prescription for treatment. Use this guide in conjunction with the tutorial on vestibulitis.

How is it diagnosed?

The patient has pain and crusting in the nasal vestibule. They may also complain of itching and discharge from the area. Staphylococcus aureus is the usual pathogen.

How is it managed?

The active infection is treated first and the patient is given advice about preventing it from happening again. So:

1. If the infection is limited to the vestibule use topical creams containing antiseptic or antibiotics for five days. Mupirocin twice daily is a good choice and is available at the time of writing.
2. If the infection has spread outside the vestibule use topical treatments as above and consider an oral antibiotic. Examples below.

Prevention.

Ask the patient to stop picking their nose, wear a mask at work and consider treating any underlying rhinitis.

N.B. Children with unilateral vestibulitis may have a foreign body stuck inside their nose. Once you have treated the infection carefully examine the nose for this and remove it carefully.

Drugs.

Creams containing mupirocin or chlorhexidine make good treatments as will neomycin, bacitracin and polymixin cream. Be sure that the patient is not allergic to peanuts if you are using creams containing arachis (peanut) oil.

Oral medication should be directed against Staphylococcus. Erythromycin is a good choice.

Adults can have 500mg four times a day but avoid in pregnancy and if they are taking antihistamines, digoxin or theophylline. Check the formulary for other interactions.

Children have 50mg/kg/day divided into four equal doses. For example a 10kg child requires 500mg daily and this is four 125mg doses.