

The Use of Surgicel to Stop Epistaxis in Children Secondary to Coagulopathies

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Sir,

The management of epistaxis in patient with coagulopathies can be traumatic for both the patient and the attending physician. This can be rather frustrating especially in children with haematological malignancies. Packing these children's nasal cavity can be difficult and the trauma associated with the packing can further aggravate epistaxis.

Conventional nasal packs, including BIPP (bismuth iodine paraffin paste), merocel or kaltostat are usually used to pack the nasal cavity while the coagulopathies are corrected. However, the coagulation profile can be rather difficult to correct in patients with haematological malignancies e.g. leukaemia. Thrombocytopenia or low platelet count is usually the commonest coagulopathy and can be resistant to platelet transfusion which raises the platelet counts only temporarily¹. Nasal packs are not without its morbidity. Packs have been reported to absorb large quantities of platelets that are being transfused and occasionally get infected. Furthermore, removal of nasal packs usually leaves raw areas, which again tend to bleed. This starts a vicious cycle.

We have found that the use of surgicel (oxidised regenerated cellulose) as a nasal pack can be effective especially in children and especially in minor anterior epistaxis. Surgicel

is applied as a single or double layer and applied to the bleeding area in the nasal cavity with 1cm sticking out of the nostrils to prevent posterior displacement into the nasopharynx. When wet, surgicel adheres to the nasal mucosa, reducing epistaxis, and airflow is still maintained. Surgicel is usually absorbed or extrudes out after some time. This method avoids the discomfort associated with conventional nasal packs and the traumatic raw areas upon removal. Surgicel also has bactericidal action against a wide range of gram positive, gram negative and even anaerobic organism².

We have found this method to be convenient and well tolerated even by children. We have tried this method in three children (age range 2-6) with haematological malignancies with coagulopathies till date and have found it useful in all of them while waiting for correction of the coagulation profile. We would recommend the use of surgicel in this manner especially for epistaxis among children under local anaesthesia.

REFERENCES

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