

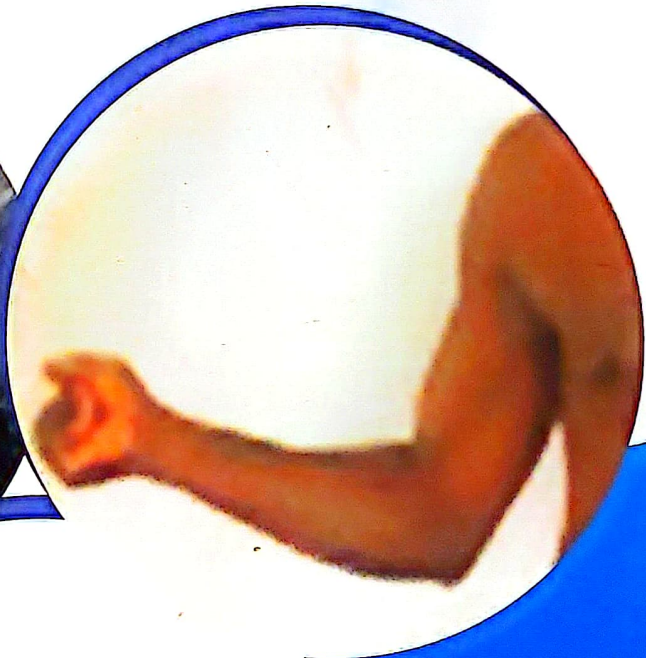
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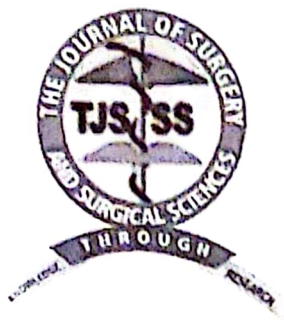
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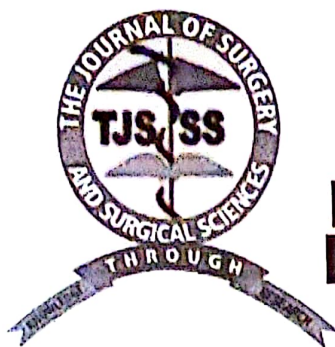
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PATTERN AND OUTCOME OF EPISTAXIS CARE IN ILORIN NORTH-CENTRAL NIGERIA.

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ABSTRACT

Aim

To discuss the pattern of presentation and management outcome of epistaxis in Ilorin North-Central Nigeria

Methodology

A five years retrospective review of all patients with diagnosis of epistaxis seen in ENT outpatient clinic and Emergency Unit of UITH Ilorin.

After ethical approval was sought, clinical record of patients with diagnosis of epistaxis in ENT emergency, outpatient clinic and Wards were retrieved. Information extracted included demographic profile, clinical presentation and outcome. All information were entered into SPSS version 20.0 and analysed descriptively and results presented in tables and figures.

Results

A total of 97 folders were retrieved with prevalence rate of 10/1000. The age range was 1-80 years with a

mean age of 35.98 (SD=±1.83). There were 44 males and 53 females with M:F ratio of 1:1.2. The modal age group for male was 25-40 years while for female was 41-64 years. Most male had bilateral bleed while most female experience Left sided bleed. Commonest cause of bleed in both sexes was idiopathic. Treatment modality in male was anterior nasal pack (23.7%) and in female (36.2%) was nasal pinch with drugs. About 47.4% of the patients were admitted with a Mean hospital stay of 4.1 days ±1.4. About 62% of the admitted patients had blood transfused with excellent treatment outcome. No mortality was recorded.

Conclusion

Epistaxis was more among middle aged females and young males, trauma still remain the commonest aetiology while most are Unknown, right side more than the left and mean hospital stay was 4.1 days with no mortality recorded.

Keywords: Epistaxis; Idiopathic; Trauma; Outcome; Nasal pack



Introduction

Epistaxis is one of the commonest presenting symptoms to ENT surgeons as well as to family and emergency physicians. It is thought to affect 10-12% of the population, of which 10% require medical attention. Although most cases are self-limited, some do not resolve without intervention. The general incidence from most reports from Europe and America is about 10%-15% of the population. Although epistaxis may occur at any age or at any time and in any season, it is a common complaint in the paediatric age group and the winter months but has been shown to have bimodal age range presentation in reports from north America and Europe¹.

Some authors portray epistaxis as a disease of the younger children², whereas others have noted epistaxis to be more common in the elderly this is in support of its bimodal age presentation. Epistaxis could be spontaneous or induced³. The causes of epistaxis include both local and systemic factors such as trauma, tumours, infection, blood dyscrasia, ureamia, cardiovascular diseases, and allergic rhinitis. However, the aetiology is unknown (idiopathic) in majority of cases. Epistaxis is broadly divided into anterior and posterior epistaxis based on where the bleed occurred. Most nasal bleeding is anterior, originating from the Kiesselbach's plexus of vessels in the anterior-inferior part of the septum also called the little's area and more frequently at an early age mostly from nose picking. The less common but more severe posterior nose bleeding occurs frequently in the elderly with pre-existing arthero-sclerotic vessels, patients with bleeding disorders or hypertensive. Hypertension and epistaxis commonly occur simultaneously among adults of general population. It is uncertain whether the hypertension is an etiologic factor in all of these patients. It is known that hypertension in epistaxis patients could be caused by anxiety. However, a study that analyzed 200 epistaxis patients reported that 75% had elevated blood pressure and of which 30% had severe hypertension⁴. Elevated blood pressure can contribute to epistaxis in two different ways. First, the high pressure causes chronic damage of a blood vessel wall in the nasal or sinus mucosa. Secondly, 20% of epistaxis patients experience elevated blood pressure because the natural response to seeing blood from one's nostril is to get agitated, which can directly lead to elevation of the blood pressure. The goals of treatment in epistaxis are to control bleed, reduce hospital stay and limit

complications in a cost effective way. The best way to achieve these goals are however a matter of great debate. Resuscitation where indicated is mandatory. Specific treatment can be conservative or surgical. Conservative methods include cauterization and nasal packing. Surgical methods involve ligation of feeding vessels and septoplasty. However, modern approaches include endoscopic ligation and embolization. This study presents our experience in managing epistaxis in a resource challenged setting.

Methodology

This is a five years retrospective review of all cases with diagnosis of epistaxis or nose bleed either admitted into the ENT ward, Emergency or managed as an outpatients in ENT clinic of University of Ilorin Teaching Hospital, Ilorin through January 2012 - December 2017.

After ethical approval was sought, clinical record of the ENT ward, Emergency ward and ENT outpatient clinic were gone through to retrieve the list of all cases of epistaxis after which the list was used to trace the folders of patients with diagnosis of epistaxis from the medical record of the hospital. Information retrieved included demographic profile, clinical presentation, Management methods and outcome of treatment. All information were entered into Statistical Package and Service Solutions version 20.0 and analysed descriptively and results presented in tables and figures.

Results

A total of 10,612 patients were seen over the five year period with 4,372 presented with various nasal complaints of which 105 patients were found with epistaxis with prevalence rate of 10/1000, however only 97 case notes from all the medical records shelves were retrievable. The age range was 1-80 years with a mean age of 35.98 (SD=±1.83). There were about 44 males and 53 females with M:F ratio of 1:1.2. The modal age group for male was 25-40 years while for female was 41-64 years. Epistaxis among children accounted for about 14.4% (14 patients) while among the elderly it accounted for about 6.2% (Table 1). Most males experience bilateral bleed while most females experience left sided bleed (Figure 1) however this was not found to be statistically significant with P-value > 0.05. Commonest cause of bleed in both sexes was unknown, followed by trauma from road traffic injury among the adults and nose picking among the



paediatric age group (Table 2). The modality of treatment in all cases reviewed was conservative treatment with either nasal pinch pressure for a short period of about 5-10 minutes which stops the bleed or nasal packs which can be either anterior or posterior, none of the patients had either arterial ligation or septoplasty to arrest bleeding. Most males who had epistaxis was managed with anterior nasal pack (23.7%) while most female (36.2%) had non-interventional method of treatment with nose pinch pressure (Table 3). About 47.4% of the patients were admitted for epistaxis with the duration of hospital stay between 1-7 days and with a Mean hospital stay of 4.1 days $\pm$ 1.4 majority of the patients stayed for about 72 hours before discharge. Out of the 28 patients admitted for treatment about 62% of them had blood transfusion with excellent outcome. All the patients admitted had antibiotics and haemostatic medications like ethamsylate and tranexamic acid. No mortality was recorded as all the patients were discharged for follow up in the clinic.

Discussion

Although epistaxis is a common presentation in otolaryngological practice and it's a very common ENT emergency; most of the epistaxis were self-limiting and spontaneous arrest of bleed may occur thus may not require any surgical or medical intervention. In our audit we reviewed 97 cases of epistaxis with the paediatric age group constituting about 14.4% which is higher than the study done by Eziyi et al that found 8.5%¹² but lower than some studies in Nigeria and outside Nigeria^{13,14}. The mean age of our report was 35.98 years which is in the same range with most literatures. Our study showed a higher female preponderance which is at variance with most literature findings from Nigeria and outside Nigeria¹⁵, however the peak age in our study was between 25-40 years which is similar to other studies but at variance previous studies from same centre about a decade ago where 3rd-4th decade was the peak¹⁵. This is the productive age group when the individuals are economically productive and active period of life but differs from findings by Kodiya et al⁶ that found it among the under tens. The prevalence rate in our study was 10/1000 higher than findings by Kodiya et al this may be attributed to the number of patients seen in the study.

The causes of epistaxis include both local and systemic factors such as trauma, tumours, infection, blood

dyscrasias, uremia, cardiovascular diseases, and allergic rhinitis. However, the aetiology is idiopathic in majority of cases similar to the findings in our studies but at variance with Eziyi in Ife South-Western Nigeria and other studies outside Nigeria that found trauma and hypertension as the commonest cause in their various studies^{7,8}. The modality of treatment in our study were non-interventional in which the nostrils were pinched together or insertion of Vaseline gauze for about 20-30 minutes following which the bleeding stopped in 47.6% of our patients, while non-surgical or conservative treatment with the use of both the anterior nasal packs with glove finger packing, posterior nasal pack with foley's catheter or both anterior and posterior packs accounted for 52.4% almost similar to findings by Kodiya et al in Kaduna⁶ compared to Eziyi et al where 79.1% of the patients had nasal packs and 97.2% in the report of Iseh et al⁹ and a lower value was recorded --among the geriatrics⁹. Most males had anterior nasal packs while most female had non-interventional medical treatment with nasal pinch and medications which most study did not report the intervention based on sex difference. Women are more prone to present in the hospital earlier as mere sight of bleeding from the nose is a cause of panic to patients and patient's relations who most of the times have tried various home remedies to stop the bleeding. It was only failure of such efforts that made hospital presentation inevitable²⁰.

Epistaxis is an ENT emergency however not all the patients who presented were admitted into the hospital as about 52.6% of them were treated on out-patient basis while only 47.4% of the patients required admission. The duration of admission from our study varied from 1-7 days with majority being discharged between 24-72 hrs an average of 4.1 $\pm$ 1.4 days, while majority of those who stayed longer were between 5-7 days to allow for complete resolution of symptoms. Most admission of these patients were due to treatment methods (Nasal pack) inserted into the nasal cavity either anterior or posterior pack which is going to decreased natural pathway of oxygen intake, increased carbon dioxide retention, increased dehydration as patient is going to mouth-breathe thereby losing more fluid and increased the risk of nasal or sinus infections so there was need for systemic antibiotics while in the posterior pack application apart from causing all the above it could also slipped down and cause airway obstruction in the patients if



not properly applied leading to death if there is no intervention thus the need for close monitoring in the hospital environment. And of these admitted patients only 62% of them required blood transfusion as the volume of blood loss could not be ascertained but were clinically pale and had low Haemoglobin status. The premorbid haemoglobin status of the patients were also not known which were the draw backs of this study.

No mortality was recorded in our study as all the patient treated either as out-patients or in-patients were successfully managed and discharged home and were followed up in the clinics looking out for recurrent episodes.

Conclusions

Epistaxis is a very common ENT emergency affecting all age groups with a prevalence of 10/1000. More economically active middle aged females and young males were affected. The causes were mostly unknown; while trauma remain the commonest known cause. The mean hospital stay was 4.1 days with no mortality recorded thus a preventable cause of death.

We recommend that a multi-centre study which will involve the six geopolitical zones of the country will give a better evaluation of the burden of epistaxis in Nigeria.

Table 1 Age Distribution

Age (years)	Frequency (%)		Total
	Male	Female	
1-14years	4	10	14 (14.4%)
15-24years	8	6	14 (14.4%)
25-40years	19	13	32 (33%)
41-64years	11	20	31 (32%)
>64years	2	4	6 (6.2%)
Total	44	53	97 (100%)

Figure 1 Site of Bleeding

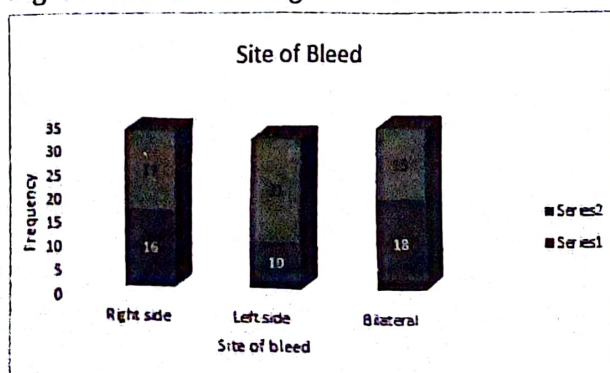


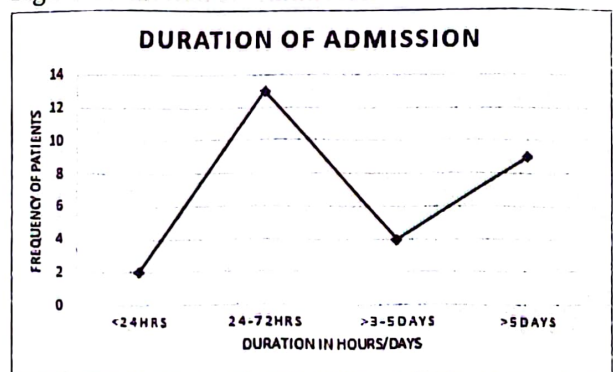
Table 2 Causes of Bleed Frequency

Cause/Predisposing Factor	Frequency (%)	
	Male	Female
Trauma	11 (11.3)	11 (11.3)
Spontaneous	6 (6.1)	6 (6.1)
Sinonasal Tumour	8 (8.2)	4 (4.1)
Hypertension/Rhinosinusitis	2 (2.1)	7 (7.2)
Pregnancy	0 (0)	4 (4.1)
Coagulopathy	2 (2.1)	0 (0)
Idiopathic	15 (15.5)	21 (21.6)
Total	44 (45.4)	53 (54.6)

Table 3 Conservative Treatment Offered

Treatment Offered	Frequency (%)		Total (%)
	Male	Female	
No Nasal pack (Nasal Pinch alone)	11 (11.4)	36 (36.2)	47 (48.5)
Anterior Nasal Pack	23 (23.7)	10 (10.3)	33 (34.0)
Posterior Nasal Pack	4 (4.1)	6 (6.2)	10 (10.3)
Anterior and Posterior	5 (5.1)	2 (2.1)	7 (7.2)
Total	43 (44.3)	54 (54.7)	97 (100)

Figure 2 Duration of Admission



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Abstracts of Papers

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SENIOR CONSULTANT BUILDING,
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IDIOPATHIC SCROTAL CALCINOSIS: A CASE REPORT

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Introduction: Idiopathic scrotal calcinosis is a benign and rare chronic cutaneous condition of the scrotum characterized by calcifications of the scrotal skin resulting from deposition of calcium and phosphorus. It presents as discrete solitary of multiple calcified nodules in the absence of any systemic disorder of calcium homeostasis.

Case report: Mr. A.O., a 60yr old male secondary

school principal who presented on account of multiple painless nodular bilateral scrotal swelling of 8 years duration and uneven distension of the scrotum. No preceding history suggestive of tuberculosis or chronic illness, no trauma, no swelling in other parts of the body. Relevant examination finding was a painless bilaterally enlarged scrotum with multiple discrete nodules of varying sizes around the anterior & posterior scrotal wall, with scrotal

