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Carotid Blow-out syndrome: Challenges in management of epistaxis in a post-surgical intervention and radiated patient

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SUMMARY

Recurrent epistaxis is a red flag in post-nasal surgery and previously radiated cancer patients. The incidence of carotid blow-out syndrome is seven times higher in previously radiated patients. Today, nasal endoscopy has become an essential tool in our practice. It helps in identifying the source of bleeding and facilitates therapeutic management. On the other hand, radio imaging is highly sensitive and specific to detect vascular lesions. However, they are not perfect. This paper presents a treated sphenoid sinus carcinoma patient with the right internal carotid thrombosis who presented with sentinel epistaxis. Endoscopic nasal examination and radio imaging failed to identify the bleeder and misled to a wrong source of bleeding. The bleeder was finally detected via the examination under anaesthesia (EUA). The carotid blowout occurred intraoperatively. Management of this patient is extra challenging as the blow-out vessel was the only major blood supply to the anterior cerebral circulation. The haemostasis was secured with a muscular patch and a vascular stent inserted. He was free from the neurological deficit. Unfortunately, profuse epistaxis recurred on post-operative day five. Although nasal packing controlled his recurrent epistaxis, he developed anterior circulation infarct later on and succumbed to death. The authors wish to highlight the importance of EUA if radio imaging does not correlate to the clinical findings. Management options for carotid blow-out should tailor to the patients' medical conditions.

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Uncommon initial presentation of nasopharyngeal carcinoma

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SUMMARY

Nasopharyngeal carcinoma (NPC) is a rare malignancy worldwide but relatively common in Malaysia. It usually presents with non-specific symptoms which are not related to the nose. Vision loss as an initial presentation is rare. We report an uncommon presentation of NPC with bilateral visual impairment as initial presenting features. A 47-year-old Chinese gentleman, active chronic smoker with no medical illness, presented to Otorhinolaryngology Department, Hospital Ampang with a complaint of progressive painless bilateral blurring of vision and diplopia for 6 months duration. He developed nose block, epistaxis and neck swelling, 4 months after the initial symptoms. He had significant loss of weight without loss of appetite. On examination, there was fullness over the right cheek but no obvious swelling or mass. His right eye was proptosed, present of esotropia and convergent squint. He was unable to perceive light on the right eye with a counting finger at 2 feet vision on the left eye. Rigid nasoendoscopy revealed a smooth surface friable mass occupying the right nasal cavity and left posterior choana which easily bleed to touch. He also had multiple bilateral cranial nerves palsy (CN II, III, IV, VI, IX, XII) including unilateral left upper motor neuron seventh cranial nerve palsy. CT scan showed a large heterogeneously enhancing mass with epicenter at nasopharynx measuring 9.0 x 7.1 x 6.3 cm with multiple necrotic components. Nasopharyngeal carcinoma may present with a variety of symptoms which are not related to the nose. Patient who presented with visual loss of unknown cause is warrant for nasopharyngeal examination to rule out NPC. Early detection of NPC will improve a patient's quality of life with a good survival rate and better prognosis.