Recurrent Epistaxis in Children

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Up to 9% of children may have recurrent nosebleeds, usually originating from the anterior septum, but most children grow out of the problem.

- Nosebleeds may be associated with local inflammation and trauma, including from nose picking.
- Antiseptic cream (containing chlorhexidine hydrochloride plus neomycin sulfate) may reduce nosebleeds compared with no treatment, and may be as effective as silver nitrate cautery. Such creams may smell and taste unpleasant.
- Silver nitrate cautery is usually painful, even if local anesthesia is used.
- Simultaneous bilateral cautery is not recommended owing to the possible increased risk of perforation of the septum.
- Antiseptic cream (containing chlorhexidine hydrochloride plus neomycin sulfate) plus silver nitrate cautery may be more effective at reducing the frequency and severity of nosebleeds than antiseptic cream alone.
- We do not know whether petroleum jelly speeds up resolution of recurrent bleeding compared with no treatment.

Clinical Question

| What are the effects of treatments for recurrent idiopathic epistaxis in children? |
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| Likely to be beneficial | Antiseptic cream (containing chlorhexidine hydrochloride plus neomycin sulfate) |
| Unknown effectiveness | Petroleum jelly, Silver nitrate cautery |

Incidence and Prevalence

A cross-sectional study of 1,218 children (11 to 14 years of age) found that 9% had frequent episodes of epistaxis. It is likely that only the most severe episodes are considered for treatment.

Etiology/Risk Factors

In children, most epistaxis occurs from the anterior part of the septum in the region of the Little area (Kiesselbach plexus). Initiating factors include local inflammation, mucosal drying, and local trauma (including from nose picking).

Prognosis

Recurrent epistaxis is less common in persons older than 14 years, and many children grow out of this problem.