

The background is a dark blue gradient. In the corners, there are decorative white lines that resemble a circuit board or a network diagram, with small circles at the end of the lines.

Epistaxis & Nasal Trauma

Dr. Mohammed Tawalbeh

Definition

- Epistaxis is the medical term for **nosebleed**.
- Commonly occurs in **children** and **older adults**
- Most nosebleeds are **benign, self-limiting**, and **spontaneous**, but some can be **recurrent**.
- The life long incidence of epistaxis is **60%**, however only **10%** seek medical attention.
- Incidence in males > females.

Etiology

LOCAL CAUSES



LOCAL
TRAUMA



ANATOMICAL
IRREGULARITIES



INFLAMMATION



FACIAL
TRAUMA



TOPICAL
NASAL SPRAYS
(incorrect/excessive use)



TUMORS
(rare)

SYSTEMIC CAUSES



HIGH BLOOD
PRESSURE



VASCULAR
MALFORMATIONS

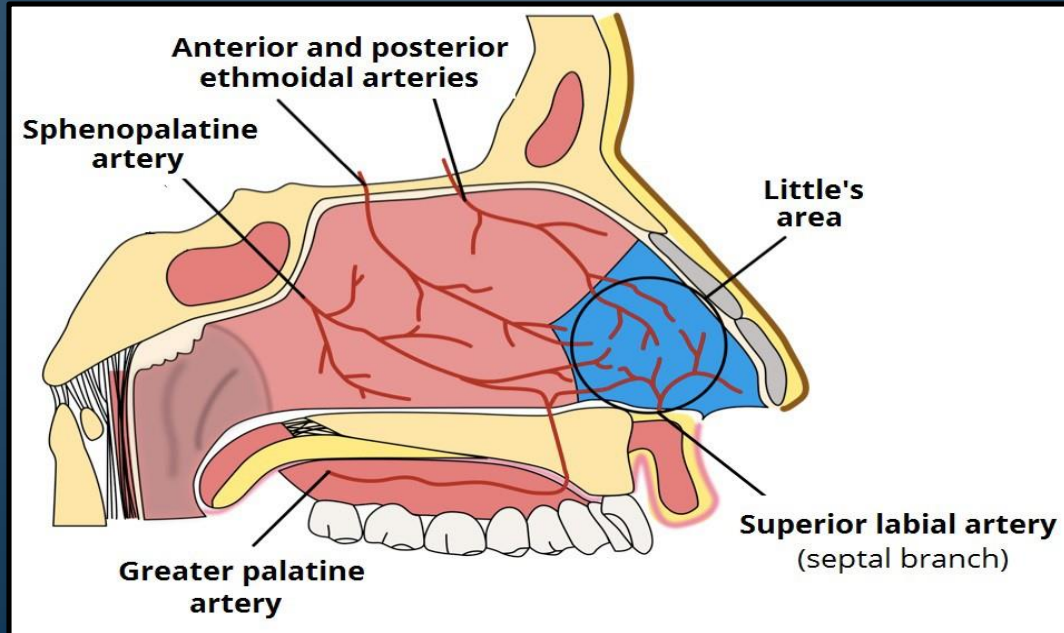


CARDIOVASCULAR
DISEASES

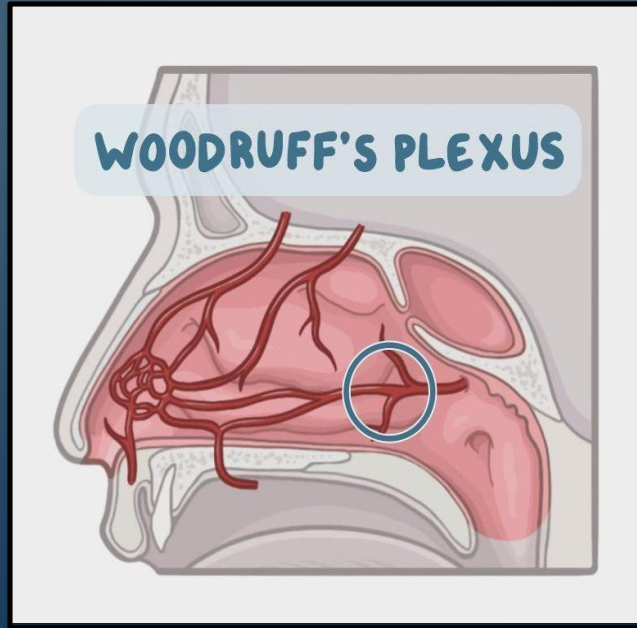


BLEEDING
DISORDERS

Blood Supply of the Nasal Septum



Blood Supply of the Nasal Septum



CLASSIFICATION

EPISTAXIS

ANTERIOR NOSEBLEEDS
ARE MOST COMMON

COMMONLY CAUSED BY
TRAUMA, INCLUDING
NOSE-PICKING

KIESSSELBACH'S
PLEXUS

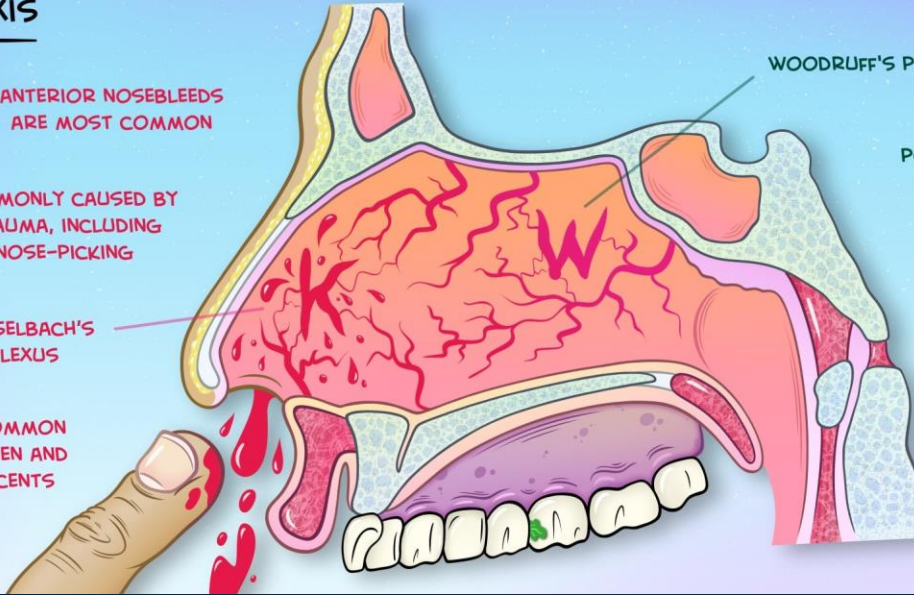
MORE COMMON
IN CHILDREN AND
ADOLESCENTS

WOODRUFF'S PLEXUS

POSTERIOR BLEEDING
IS LESS COMMON

ASSOCIATED WITH
HYPERTENSION AND
ATHEROSCLEROSIS

USUALLY SEEN
IN THE ELDERLY



CLASSIFICATION

- There are two types of epistaxis depending on their origin: **anterior** and **posterior** epistaxis.

Criteria	Anterior epistaxis	Posterior epistaxis
Clinical features	Bleeding from the nostrils.	*Bleeding through the posterior nasal aperture down the throat (no external signs of bleeding). *Haemoptysis, hematemesis, and/or melena may occur due to swallowing of large amounts of blood.
Relative frequency	90% of cases.	10% of cases.
Peak Incidence	Children < 10 years of age.	Older individuals (> 50 years of age).
Most common site of bleeding	Kiesselbach plexus.	Woodruff plexus.

Clinical Assessment

- History
- Physical Exam



DIFFERENTIAL DIAGNOSIS

- Allergic rhinitis
- Trauma
- Cocaine toxicity
- Coumarin plant poisoning
- Nasal foreign bodies
- NSAID toxicity
- **Osler-Weber-Rendu syndrome**
- Hemophilia A
- Hemophilia B
- von Willebrand disease
- Warfarin and sub-warfarin toxicity



TREATMENT

AT HOME TREATMENT

- * SIT UP
- * SLIGHTLY LEAN FORWARD and TILT HEAD FORWARD



- * PINCH TIP of NOSE with TWO FINGERS for 15-20 MINS

IF BLEEDING CONTINUES

TOPICAL NASAL SPRAYS



- * VASOCONSTRICTIVE
- * LOCAL ANESTHETICS

IN CASE of:
* RECURRENT EPISODES
* NON-STOP BLEEDING

HOSPITAL SETTING TREATMENT



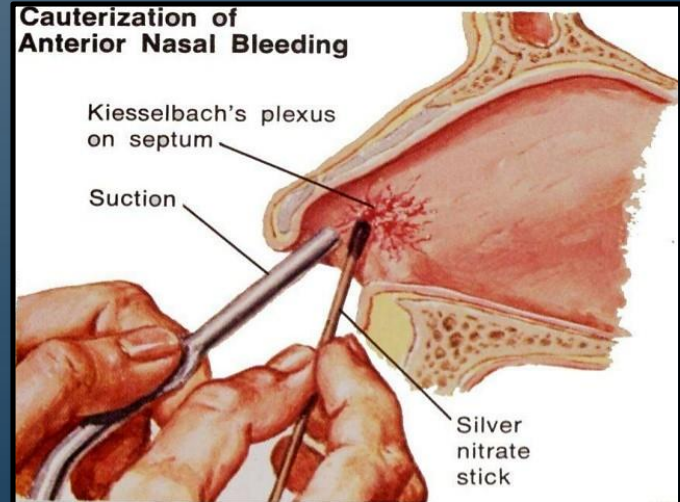
NASAL PACKING

- * INSERT GAUZE-LIKE MATERIAL or NASAL TAMPON in NASAL CAVITY

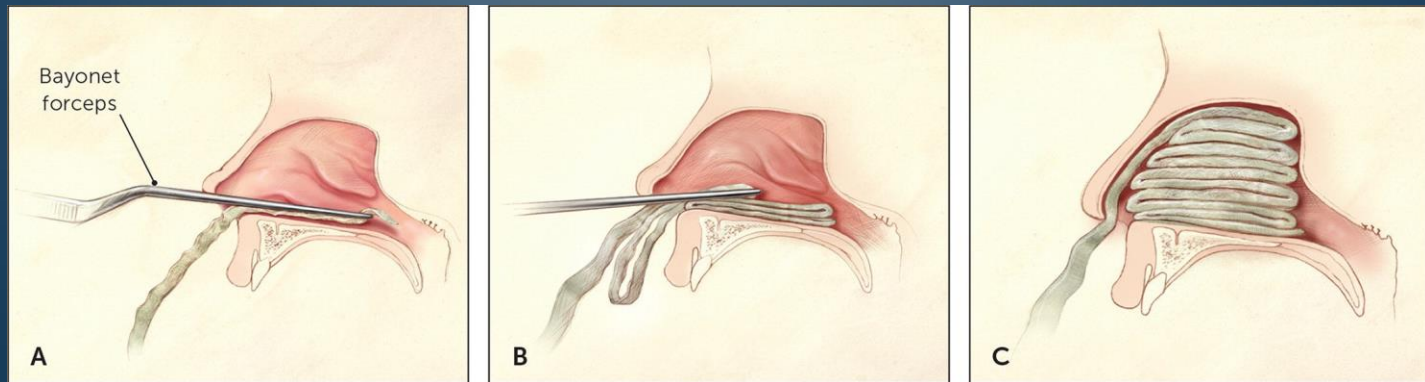
IF:
* MEDICATION doesn't WORK
* POSTERIOR EPISTAXIS

TREATMENT

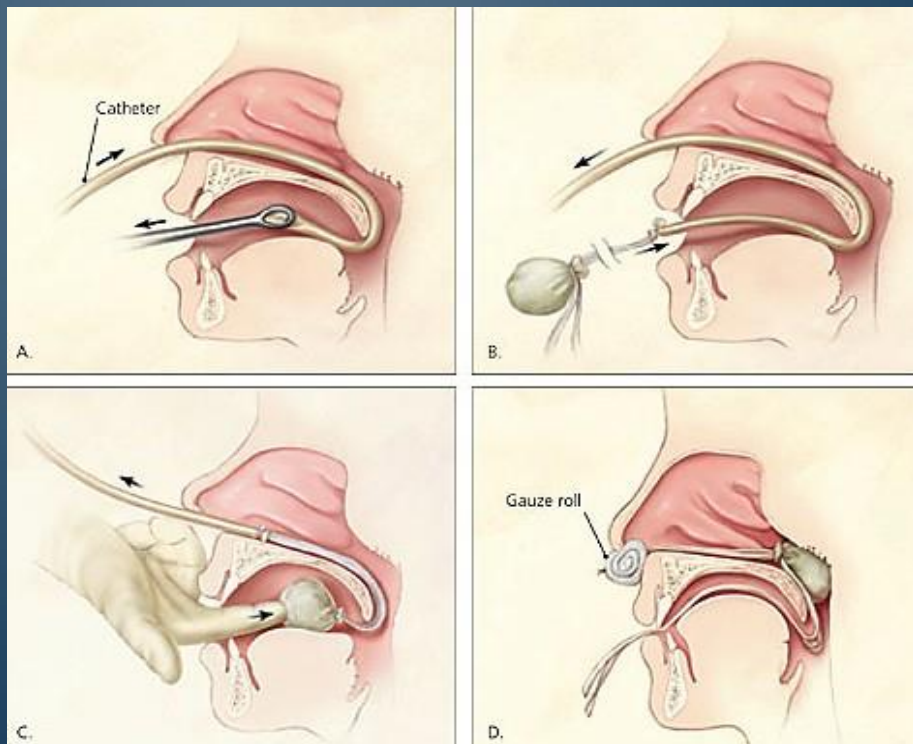
- If we are able to identify the bleeding point: **Cauterization**.
- Can be:
- → Chemical: **Silver nitrate**.
- → Thermal: **Electrocautery device**.



TREATMENT

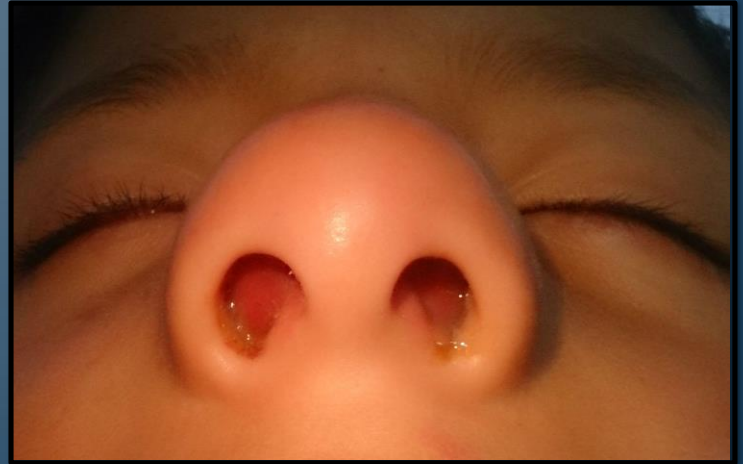


TREATMENT



COMPLICATIONS

- Sinusitis
- **Septal hematoma**/perforation
- External nasal deformity
- Mucosal pressure necrosis
- Vasovagal episode
- Aspiration

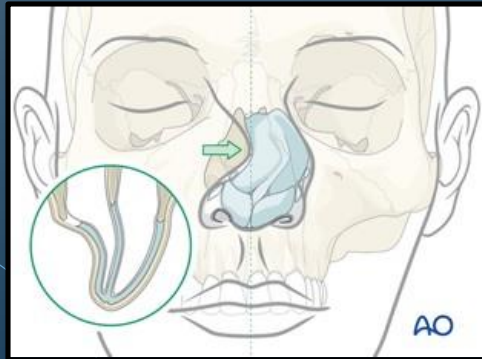


PREVENTION

- Correction of bleeding disorders
- Control of hypertension
- Use of humidifiers or vaporizers
- Nasal saline sprays, ointment, Vaseline
- Avoid hard nose blowing or sneezing
- Sneeze with the mouth open
- Avoid nose picking
- Control the use of medications
- Avoid excessive alcohol drinking and smoking



Nasal Trauma



Etiology



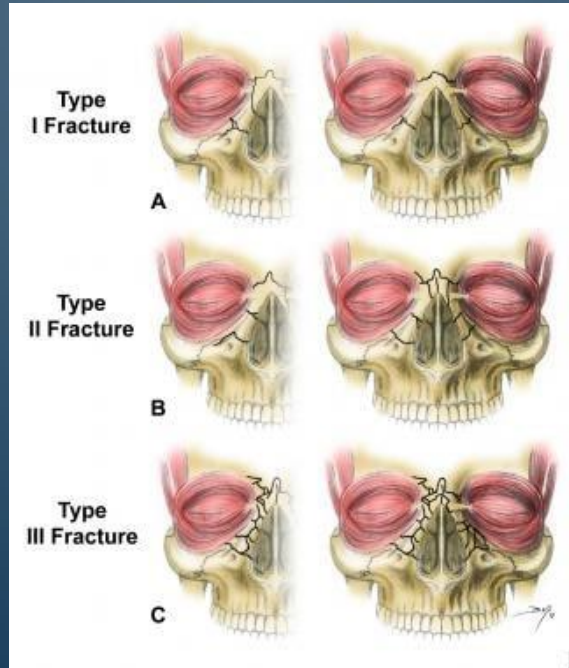
TYPES OF FRACTURES

Type 1

Only one bone is affected (nasal bone) due to anterior trauma

Type 3

labyrinth of ethmoid
basal skull fracture
base of orbit, maxilla
or mandible



Type 2

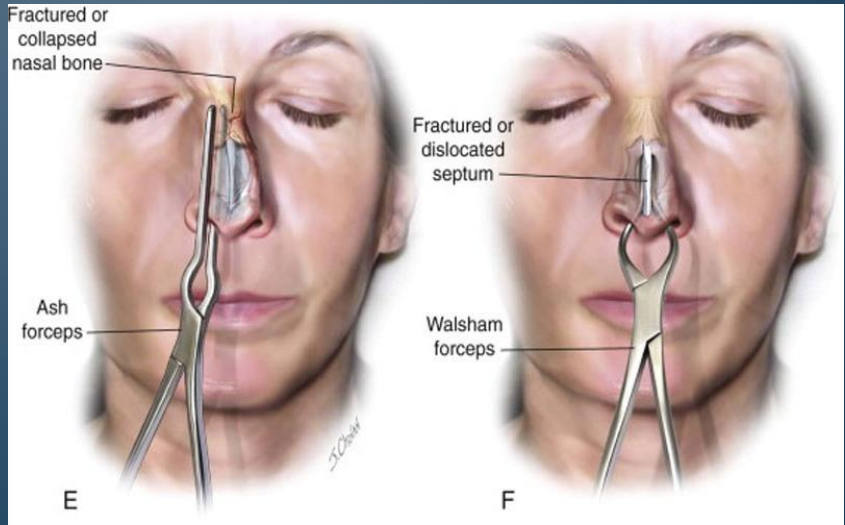
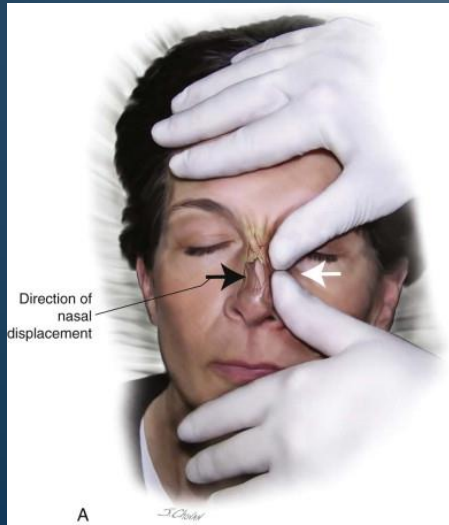
Two bones are affected (the frontal process of maxilla and the nasal bone) due to lateral trauma

Clinical Assessment

1. History
2. Physical Exam:
 - swelling and discoloration of the skin and subcutaneous tissue covering the nasal bones
 - Tenderness
 - mobility of the nose
 - Crepitation
 - obvious deformity
 - Look for skull and chest fractures
 - Look for signs of intracranial or abdominal bleeding
3. Imaging:
 - CT scan** if:
 - 1- Type 3 fracture
 - 2- Fracture of other facial bones
 - 3- Evidence of CSF leak

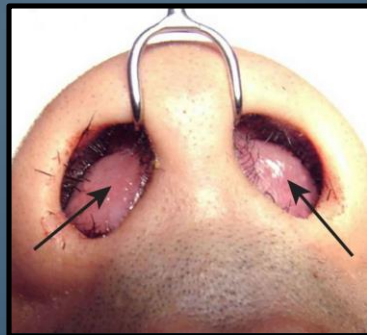


Management



COMPLICATIONS

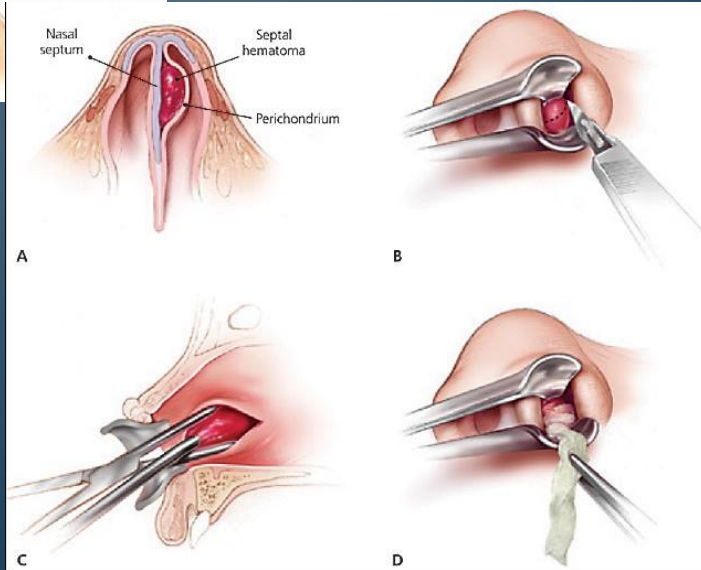
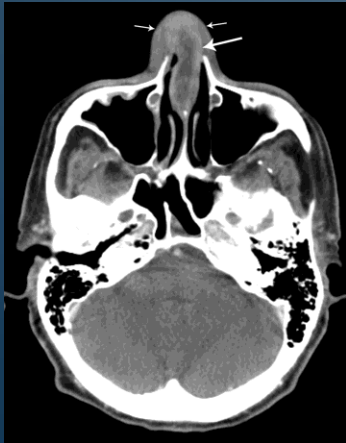
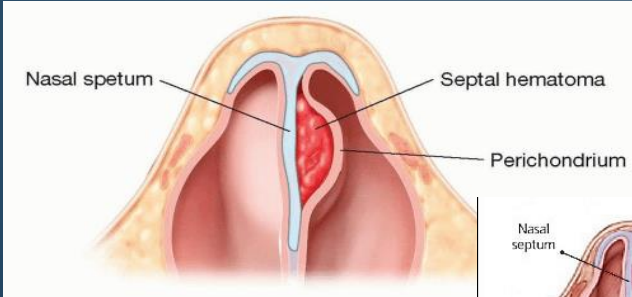
1. Septal hematoma



2. Septal dislocation



COMPLICATIONS *—septal hematoma*



Thank
You

