

38.7 Patients with epistaxis who need hospitalization

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Purpose: Epistaxis is one of the common emergency problems in the ENT speciality. These are information of patients suffering from epistaxis who require admission to the hospital for management. The causes of epistaxis in these patient and their subsequent progress were analysed

Method: This is a retrospective review of 95 patients (62 males, 33 females) admitted to the Department of ENT, Queen Mary Hospital from March 1996 to March 1998.

Results: The mean age of the patients is 57 years (range 20 to 86 years). Majority of patients with epistaxis were treated by nasal packing, with follow up examination of the nasal cavities by nasoendoscopy after the acute bleeding episode. The median duration of hospital stay is 4 days (range 1 to 39 days). The etiologies of these 84 patients with epistaxis are idiopathic in 65 (77%), inflammatory in 5 (6%), trauma in 5 (6%), neoplastic in 2 (2%), platelet disorder in 2 (2%) and blood vessels disorder in 1(1%) respectively. Factors associated with the duration of hospital stay more than 4 days are the idiopathic group and patients with nasal packing. It is not statistical significantly related to the age, sex and the history of hypertension.

Conclusion: Although the majority of patients suffering from epistaxis are idiopathic, there is still a small group of patients whose epistaxis are caused by neoplastic and platelet disorder. Therefore, all patients who are admitted to hospital with epistaxis require a full haematological and endoscopic investigation so that any patients with a treatable cause can be managed appropriately. Longer duration of hospital stay are required in patients with nasal packing and when the cause is idiopathic, reducing the duration of nasal packing, we may shorten the duration of hospital stay.

38.8 Surgical management of high level facial fractures—experience of a regional maxillofacial unit in HKSAR

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Purpose: With the era of rigid internal fixation (RIF) for maxillofacial skeleton began in the early 1970s, several mini-fixation system have been evolved for managing maxillofacial fractures. We would like to share the spectrum of experience in the United Christian Hospital. HKSAR in the surgical management of high level facial fractures and emphasized particularly on RIF and the surgical access via coronal flap and transconjunctival incision approach to achieve the goal of restoring the pre-injured functional anatomy.

Methods: A total of 789 dento-maxillofacial trauma cases were seen in the department of Dentistry & Maxillofacial Surgery, UCH from Jan 1993 to Jan 1997. 24 cases with severe maxillofacial trauma or either isolated or combined fractures involving orbital, orbitozygomatical, nasoethmoidal, high maxillary and frontal region were included. All bony fractures were surgically reduced and fixed with titanium miniplates and microplates for osteosynthesis.

Results: 67% of patients had two or more sites of fractures. Only one case was female. Age ranges from 17 to 64. Majority of these cases (42%) were caused by road traffic accident, followed by industrial accidents (21%), alleged assault injuries (17%), and sports injuries (13%). Surgical access for ORIF of severe nasoethmoidal, orbital, zygomatical and frontal fractures was mainly via a coronal flap approach (10 cases), 38% orbital bone fractures involved a transconjunctival and lateral canthotomy incision for access whilst the rest were through subciliary or other lower eyelide incisions. No ophthalmic complication was ever encountered post-operatively. A potential complication cutaneous paraesthesia of scalp vertex was noted in some coronal flap cases. RIF of comminuted facial and cranial bone fragments by reinforced micro-plating system was found satisfactory and no complication was reported.