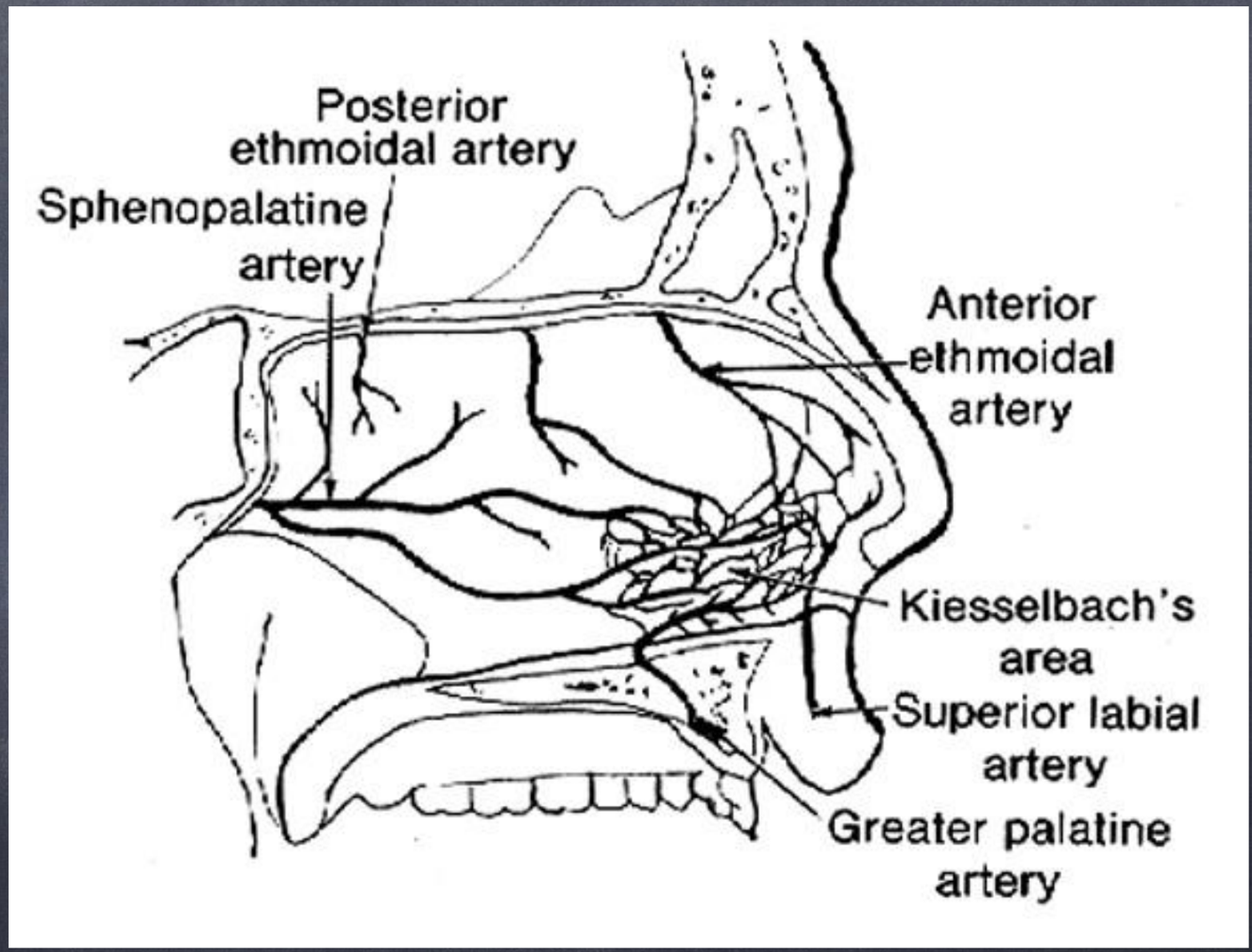
Rhinological Emergency

Angus Shao
ORL Surgeon, Rhinologist, Rhinoplastyic Surgeon

Greenlane
Medical Specialists

The Nose

- Vascular Supply
- Anterior - branches of internal carotid
- Posterior - distal branches of external carotid



Epistaxis
Anterior

- 90% (Little's Area) Kisselbach's plexus - usually children, young adults

Aetiologies

- Trauma, epistaxis digitorum
- Allergies
- Irritants - cocaine, sprays
- Pregnancy

Epistaxis
Posterior

- 10% of all epistaxis - usually in the elderly
- Aetiologies
  - Coagulopathy
  - Atherosclerosis
  - Neoplasm
  - Hypertension (debatable)

Epistaxis Management

- Pain meds, lower BP, calm patient
- Prepare ! (gown, mask, suction, speculum, meds and packing ready)
- Evacuate clots
- Topical vasoconstrictor and anesthetic
- Identify source

Epistaxis Management

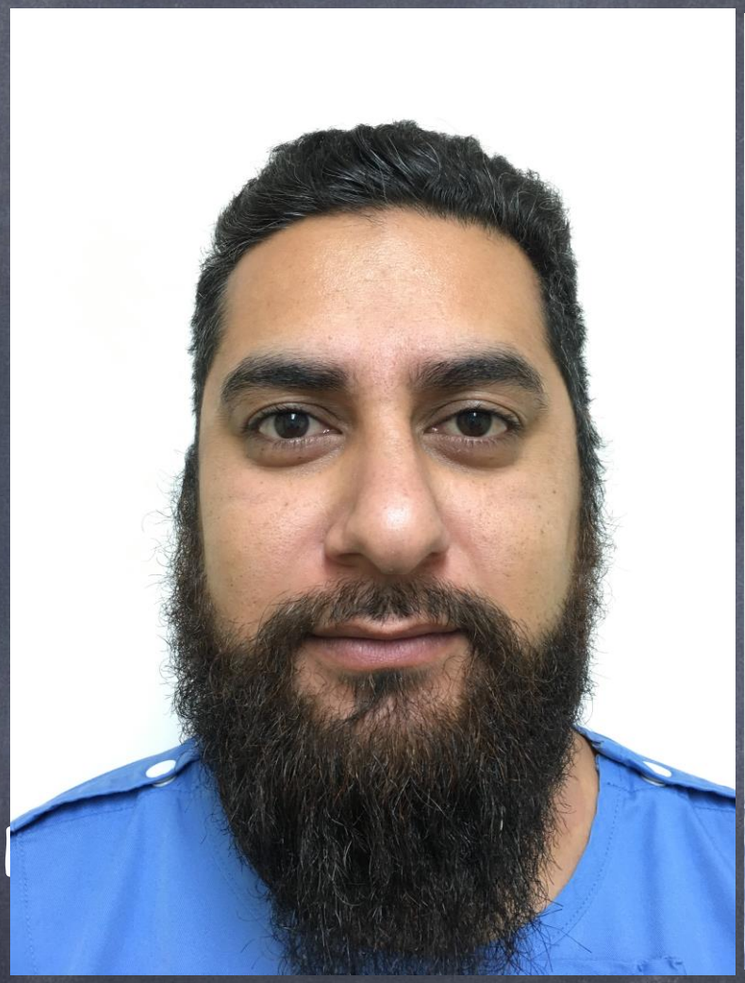
- Anterior Sites
  - Pressure +/- cautery and/or tamponade
  - all packs require antibiotic prophylaxis (not really)

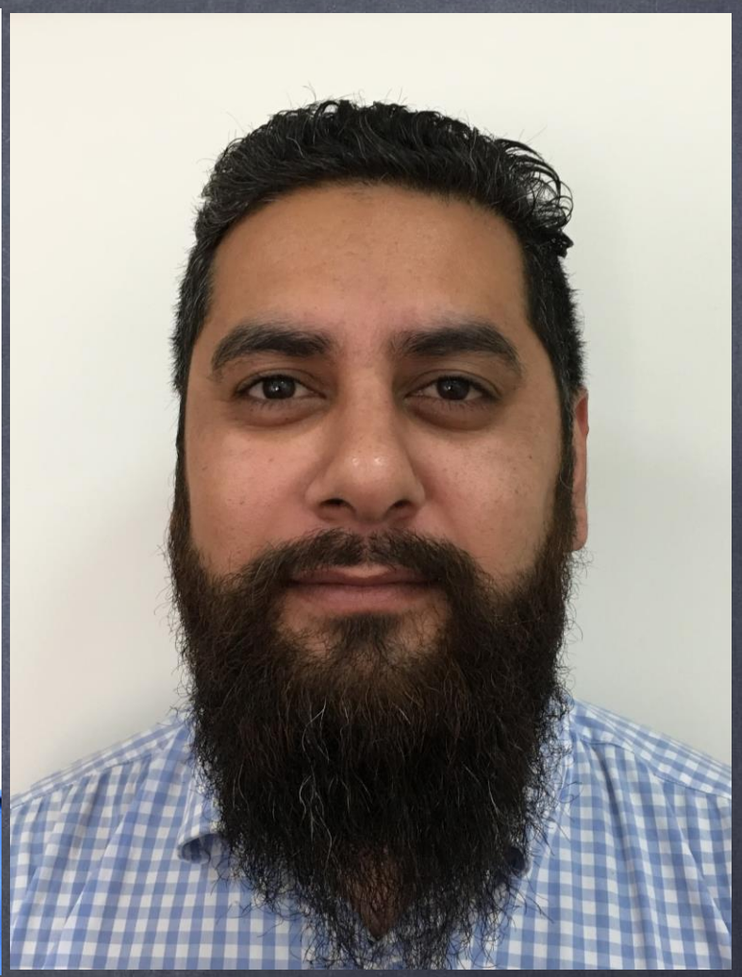
Epistaxis
Posterior Packing

- Need analgesia
- require admission and 02 saturation monitoring

Nasal Fracture

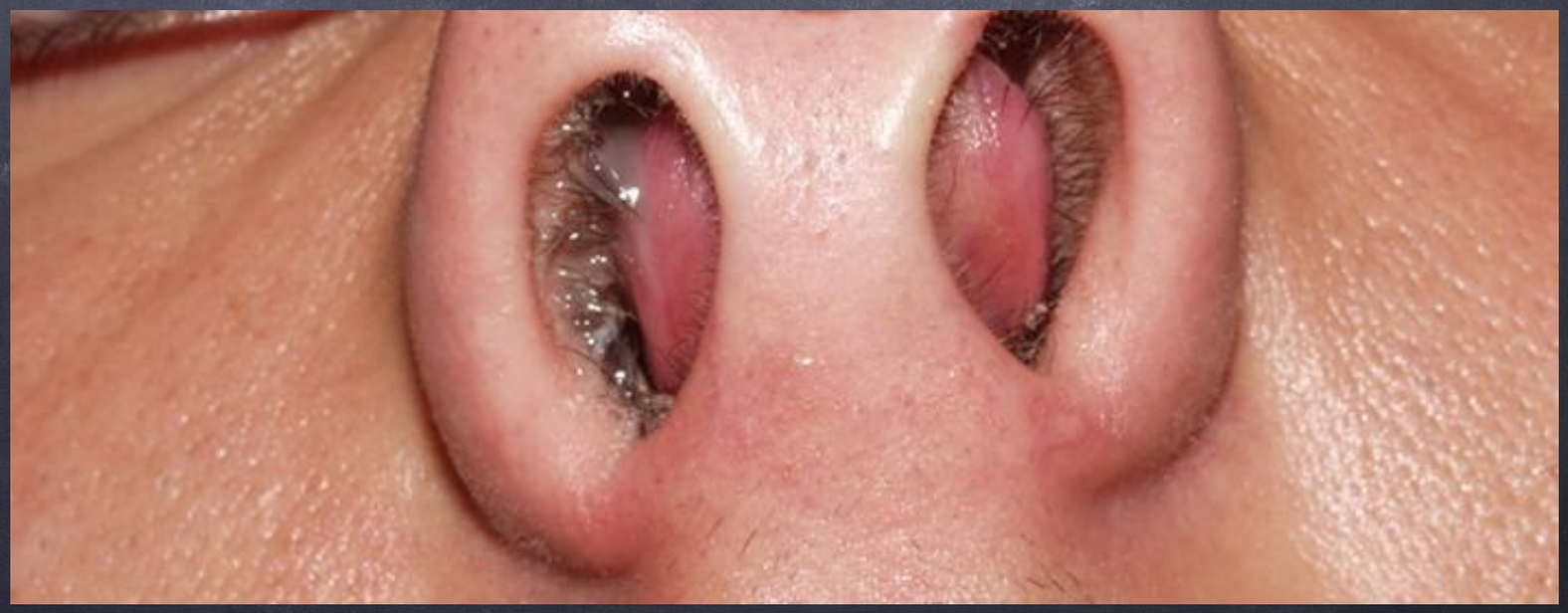
- History
- ACC..
- Aim for reductio
  within ~2 weeks





Septal haematoma

- Trauma or surgery
- Can develop into septal abscess
- required I+D promptly to prevent cartilage destruction



Acute Sinusitis

- H/A, facial pain in sinus distribution
- purulent yellow-green rhinorrhea
- fever
- CT often not necessary

- *Causative Organisms*

- gram positives and H. flu (acute)
- anaerobes, gram neg (chronic)

Acute Sinusitis

- Treatment

- amoxil (1st line), decongestants, steroid spray, analgesia, heat; consider oral steroid
  - Sinus Rinse

*** Acute Sinusitis ≠ nic Sinusitis***

Complication of Acute Sinusitis

- ethmoid sinusitis -> orbital cellulits and abcess
- frontal sinusitis -> may erode bone (Potts Puffy Tumor, Brain Abcess)