

# Epistaxis

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**Epistaxis:** derived from the Greek term epistazien, is defined as bleeding from the nose.

It is one of the most common emergencies dealt with by otolaryngologist, although its severity and management can vary significantly. ▶

It affects all ages without sex predilection. ▶

Anterior epistaxis is more common in child or young adult . ▶

Posterior bleeding is more often in the older adult with hypertension or atherosclerosis. ▶

The incidence is higher in winter months when URTIs are more frequent. ▶

# Classification:

## 1 – primary epistaxis

idiopathic in 80% of cases.

## 2– secondary epistaxis:

a–trauma : Digital, acute facial / nasal ,iatrogenic.

b–coagulopathy : ITP, DIC , warfarin , aspirin, clopidogrel,  
NSAIDs

c– chronic granulomatous disease. : Wegner's , sarcoidosis

d– neoplastic : Angiofibroma, inverted papilloma, squamous  
cell carcinoma .

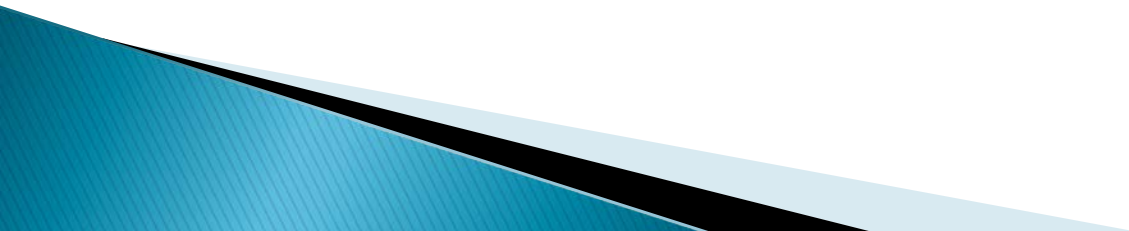
e– hereditary : hereditary haemorrhagic telangiectasia (HHT)  
, Haemophilia, Von Willbrand factor deficiency

# Aetiological associations:

1 – septal abnormalities.

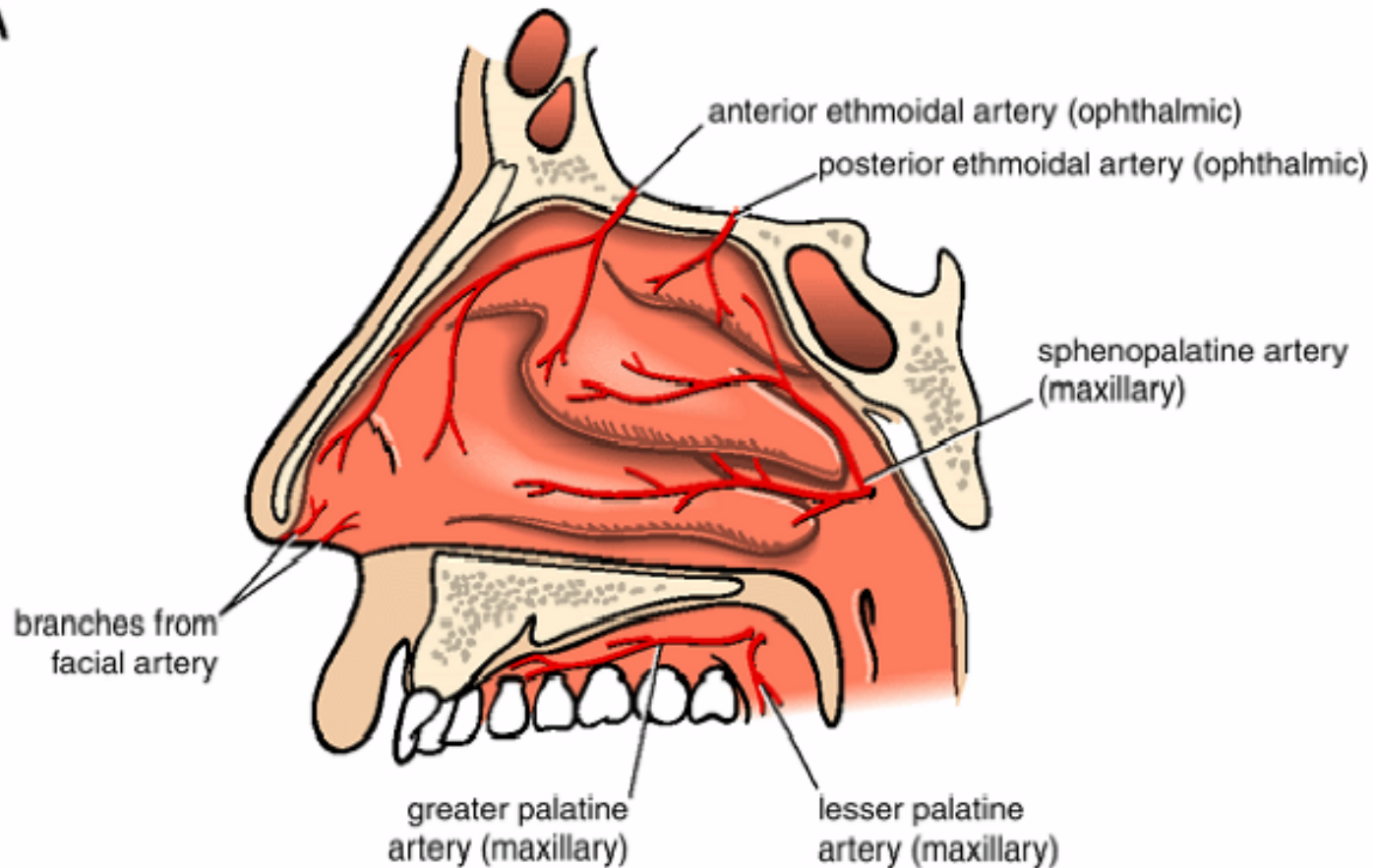
2 – alcohol

3 – hypertension.



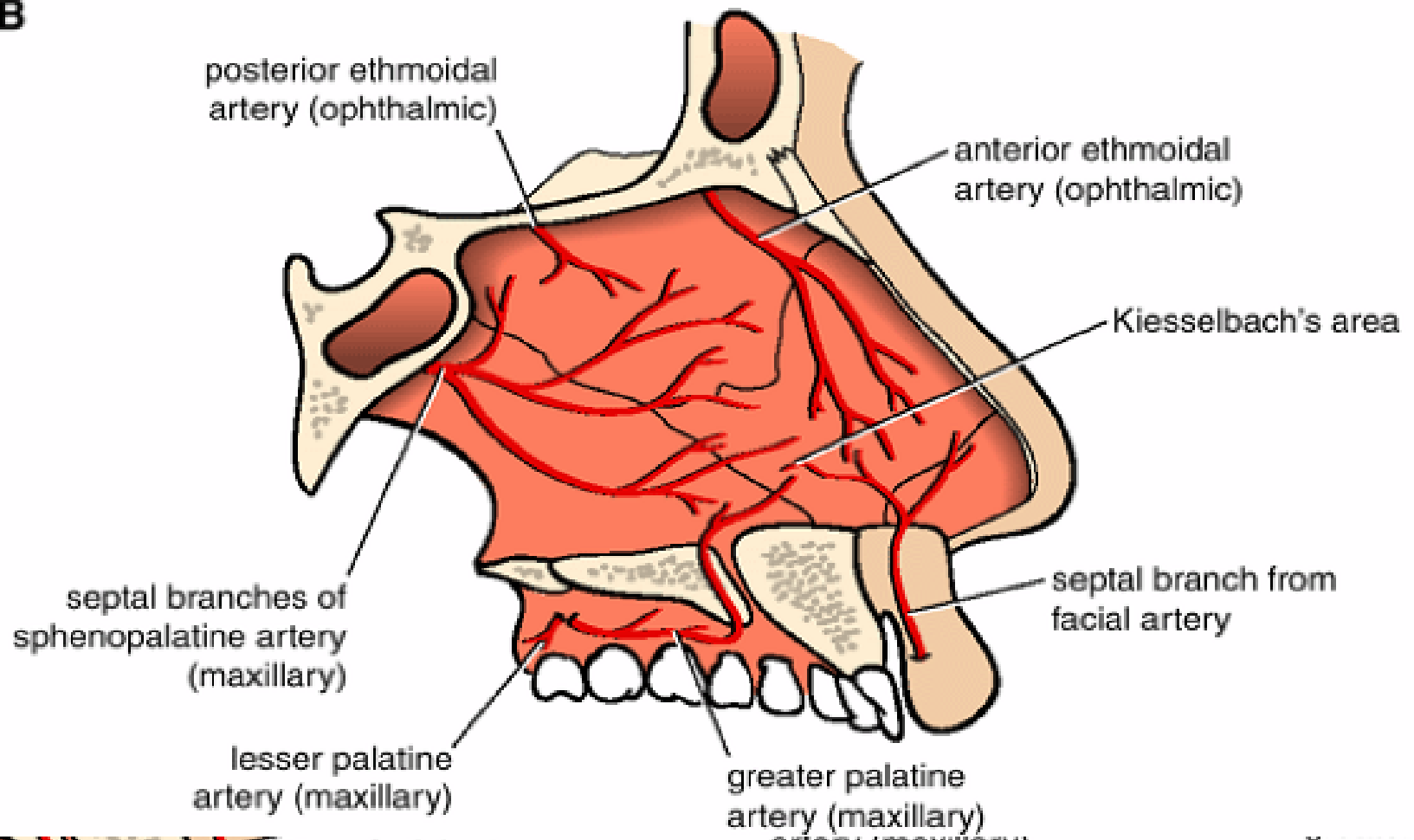
# Blood supply of the nose:

A

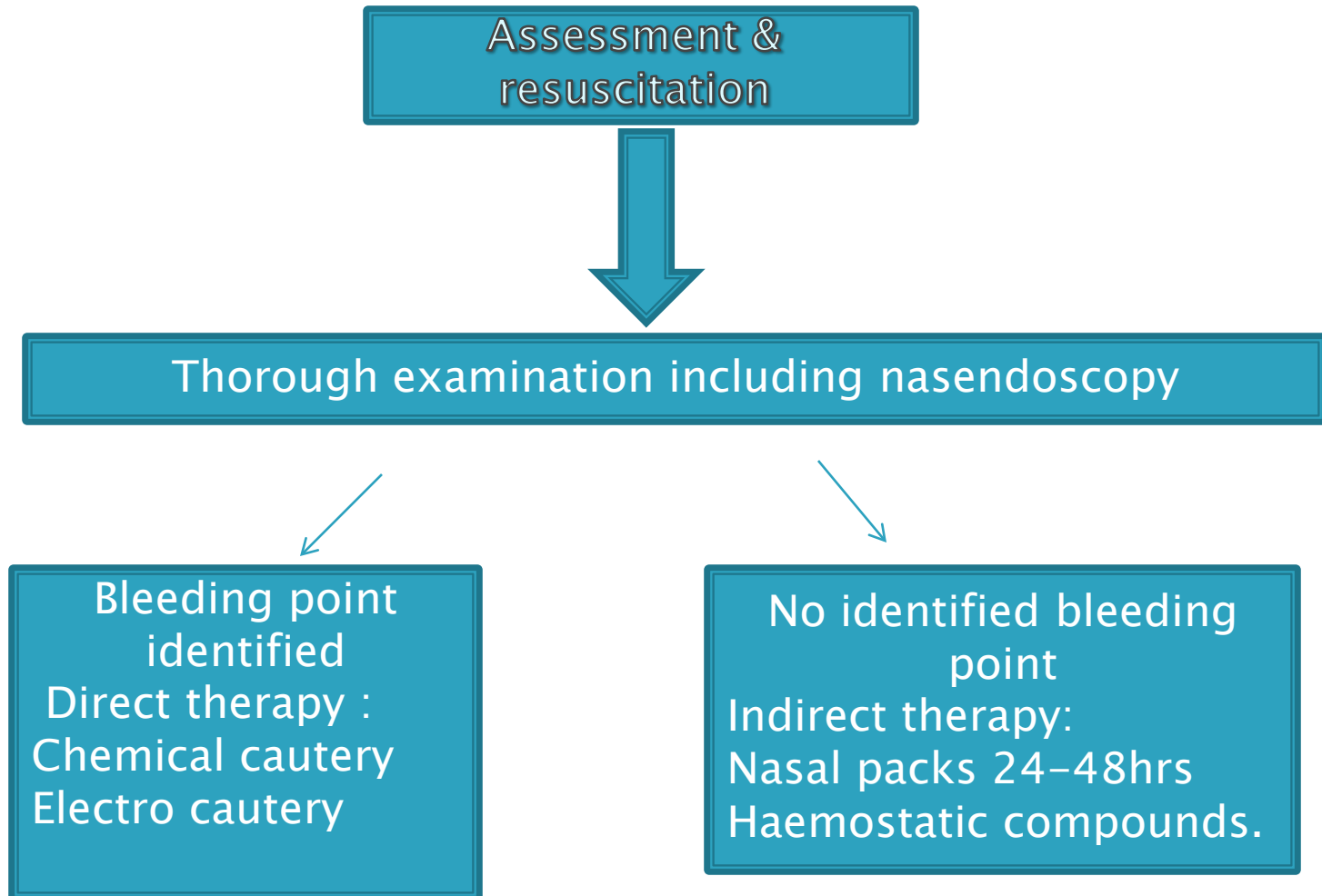


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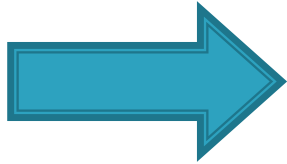
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# Management algorithm for adult epistaxis:



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Bleeding controlled:  
Observe ,discharge home with  
antiseptic cream(naseptin)and  
advice on further management



Refractory epistaxis :  
Vascular intervention vs. embolization  
Depending on patient and circumstance.



# Indirect therapy:

in case of difficult to identify the bleeding point , then nasal packing can be used :

1– anterior nasal packing : ribbon gauze, merocel , balloon catheter.

2– posterior packing : like foley catheter.

Nasal packing should be left for 24–48 hrs in situ and give antibiotic .

# Surgical management:

Surgical intervention is required if indirect therapy fail to control bleeding .

In recent years , surgery has evolved in epistaxis management towards more formal arterial ligation .

Endoscopic SPA ligation , is therefore the most common employed procedure.

Internal maxillary artery ,external carotid artery, anterior ethmoid artery ligation.

# Embolization:

Arterial embolization has a greater than 80% success rate for severe epistaxis , but its usage depends on the availability and experience of an interventional radiologist.

# Familial haemorrhagic telangiectasia:

FHT: it is familial autosomal dominant disorder, in which patients develop prominent telangiectasia recognized as red spots on the lips and mucous membranes of the mouth especially the tongue as well as the face and in the nose.

Pathology: these nasal telangiectasia consist of dilated venules located just below the basement membrane .they are lined with endothelium without elastic tissue and appear spiderlike, punctate, nodules.

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– the condition may be complicated by the presence of bleeding lesions in the gut , lungs , and genitourinary tract.

Treatment options:

1– oestrogens therapy.

2– radiotherapy.

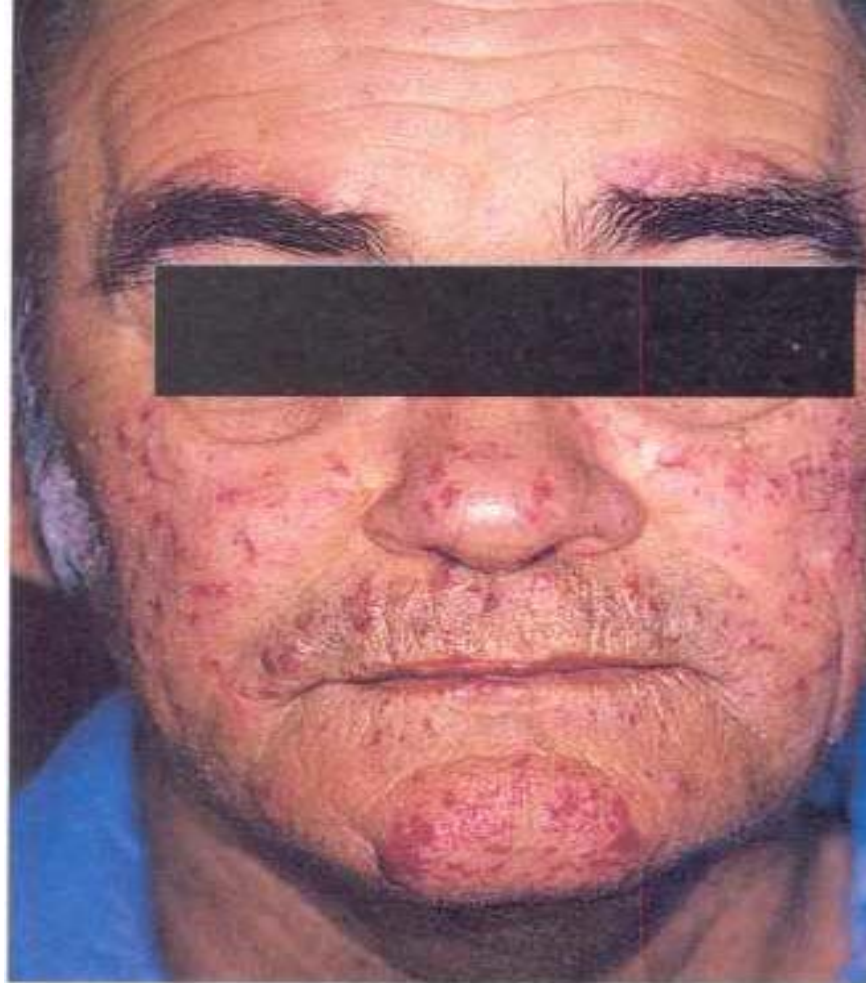
3– diathermy, laser(argon, KTP,YAG)

4– Septal dermoplasty.

5– microembolization.

6– young's operation.

# OSLER-WEBER-RENDU disease.



**THANK YOU**