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Epistaxis in Lokoja, Nigeria: A Review of 49 Cases

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Abstract

Bleeding from the nose is common and causes a lot of apprehension among family members especially if it is the first episode. It has been stated that 60% of people will have at least an episode of nose bleeding during their life time and that 6% of them will need referral to the ENT Surgeon. The disease has been known since the time of Hippocrates and the simple technique of digital compression of the external nose (pinching the ala nasi) is called the Hippocratic technique. Hospital admissions with or without surgical interventions are usually not necessary in many patients except in refractory cases.

This is a 3 year review of all patients seen in the Ear, Nose and Throat outpatient's clinic from January 2013 to December 2015. Patients' demographic factors, aetiologic factors and treatment modality were extracted from the case files, studied and analyzed. Results presented in text and table format.

A total number of 61 cases were seen during the period, 7 files could not be retrieved and 5 had inadequate information. So the remaining 49 patients were 26 males (53.1%) and 23 Females (46.9%) with a male to female ratio of 1.1:1. Their ages ranged from 3 to 80 years with the 31-40 age range recording the highest number (22.4%) of epistaxis. Twenty two patients (44.9%) had an unknown cause (idiopathic), followed by trauma (18.4%) and rhinosinusitis (14.3%). Anterior nasal packing (57.1%) was the most successful modality of treatment offered while Hippocratic technique combined with ice pack on nasal bridge (10.2%) was the least.

Epistaxis is the most common and most difficult nasal emergencies with challenging issues despite improved medical facilities. However, the prognosis is good with early referral to the ENT Surgeon

Keywords: Epistaxis, cases, review, Lokoja.

Introduction

Epistaxis is simply defined as bleeding from the nose [1]. It is quite a common surgical emergency in Oto-rhino-laryngology, with varied incidences and with about 6% requiring ENT referral [2,3]. Most times the disease episode is generally mild in healthy children that intervention is usually not required even if they are admitted [4]. Preferred classification is that based on the clinical presentation of the patient [5]. It could be anterior or posterior, unilateral or bilateral, induced or spontaneous, childhood or adulthood, primary or secondary, recurrent or acute as the case may be. While the posterior type is said to be commoner in the elderly and results from Woodruff plexus bleeding (venous), the anterior type is commoner in children and young adults [6] . The point of bleeding from the anterior inferior aspect of the nasal septum was described by James Little, hence called Little's area and the bleeding plexus describe a year later by Kiesselbach hence

called the Kiesselbach plexus [7]. It occurs more frequently in children and adolescents than older adults [8]. Approximately 80% of childhood epistaxis is caused by minor trauma (like nose picking) [9], infection, tumours, blood dyscrasias, ureamia, leukaemias, systemic venoms from poisonous snakes and insects, foreign body in the nose etc. [10]. However, in majority of cases the cause may never be found and hence, referred to as idiopathic [11].

Materials and Methods

This is a prospective 3 year study of all patients seen in the Ear, Nose and Throat outpatient's clinic of the Federal Medical Centre, Lokoja between January 2013 and December 2015. A written permission from the hospital record department to retrieve patient files was obtained at the beginning of the study. Included in this study were patients that were managed on admission with full record of their treatment and outcome. Some of the files could not be retrieved and some that had inadequate inform were excluded. Data about patients' age, sex and treatment modality were extracted from their case files, studied and analyzed. Results presented in text and table format.

Results and Discussions

A total number of 61 patients were seen during the period, 7 patients' files could not be retrieved and 5 had inadequate information. So the remaining 49 patients were 26 males (53.1%) and 23 Females (46.9%) with a male to female ratio of 1.1:1. Their ages ranged between 3 to 80 years with the 31-40 age range recording the highest number (22.4%) of epistaxis. Twenty two patients (44.9%) had an unknown cause (idiopathic), followed by minor trauma (18.4%), rhinsinusitis (14.3%), intral nasal tumours (12.2%) and major trauma (10.2). Anterior nasal packing (57.1%) was the most successful modality of treatment offered followed by anterior and posterior nasal packing (14.3%), intranasal surgeries (12.3%) and Hippocratic technique combined with ice pack on nasal bridge (10.2%). Three patients (6.1%) were simply observed as nothing was done for them. Cauterization, whether electrical or chemical and arterial ligation were not found used for any of these patients.

Table 1. Age and sex Distribution of Patients with Epistaxis

Age range (years)	Male N (%)	Female N (%)	Total N (%)
1-10	3(6,1)	3(6.1)	6(12.3)
11-20	4(8.2)	1(2.1)	5(10.2)
21-30	5(10.2)	3(6.1)	8(16.3)
31-40	4(8.2)	7(14.3)	11(22.4)
41-50	4(8.2)	3(6.1)	7(14.3)
51-60	4(8.2)	1(2.1)	5(10.2)
61-70	0(00.0)	3(6.1)	3(6.1)
71-80	2(4.0)	2(4.0)	4(8.2)
Total	26(53.1)	23(46.9)	49(100.0)

Table 2: Aetiology of epistaxis

Aetiology	**No. of Patients**	**Frequency (%)**
Idiopathic	**22**	**44.9**
Trauma	**9**	**18.4**
Rhinosinusitis	**7**	**14.3**
Tumours	**6**	**12.2**
Others	**5**	**10.2**
Total	**49**	**100.0**

Table 3: Modality of treatment

Modality of treatment	No. of cases	Percentage
Anterior nasal pack	28	57.1%
Posterior and Anterior pack	7	**14.3%**
Intranasal surgery	6	**12.3%**
Hippocratic technique + icepack	5	**10.2%**
Observation alone	3	**6.1%**
Total	49	**100.0%**

Management of epistaxis depends on the individual's clinical state at presentation and this may include observation, resuscitation, stopping the bleeding, investigations and treatment of the causative factor if any [12]. In our study, there was slight male preponderance and this is different

from the study of Anie et al (2015) who found no gender difference [13]. The 4th decade was more affected by the disease probably due to the more likely trauma cases in this age group. In a large proportion of patients with epistaxis in this study, the causative factors were not found (idiopathic) and this has been the trend in most studies [14,15]. The Hippocratic technique was only found to be effective in a few cases in this study especially when combined with ice pack on the nasal bridge. This is a first line of management which can easily be carried out in the emergency department [16]. Anterior nasal packing was the most effective method of treating these patients in this study which is similar to findings in literature by Varshney et al. [17]. It is effective and easy to carry out in the emergency Unit especially with better packing materials that are now available. Cauterization was not found used in any of our cases but has beneficial effect if the bleeding point in the nasal cavity can be identified. Electric or silver nitrate can be use in cauterizing bleeding points with minimal complications. A study by Newton et al had shown that silver nitrate cauterization had the highest success rate in the treatment of recurrent epistaxis in the elderly patients [18].

Conclusion

Epistaxis is the most common and most difficult ENT emergencies with challenging issues despite improved medical facilities. However, the prognosis is good with early referral to the ENT Surgeon.

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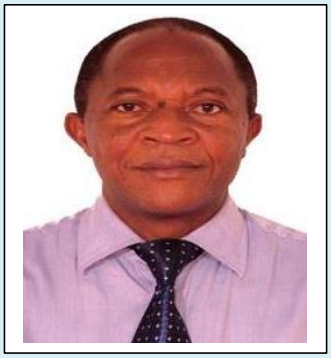

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