

Case Report

Acute epistaxis, paying the price to be beautiful: a case report

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ABSTRACT

In the modern days, to look beautiful and stay beautiful is a choice and aesthetic clinics are mushrooming with new methods in addressing the needs of clients. Thread lifting coated with hyaluronic is one of the office procedures for the broad and flat nose. We report a case of epistaxis following this procedure. A 34-year-old lady went to an aesthetic clinic for a nose thread lifting procedure. Following the fifth injection she suddenly developed acute epistaxis which did not arrest on conservative methods. On examination she was distressed, vitals signs were stable, anterior rhinoscopy showed blood clot in the right nasal cavity and following rigid nasoendoscopy and nasal suction, it showed a blue suture like material between the septum and middle turbinate. Following removal of the foreign body and nasal toilet the epistaxis resolved. The thread coated with hyaluronic or the foreign body had migrated and causing the epistaxis. Following removal of the foreign body the epistaxis resolved. The clinical history is important in eliciting the possible cause and rigid nasoendoscopy is essential to assess the nasal cavity and assist in the removal of the foreign body.

Keywords: Epistaxis, Thread Lifting, Rigid nasoendoscopy, Foreign body

INTRODUCTION

Aesthetic clinics frequently visited by clients in today's world to look and stay beautiful. New methods were introduced in addressing needs of the client and one of them is an office base procedure using thread lifting. The thread lifting coated with hyaluronic is one of the office procedures for the broad and flat nose.

It is aimed to provide a taller and sharper nose. The procedure, usually using polydioxanone (PDO) threads have been widely used for aesthetic purposes. The use of PDO threads mostly to achieve the effect of minimally invasive lift and to correct the shape of the nose.^{1,2} The common side effect reported included mild bruising and swelling, which may last 1 or 2 weeks. Other complications include displacement of the barbed sutures, transient erythema, insignificant infection, skin dimpling, and some had temporary facial stiffness. Older patients

aged more than 50 years had a significantly higher risk of dimpling and infection compared to younger patients. Some serious complications include open wounds, abscesses, and skin necrosis. A mild complication in the form of redness and thread exposure without open wounds was reported in four patients.⁵

Ahn and Choi described the patient who was consulted due to inflamed multiple palpable masses at the site of the application of PDO threads. Antibiotic therapy did not reduce inflammation. Therefore, surgical removal of the threads was performed under local anaesthesia.⁶ While few literatures note the extrusion of the thread is one of the complications, but none reported experiencing acute epistaxis.

The aim of this study is to report the complication of acute moderate epistaxis following the thread lifting procedure using PDO suture done under local anaesthesia at an aesthetic clinic setting.

CASE REPORT

A 34-year-old lady went to an aesthetic clinic for a nose thread lifting procedure. The first four injection of the thread was unremarkable. However, following the fifth injection she suddenly developed acute epistaxis which did not arrest on conservative methods. A referral to ENT specialty was made. On clinical examination she was distressed, vital signs were stable, anterior rhinoscopy showed blood clot in the right nasal cavity with nasal congestion, no foreign body noted initially. Following rigid nasoendoscopy and simple nasal toilet or suction, it showed a blue suture like material situated between the septum and the middle turbinate. Following removal of the foreign body, repeat nasal toilet and hemostasis the epistaxis resolved. On follow up assessment patient was well and was discharged.



Figure 1: Blood clot in the nasal cavity.



Figure 2: The PDO suture situated between septum and middle turbinate.

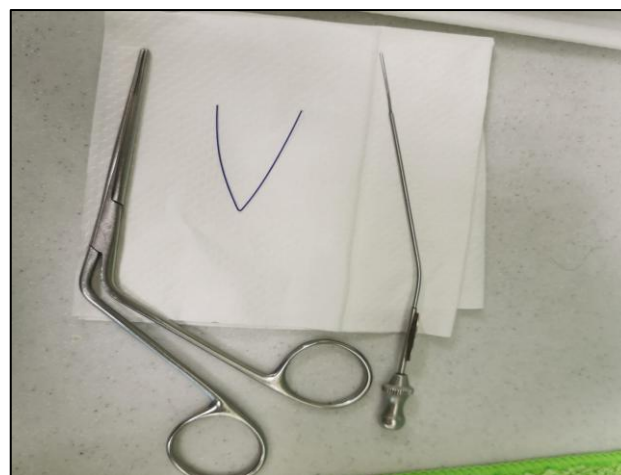


Figure 3: The PDO suture which was removed from the nasal cavity.

DISCUSSION

The presented case of acute epistaxis following the application of PDO threads is another example of therapeutic challenges in this minimally invasive non-surgical technique of rhinoplasty and the difficulty of the aesthetic clinics in managing this type of complication. The most probable explanation of the complication occurs due to incorrectly performed the procedure and the limitations of the aesthetic clinician as they do not have the skill and the use of rigid nasoendoscopy. There are only a few studies describing the clinical course of PDO thread lifts. Depending on the study, bacterial complications occurred in 6.2%³ or 2% of cases.⁴ A study on the treatment of 190 complications of PDO thread lifts showed that bacterial complications accounted for 8.9% of all complications.¹⁰ Few studies explained the extrusion of the suture material, but none mentioned about the occurrence of epistaxis.⁵⁻⁹ This study highlight the importance of availability of rigid nasoendoscopy, proper nasal toileting to adequately assess the reason of the occurrence of the epistaxis and was able to visualize the migration of the tube intranasally.

CONCLUSION

Epistaxis following office base thread lifting procedure is a rare occurrence. An assessment with rigid nasoendoscopy and intranasal toileting may identify the foreign body. Quick removal and proper hemostasis with resolved the epistaxis.

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