

Epistaxis

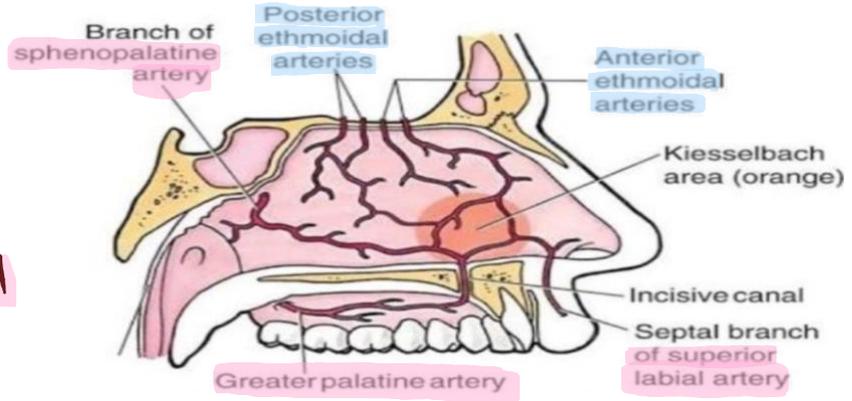
ICA

Blood supply of the nose 🙌

- 90% from ECA, 10% from ICA
- Nasal septum :
Above the middle turbinate -> ICA
Below it -> ECA

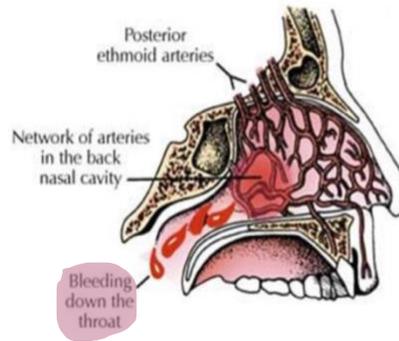
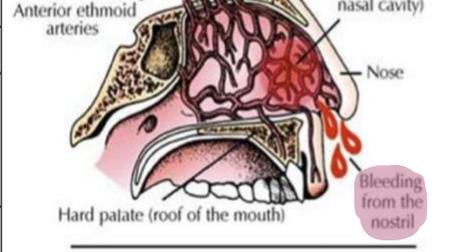
ECA

- Why is nasal bleeding severe?
1) Rich vascularity
2) Multiple anastomoses
3) Blood vessels are just under the mucosa
4) Large vessels run in the bony canal -> high pressure



	Anterior epistaxis	Posterior epistaxis
Severity	Mild bleeding	Severe bleeding
Site	Kiesselbach's plexus	Woodruff's plexus
Management	Stops by compression May need packing	Requires hospitalization along with packing
Cause	Mcc is trauma	Mcc is spontaneous bleeding due to htn and atherosclerosis
Age	Age -> children/young adults	Age -> elderly (>40 years)
%	90	10

Cross-section of the nasal cavity and its vascular sources



Kesselbach's ~ LEGS Plexus/Little's Area:

1. Anterior Ethmoid (Ophth)
2. Superior Labial A (Facial)
3. Sphenopalatine A (IMAX)
4. Greater Palatine (IMAX)

Woodruff's Plexus:

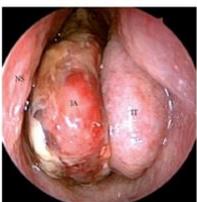
-Sphenopalatine A (IMAX)

at the posterior end of the inferior Turbinate

→ Causes :

Local

1. Trauma
2. Local irritation -> local infx, inflammation
3. Septal causes -> septal deviation, septal perforation, bony spurs
4. Neoplasm -> Nasopharyngeal ca, Angiofibroma, Vascular sessile polyps (hemangioma).



Systematic

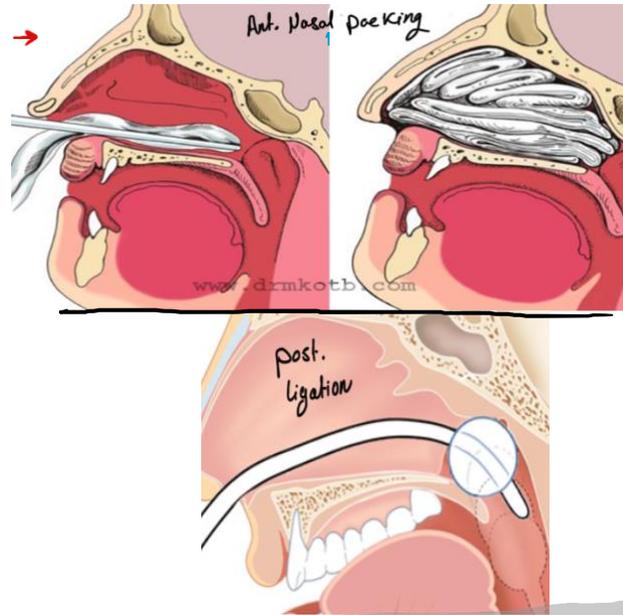
1. Osler-weber-rendu syndrome -> hereditary hemorrhagic telangiectasia, A to V -> veins bursting
2. Blood dyscrasia -> Congenital or Acquired
3. HTN
4. Migraine
5. Syphilis, TB
6. Wegner's granulomatosis

→ Treatment :

1. Head down, Pressure for 10 min, . Don't touch the nose,
2. Look for the bleeding point --> **cauterize it.**
3. If you can't see the bleeding point --> **anterior packing**, by **multiple gauzes** (oily)
4. not work ? --> **posterior packing** by , **epistat balloon / Foleys catheter.**
5. If packing didn't work then repeat packing up to three times
6. bleeding still didn't stop!! -> **embolization** or **surgical ligation.**
7. Post packing care --> Anterior packing is left for **48** hours + antibiotics

to prevent toxic shock syndrome, while posterior packing is left for **4** days.

Silver Nitrate → Less painful, Less effective
Electrical → More painful, More effective



NASAL TRAUMA

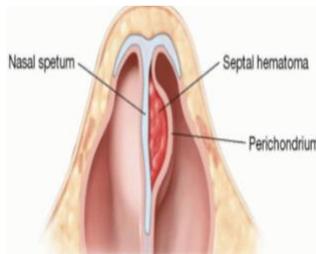
- The nose is the most frequently injured facial structure.
- Nasal deformity depends on the force and direction of trauma.

- may result in:
- 1- **Epistaxis**
- 2- **Fractures of the nasal bone**
- 3- Fracture or dislocation of the septum
- 4- **Septal hematoma**

Type 1 → nasal bone only
Type 2 → 2 bones [Nasal bone, Frontal process or Maxilla P.
Type 3 → Basal skull fx, Base of orbit, Maxilla or Mandible

Management

~ Getting it to its Normal Shape
 within hours → Fix it imm ately
 within days → wait 1 wk + Abx + pain killer
 After Month → wait 6-12 months to complete its healing → septorhinoplasty



3 days
 Between the cartilage & perichondrium / Mucosa

- Bacterial proliferation & Abscess
- Septal perforation
- Saddle nose deformity

So... do **incision** or **aspirate** it

