

AN UNUSUAL CASE OF EPISTAXIS

By L. J. Seow

(From the Department of Oto-laryngology, Civil General Hospital, Singapore)

A male Chinese lawyer aged 57, came to the E.N.T. Out-patient through the Male Outpatient Department on 15th May 1961 with a history of epistaxis since 3.00 a.m. He had 7-8 attacks of epistaxis. There was no previous history of such episodes. He was a well built healthy looking individual. B.P. 105/65. E.N.T. clear. The bleeding had stopped. He was sent away with some sedatives and told to report in two days time.

The next morning he was referred to me by a general practitioner with a history of recurrence of epistaxis since 3.00 a.m. and that the patient fainted in the lavatory after losing much blood from the left nostril.

On examination, he was shocked, pale. B.P. 100/60. He vomited half a kidney dish of stale blood. No bleeding point or growth could be seen on E.N.T. examination. His nasal fossae were packed and he was admitted to the ward where anti-shock treatment was given including blood transfusion. Bleeding stopped for 48 hours. Heart, Lungs and Abdomen — N.A.D. He had gout with pain in the left ankle and left big toe. Prothrombin time, bleeding time, clotting time, blood picture were normal. X-ray of chest and para-nasal sinuses — clear.

Bleeding from left nose recurred on 3rd and 4th day of hospitalisation in spite of nasal pack and the usual conservative treatment for epistaxis.

On afternoon of 4th day the nasal packs were removed and he was re-examined, but nothing significant was found. More blood was given.

5th - 12th day: No bleeding. Hb 59%. 2 pints of blood were given.

13th - 22nd day: Nasal bleeding off and on. 9 pints of blood had been given by 22nd day of hospitalisation.

On 23rd day of hospitalisation the left ext. carotid artery was ligatured by me just above the lingual artery.

24th day: Bleeding from left nose stopped but whenever he strained himself at stools or micturition or snoring during sleep, epistaxis recurred. Dr. Ho Yuen was called to see patient and later on Professor Ransome was also called to exclude constitutional causes of epistaxis.

They could not find any abnormality in the patient and his blood was also normal.

30th day: Bleeding continued off and on till the 30th day of hospitalisation or 7th day after ligation of left ext. carotid artery, when it was decided to ligate the Ant. and Post Ethmoidal arteries. 3 more pints of blood were given during these 7 days. After the ligation of these vessels there was no further bleeding.

The patient has been well ever since.

P.D. Angioma Left Ethmoid.

DISCUSSION

The cause of the epistaxis in this case is probably due to a haemangioma of the mucosa of the ethmoid which is a region difficult to visualise and treat by ordinary methods. Going through the records of the General Hospital, Singapore, on epistaxis from 1950-1961, this is the only instance where ligation of vessels supplying the nasal fossa had to be resorted, in order to control the bleeding. The posterior portion of the nasal fossa is supplied by the maxillary artery coming from the external carotid artery and the anterior and superior portion of the nasal fossa is supplied by the anterior ethmoid artery which comes from the ophthalmic artery. In this case, both arteries had to be ligated. 3 cases have been reported in the Journal of Laryngology of massive epistaxis where ligation of the external carotid artery failed to stop the epistaxis. Eventually the bleeding was controlled by subsequent ligation of the anterior ethmoid artery as well. Of these 3 cases, one case died.

ACKNOWLEDGMENT

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REFERENCES

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