

A VERY UNUSAL BLEEDING SITE OF HEMOPHILIA: NASAL SEPTAL HEMATOMA

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× Introduction and Objectives:

The nose is the most frequently injured facial site. After the facial trauma, nasal septal hematoma (NSH) formation may occur. Although septal hematomas are rare in children, early diagnosis and treatment is very important to prevent abscess formation, septal perforation, saddle-nose deformity, and potentially permanent complications. Early drainage of the hematoma improves blood flow to the septal cartilage but may not reverse antecedent cartilage destruction. In this case report, our aim is to present our experience from a severe hemophilia A patient with nasal septal hematoma. In addition, to the best of our knowledge, this is the first reported case with nasal septal hematoma and hemophilia A in the literature.

× Case Report:

An 11 months old boy with severe hemophilia A was admitted with a three days history of progressively increasing breathing difficulty and nasal congestion. A history revealed that one week ago, he fell down on his face. In his physical examination, there were swelling and ecchymosis on his nose, and moderate breathing difficulty. Factor VIII treatment (50 U/kg/dose) was started immediately as an initial therapy, and after this therapy, the patient had been sent to the Department of Otorhinolaryngology. After the inspection of the septum with nasal speculum, nasal septal hematoma was diagnosed, and the surgeon decided to do a surgical drainage of hematoma, immediately. After this procedure, tranexamic acid and broad-spectrum antibiotic therapy (orally) were added, and FVIII therapy was continued. Cranial CT was in normal range. The surgeon followed the patient, daily, and the nasal septum was normal after the drainage. The patient was discharged at the fourth day of therapy with normal clinical, physical exams. Tranexamic acid therapy was continued, and the appointment was given to the parents for two days later. However, the patient was lost to follow-up for seven days, and he came again to the Emergency Unit with mild breathing difficulty. He had a new suspect facial trauma, again. Factor VIII inhibitor was negative, FVIII replacement therapy was started again, and the surgeon found an organized hematoma at the same region. However, he did not do any surgical intervention at that time. His symptoms resolved immediately, we continued to the prophylaxis after the intensive factor therapy, the size of organized chronic hematoma decreased. After 18 months, he is on prophylaxis without any complaints, and the otorhinolaryngologist follows-up the patient as well. In his last exam, he has a mild widened nasal septum due to fibrosis without any symptoms.

× Discussion:

There are few articles about nasal septal hematoma in the literature, many of them include case reports. Sayin, et al reported 29 children with nasal septal hematoma and/or nasal septal abscess (NSA). Eleven subjects had a diagnosis of NSA, whereas 19 subjects were identified as having NSH. The etiologies were fall in 26 subjects (89.6%) and blow in 3 subjects (10.4%). In 9 subjects (31.1%), radiologic and clinical evidence of nasal fracture exists. Nasal fracture was not detected at our patient. Eighteen (72%) of 29 subjects experienced sequelae. In our patient, organized chronic hematoma decreased with fibrosis. Mean duration had been detected significantly high in the NSA group than in the NSH group (8.40 ± 8.46 days vs 3.58 ± 3.64 days, $P = 0.025$). Our patient had seven days duration before diagnosis. After facial trauma, he had not admitted to the our hospital, unfortunately. We did not observe NSA at the patient.

There is a case report with late-onset septal hematoma in a healthy child. We observed delayed hematoma formation inspite of adequate replacement therapy, too.

In addition, we did not find any report about NSH in children with hemophilia in the literature.

× **In conclusion**, clinicians should have a high clinical suspicion for nasal septal hematoma in patients with hemophilia who have sustained nasal trauma. A careful examination after nasal trauma is very important for a child with hemophilia. Early diagnosis, treatment and close long-term follow-up by a hematologist and otolaryngologist is essential for these patients.

× References

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