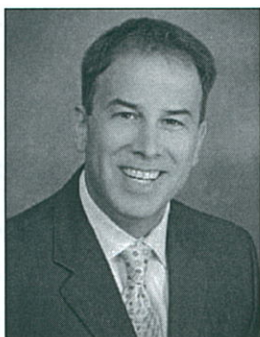


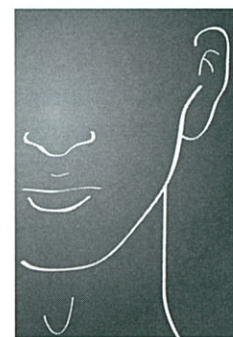
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A Management Protocol For Severe Epistaxis



Epistaxis, defined as active bleeding from the nose, is frequently seen by otolaryngologists; approximately 6% of cases are severe enough to require medical attention, often urgently. When initial measures to control bleeding, such as packing, are not effective, options include changing the packing, chemical or electric cautery, or vascular control through embolization or surgical ligation of the main vessels feeding the nasal cavity.

To develop an algorithm for management of severe epistaxis, Shargorodsky et al from Harvard Medical School, Massachusetts, analyzed outcomes following various treatment approaches. From the adult patients seen at the Massachusetts Eye and Ear Infirmary emergency department or rhinology clinic over a 6-year period, 147 patients (94 men, 53 women; age range, 19–90 years) who met the inclusion criteria were entered in the study. Excluded were patients with epistaxis related to sinonasal surgery, trauma, bleeding or vascular anomalies, and sinonasal or nasopharyngeal malignancy.

Of the patients, 85 (58%) were taking an anticoagulant medication; 84 (57%) had a history of hypertension. For those with anterior epistaxis (i.e., located

anterior to the middle turbinate; $n = 105$), the most common treatment was chemical cautery consisting of silver nitrate delivered under local anesthesia. For posterior epistaxis ($n = 42$), nondissolvable packing was most commonly used.

Treatment failure was defined as any active bleeding requiring intervention by a physician within 7 days of initial treatment. Multivariate analyses found a failure rate of 23.8% for all patients who had chemical cautery, and 21.0% for those with anterior epistaxis. Nondissolvable packing had a significantly higher overall failure rate of 57.4% (odds ratio 3.37; 95% confidence interval, 1.33–8.59).

Of the 53 patients who required further intervention, those who underwent invasive procedures (surgical electrical cautery, vascular ligation, vascular embolization) needed a significantly smaller mean number of interventions than did those treated by conservative measures (packing or chemical cautery). Among patients who required hospital admission, those

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