

Clinical Evidence Handbook

A Publication of BMJ Publishing Group

Recurrent Epistaxis in Children

GERALD W. McGARRY, *Glasgow Royal Infirmary, Glasgow, United Kingdom*

This is one in a series of chapters excerpted from the *Clinical Evidence Handbook*, published by the BMJ Publishing Group, London, U.K. The medical information contained herein is the most accurate available at the date of publication. More updated and comprehensive information on this topic may be available in future print editions of the *Clinical Evidence Handbook*, as well as online at <http://www.clinicalevidence.bmj.com> (subscription required).

A collection of *Clinical Evidence Handbook* published in AFP is available at <http://www.aafp.org/afp/bmj>.

CME This clinical content conforms to AAFP criteria for continuing medical education (CME). See CME Quiz Questions on page 74.

Author disclosure: Gerald W. McGarry declares that he has no competing interests.

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 cauterization. Such creams may smell and taste unpleasant.
- Silver nitrate cauterization is usually painful, even if local anesthesia is used.
- Simultaneous bilateral cauterization 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 cauterization 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.

Definition

Recurrent idiopathic epistaxis is recurrent, self-limited nasal bleeding for which no specific cause is identified. There is no consensus on the frequency or severity of recurrences. This review includes evidence for children one to 16 years of age with recurrent idiopathic epistaxis. Epistaxis caused by other specific local factors (e.g., tumors) or systemic factors (e.g., clotting disorders) is not considered here.

Clinical Question

What are the effects of treatments for recurrent idiopathic epistaxis in children?

| | |
|-------------------------|---|
| Likely to be beneficial | Antiseptic cream (containing chlorhexidine hydrochloride plus neomycin sulfate) |
| Unknown effectiveness | Petroleum jelly Silver nitrate cauterization |

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.

Search date: June 2013

Adapted with permission from McGarry GW. Recurrent epistaxis in children. *Clin Evid Handbook*. June 2014:123. Please visit <http://www.clinicalevidence.bmj.com> for full text and references. ■