MANAGEMENT OF NOSEBLEEDS IN HHT

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INTRODUCTION
Epistaxis, or nosebleeds, are present in 90% of patients with HHT and management varies depending upon the severity and frequency. This workshop will concentrate on practical measures and “pointers” for management. Drs. Haller, Ross and Shapshay, Ear, Nose and Throat specialists, will present their approach and suggestions for prevention and treatment of nosebleeds, followed by a question and answer session with the physicians.

GENERAL PRINCIPALS REGARDING NOSEBLEEDS IN HHT
Variability in the frequency and severity is the norm. In general, nosebleeds tend to worsen with age and become more difficult to control. Nosebleeds usually begin in the teens and progress slowly, usually worsening in the fifth and sixth decades of life.

PREVENTION
Nosebleeds are in general worse during periods of cold weather and low relative humidity. Humidification in the form of vaporizers (cool or warm mist) and nasal saline (salt water) sprays are very helpful. Moisturizing ointments or creams can also be helpful, such as Borofax or Ponaris. However, oil-based ointments can be dangerous if used excessively, due to leakage into the lungs causing pneumonia.

AVOID NASAL TRAUMA
It is important to avoid vigorous nose blowing or straining. Straining, such as lifting heavy objects or straining at stools will increase nasal pressure. Crusting in the nose is very common and should be treated with salt water sprays and moisturizing ointments. Trauma from finger manipulation in the nose is to be avoided. Infection introduced from this route (usually staph) will complicate the condition and promote more bleeding.

TREATMENT OF CHRONIC NASAL INFECTION
Chronic infection is not uncommon and should be treated with the insertion of a water soluble antibiotic ointment such as Bactroban Nasal. On occasion, based on nasal culture, an antibiotic by mouth needs to be prescribed as well.

AVOID ASPIRIN
Aspirin in ant form or non-steroidal anti-inflammatory agents such as Ibuprofen, should be avoided unless absolutely necessary for other medical conditions, since interference with normal clotting occurs.

GENERAL PRINCIPLES REGARDING TREATMENT OF NOSEBLEEDS – FIRST AID
Direct pressure over the nose, compressing the area of the nasal septum, the most common location of the hemorrhage. Pressure should be firm for about 5 minutes. The sitting position is best. Avoid bending over or lying down since both positions will increase intranasal pressure. If bleeding
persists, despite direct pressure, intranasal application of moist cotton may be helpful. Decongestants such as Neosynephrine or Afrin will not usually help since the bloods vessels in HHT don’t respond to this medication. This cotton should be left in place for a few hours. It does not need to be removed, however, since infection is likely to take place. If bleeding persists then an Emergency Room visit may be necessary to stop the bleeding and check the blood count.

GENERAL TREATMENT PRINCIPLES IN THE EMERGENCY ROOM SETTING
- Clean out old blood clots and crusts
- Decongest and anesthetise the nasal lining prior to treatment
- Avoid chemical or Electrocautery which may make the bleeding worse
- Gently insert absorbable nasal packing such as Gelfoam or Surgicel
- Antibiotic “coverage” during the period of packing – usually 5 to 7 days
- Visit to an Otolaryngologist (ENT) experienced with HHT to evaluate the nasal condition/blood vessels and the need for more treatment

OPTIONS FOR TREATMENT OF RECURRENT NOSEBLEEDS
- Nasal packing and replacement of blood as needed
- Iron therapy, B-vitamins, Cod Liver Oil (?) as directed by physician
- Amicar – data to be presented
- Laser photocoagulation – to be discussed
- Skin Grafting – indications and treatment success to be discussed
- Nasal closure or “Young’s Procedure” for moderately severe nosebleeds
- Nasal Skin Flaps and reconstruction for most severe cases only.