AN UNUSUAL CAUSE OF EPISTAXIS (A Case Report)

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Introduction

Bleeding from the nose is a symptom of number of diverse conditions. Ninety per cent of the time epistaxis occurs from a plexus of vessels in the antero-inferior part of the septum [1]. An unusual cause of epistaxis is reported for its rarity.

Case Report

A 20-year-old serving soldier reported to the surgical outpatient department with the history of slight bleeding from right nostril since 2 weeks. He offered no history of trauma, accidental foreign body entry, nasal discharge or hypertension.

On examination, his general condition was found to be satisfactory and no active bleeding was seen from nostrils. Examination with a nasal speculum revealed congested mucosa and a small, blackish, shiny object moving slowly in the right middle meatus. With Tilley's forceps it felt soft, slippery and offered resistance to removal. Nasal cavity was packed with small cotton swabs soaked in hypertonic saline and after a few minutes of gentle traction it was taken out safely. It was formally identified as a 5 cm long live leech.

Patient continued to have mild epistaxis which stopped on its own after 2 days. After that he remained asymptomatic on follow-up for a year.

The patient, stationed in Shimla, offered history, in retrospect, of having washed his face with stagnant stream water about 3 weeks prior to the onset of symptoms.

Discussion

Leeches live in clean water in ponds, tanks, sluggish streams and in paddy fields [2]. In India they are common in hilly areas. The inhabitants in these areas are in the habit of bathing and drinking water from the streams. The common leech (*Hirudinea medicinalis*) which infests man and other mammals is an ectoparasite normally sucking blood from the cutaneous surface and accidentally lodging on mucosal surfaces while bathing, washing the face or sipping water directly from

streams. Another type of nasal leech (*Dinobdella ferox*) reported from India, Burma and China invades the throat and nasal passages [3].

At the site of attachment the leech secretes hirudin, an anticoagulant, that prevents clotting. It is painless in sucking blood and causes intermittent

Fig. 1 : Photograph showing the leech in a test tube after its removal. It survived for 2 days in water.

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tent epistaxis [4]. The leech may get lodged in the nasal cavity while young and small without even being noticed and the patient may present with a spontaneous epistaxis as was the case with the patient reported here.

Various methods for removal of the leech have been adopted. If it is easily accessible then the body of the leech may be painted with salt or various acid solutions, for example 10 per cent tartaric acid. This will make the leech shrink and release its hold [4].

Alternatively the application of 30 per cent cocaine causes paralysis of the leech in a few minutes and it releases its hold. One of the very common agents used in Indian rural areas for cu-

taenous leeches is the local application of common salt.

REFERENCES

1. Snow JB Jr. Surgical disorders of the ears, nose, paranasal sinuses, pharynx and larynx. In: Sabiston DC Jr, editor. Text book of surgery. 13th ed. Philadelphia : WB Saunders, 1986; 1299-326.
2. Das SK, Mukherjee TK, Bhosal CK, Roy Chaudhuri BK. A living foreign body (leech) in the trachea. Indian Journal of Otolaryngology. 1989;41: 157-8.
3. Kumar S, Dev A, Kochhar LK, Singh AM. Living leech in nose and nasopharynx. Indian Journal of Otolaryngology 1989; 41: 160-1.
4. Kakar P, Sawhney KL. Unilateral epistaxis: an unusual cause. Ann Otol Rhinol Laryngol 1965; 74:158-61.