



# RISK FACTOR OF RECURRENT NOSEBLEED



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## Introduction

**Epistaxis** is a common otolaryngologic problem. **Anterior bleed** from **Kiesselbach's plexus** is the most common, and in most cases its self-limited or can be managed by primary care. **Posterior bleed** arises from **branches of ethmoidal arteries** or **branches of sphenopalatine arteries**, these cases can result in significant hemorrhage and may require nasal packing or even hospital admission. Epistaxis appears to have a bimodal age distribution, with most cases occurring before age 10 or between 45 and 65 years of age.

## Objectives

The aim of our study was to determine the most prevalent risk factor associated with nosebleeds either the **use of anticoagulants** or **acute hypertension**. Additionally, we aimed to identify the most effective management method.

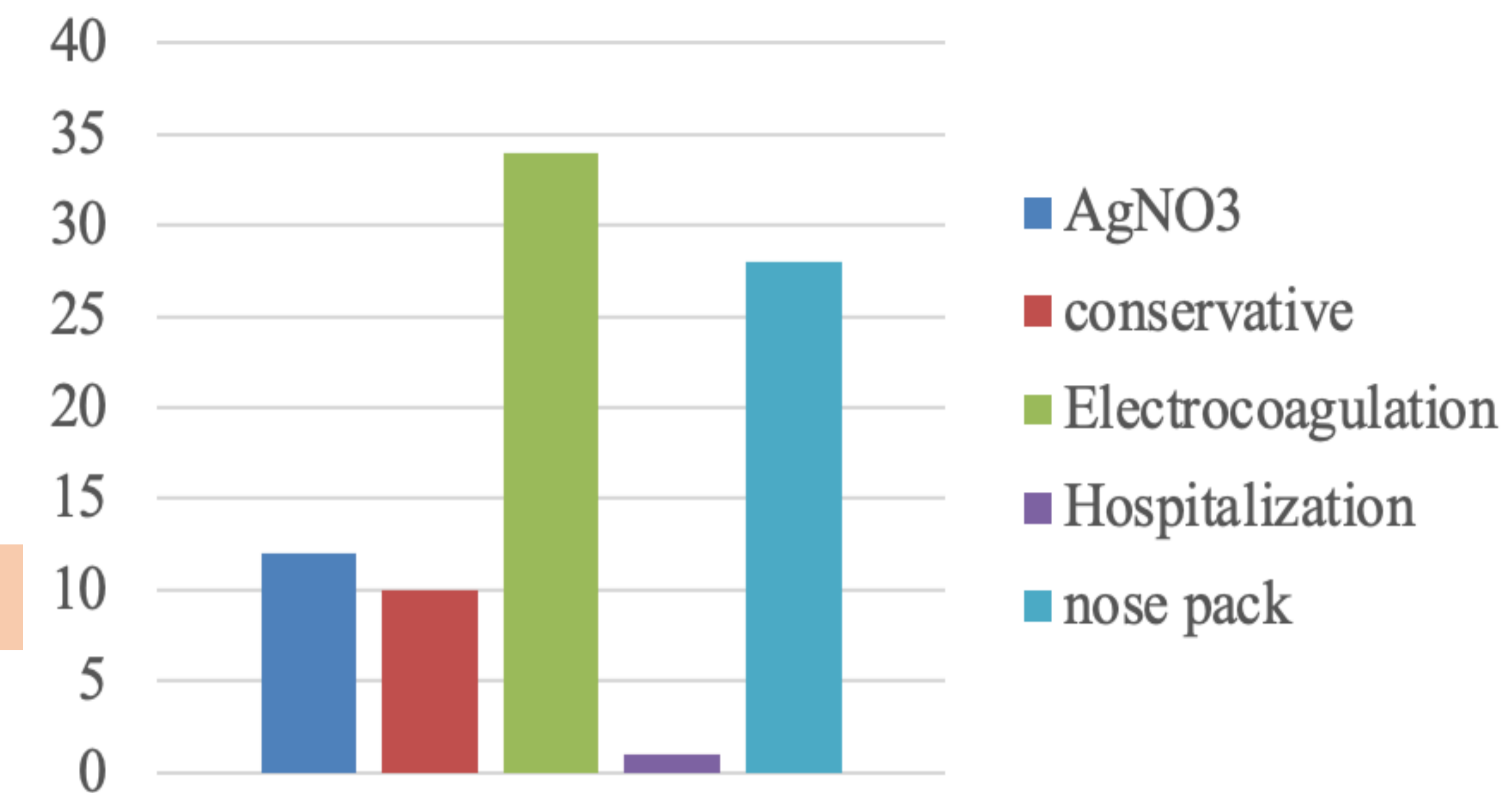
## Methodology

A total of 85 patient being treated with epistaxis within 3 months period in 2023. We evaluated patient's gender, treatment method, anticoagulant medication and whether they suffered from acute hypertension. The treatment methods included **conservative measures** (observe the patient for 30mins for recurrent bleed), **chemical cautery** (**silver nitrate** apply to area surrounding the bleeding site), **electrocoagulation**, **nose packing**, and **hospitalization**.

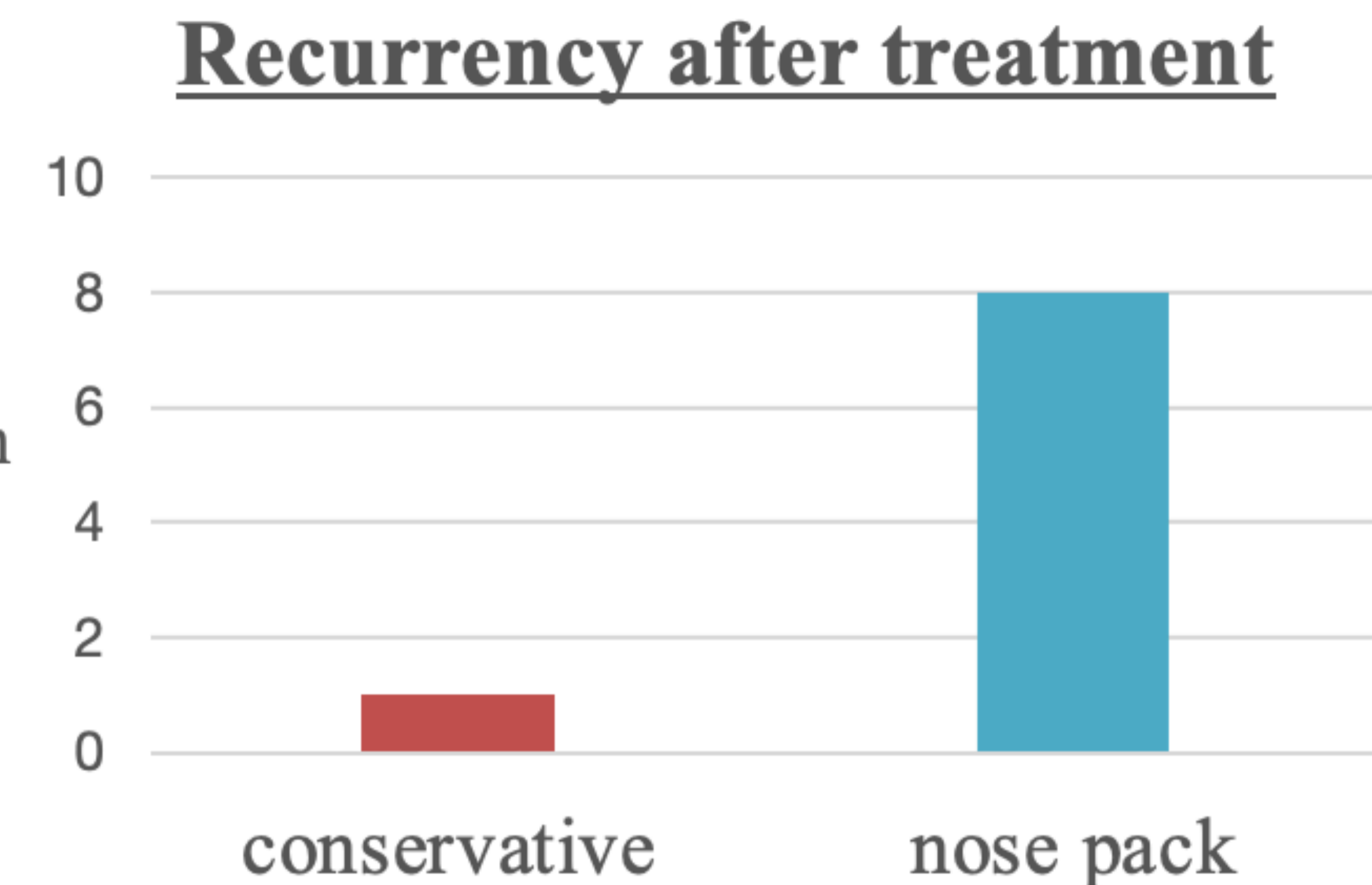
## Results

17 patients suffered from epistaxis while taking anticoagulants. 14 patients who suffered from epistaxis also presented with acute hypertension. The majority of patients, specifically 54 out of total, presented with no known risk factors. The distribution of management methods for all patients is as follows: **11.8%** were treated **conservatively**, **14.1%** treated by **silver nitrate**, **40.0%** underwent **electrocoagulation**, **33%** underwent **nose packing**, and **1.1%** required **hospitalization**. Among the treatment methods, patients who underwent **conservative** and **nose pack** experienced more likely recurrence than after other treatment options.

## Table. Distribution of management methods



## Table2. Recurrency after treatment



## Conclusions

Based on our study, we observed that the **use of anticoagulants was more prevalent** in association with epistaxis. The most common treatment method for all patients was **electrocoagulation**, with **no recurrent incidents** afterward. Additionally, medical staff reported extra advantage of electrocoagulation: it can be performed in office hour with local analgesic.

## Aknowledgements

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## References

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