Traumatic epistaxis

Case reports

A 77-year-old woman with no medical history fell, and her face was strongly impacted on the ground. On arrival, her initial vital signs were stable. She underwent an endoscopy to stop the bleeding. However, identification of the origin of the bleeding failed, and her injury resulted in hemorrhagic shock during the procedure. Head to face contrast computed tomography showed extravasation of contrast media into the maxillary sinus. Transcatheter arterial embolization was performed for the ruptured infraorbital artery branching from the maxillary artery. She recovered from the “shock” state after transcatheter arterial embolization and was admitted to the intensive care unit. There were no complications associated with transcatheter arterial embolization during hospitalization. For this case, early recognition of an active hemorrhage was challenging because the hemorrhage was pooled in the sinuses. Although epistaxis is sometimes fatal, transcatheter arterial embolization can be the first choice for the treatment of life-threatening epistaxis, owing to its safety and effectiveness [1)].

Unclassified

1: Kotoh R, Maruhashi T, Tamura S, Yamamoto D, Koizumi H, Kurihara Y, Osada M, Oi M, Asari Y. Life-threatening traumatic epistaxis due to massive bleeding into the maxillary sinus. Trauma Case Rep. 2021 Feb 18;32:100434. doi: 10.1016/j.tcr.2021.100434. PMID: 33665324; PMCID: PMC7903132.

2: Marietta M, Vandelli P, Mighali P, Vicini R, Coluccio V, D'Amico R; COVID-19 HD Study Group. Randomised controlled trial comparing efficacy and safety of high versus low Low-Molecular Weight Heparin dosages in hospitalized patients with severe COVID-19 pneumonia and coagulopathy not requiring invasive mechanical ventilation (COVID-19 HD): a structured summary of a study protocol. Trials. 2020 Jun 26;21(1):574. doi: 10.1186/s13063-020-04475-z. PMID: 32586394; PMCID: PMC7316577.

3: Zhan R, Jing L, Fu M, Xin T, Wei L, Wang J, Guo J. The Methods of Reserving Integrity of Seriously Damaged Cavernous Carotid in the Management of Traumatic Carotid-Cavernous Fistula. J Craniofac Surg. 2020 Jul-Aug;31(5):1412-1417. doi: 10.1097/SCS.0000000000006491. PMID: 32398616.

4: Ghorbani M, Griessenauer CJ, Wipplinger C, Abdolhoseinpour H, Bahrami R, Asaadi S, Mortazavi A. Combined Endovascular and Endoscopic Approach for Treatment of Concomitant Sphenoid Sinus Giant Traumatic Aneurysm and Direct Carotid Cavernous Fistulas. World Neurosurg. 2020 Feb;134:211-214. doi: 10.1016/j.wneu.2019.10.131. Epub 2019 Oct 31. PMID: 31678447.

5: Wengier A, Ram Z, Warshavsky A, Margalit N, Fliss DM, Abergel A. Endoscopic skull base reconstruction with the nasoseptal flap: complications and risk factors. Eur Arch Otorhinolaryngol. 2019 Sep;276(9):2491-2498. doi: 10.1007/s00405-019-05531-4. Epub 2019 Jul 23. PMID: 31342144.

6: Kankane VK, Warade AG, Misra BK. Extracranial-intracranial high-flow bypass for post-traumatic cavernous carotid pseudo-aneurysm presenting with epistaxis: Case report. Neurol India. 2019 Mar-Apr;67(2):485-490. doi: 10.4103/0028-3886.257994. PMID: 31085865.

7: Colbran R, Kim J, Campbell R. Rapid Rhino versus brain: a case report in traumatic epistaxis. ANZ J

Surg. 2020 Mar;90(3):E48-E49. doi: 10.1111/ans.15230. Epub 2019 May 8. PMID: 31067601.

8: Menon G, Hegde A, Nair R. Post-traumatic Cavernous Carotid Pseudoaneurysm with Delayed Epistaxis. Cureus. 2018 Jul 19;10(7):e3002. doi: 10.7759/cureus.3002. PMID: 30250764; PMCID: PMC6145755.

9: Kumar V, Hegde A, Nair RP, Kongwad LI. Misguided urinary catheter: an uncommon complication of a common solution. BMJ Case Rep. 2018 Apr 13;2018:bcr2018225160. doi: 10.1136/bcr-2018-225160. PMID: 29654108; PMCID: PMC5905815.

10: Wolff A, Santiago GF, Belzberg M, Emodi O, Gordon CR. Improving Postoperative Nasal Airway Patency in Le Fort-Based, Maxillofacial Trauma Patients Via a Modified Nasal Packing Technique. J Craniofac Surg. 2018 Jul;29(5):e475-e477. doi: 10.1097/SCS.0000000000004491. PMID: 29561482.

1)

Kotoh R, Maruhashi T, Tamura S, Yamamoto D, Koizumi H, Kurihara Y, Osada M, Oi M, Asari Y. Life-threatening traumatic epistaxis due to massive bleeding into the maxillary sinus. Trauma Case Rep. 2021 Feb 18;32:100434. doi: 10.1016/j.tcr.2021.100434. PMID: 33665324; PMCID: PMC7903132.