

Anesthesia management of severe recurrent epistaxis in pregnancy

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◉ Background

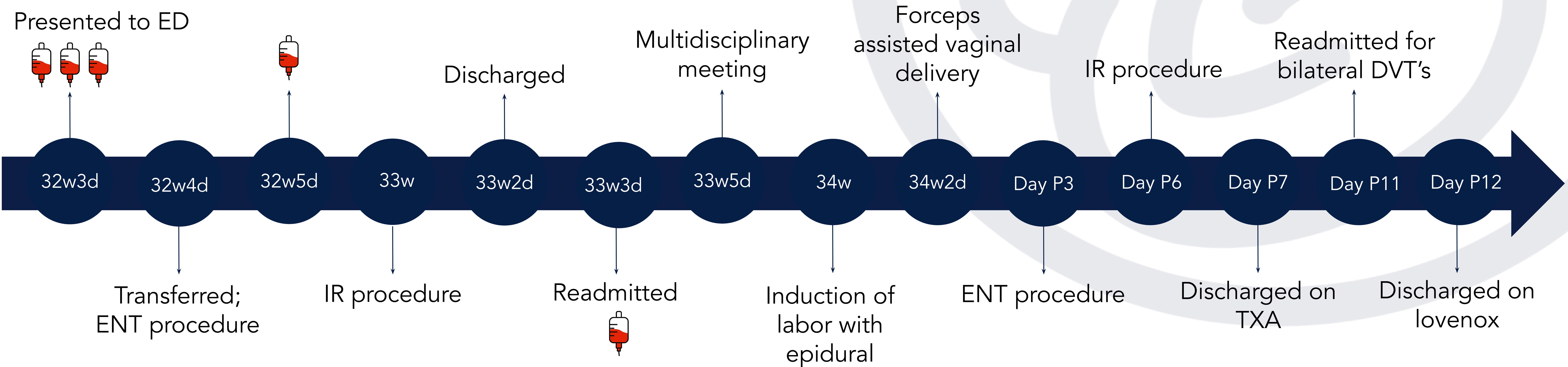
- Epistaxis in pregnancy is common due to elevated estrogen and progesterone leading to nasal vasodilation
- Severe epistaxis is rare and can lead to both maternal and fetal compromise¹

◉ Case

- We report peripartum management of a preterm patient with severe epistaxis through delivery and postpartum

Case Presentation

- 27-year-old G1P0 at 32 weeks GA transferred to our institution for one week of recurrent left nasal epistaxis
- No history of prior bleeding though did report severe nose trauma at age 10 requiring reconstruction
- Workup was negative for coagulopathies



= Transfusion 1u prbc; Day P# = Postpartum day #

Discussion

- No specific guidelines on anesthetic management of life-threatening epistaxis for a planned vaginal delivery have been published²
- The few case reports of severe epistaxis in pregnancy have all resulted in cesarean section
- We demonstrate facilitation of vaginal delivery at 34 weeks in a patient with severe epistaxis

Case Highlights

1. Even with severe epistaxis, early vaginal delivery was safe and successful
2. Early epidural and planned assisted vaginal delivery minimized valsalva
3. Multidisciplinary contingency planning was in place for worse epistaxis or difficult airway