Is chronic obstructive pulmonary disease a risk factor for epistaxis after coronary artery bypass grafting?

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KEYWORDS: epistaxis, chronic obstructive pulmonary disease, coronary artery bypass surgery.

CITATION: Cardiol Croat. 2014;9(9-10):405.

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BACKGROUND: Chronic obstructive pulmonary disease (COPD) has been conventionally associated with increased operative mortality and morbidity after coronary artery bypass grafting surgery (CABG). The aim of this study is to find whether there is a relationship between epistaxis and COPD after CABG surgery.

MATERIAL AND METHODS: 3443 consecutive patients underwent isolated CABG from January 2002 to March 2012 at our center. We retrospectively analyzed data of 27 patients (0.8%) with newly developed and serious spontaneous epistaxis which required consultation with the Ear Nose and Throat (ENT) department. Patients were divided in three groups regarding severity of nasal bleeding. 21 (77.7%) patient in three groups had COPD.

RESULTS: There were 19 males (70%) and 8 females (30%). Ages ranged between 52 and 72 years (mean 61±5 years). 55% of patients had hypertension and 78% had COPD. The overall duration of hospital stay was 6-11 days (mean 7.9±1.1 days). Epistaxis was seen especially at postoperative 4th and 7th day. According to the bleeding, seventeen patients (63%) were treated with anterior, posterior or anterior and posterior nasal packing (Group 1). Nasal bleeding was controlled with electrocautery in six (22%) patients (Group 2). Four patients (15%) were treated by surgical excision and blood transfusions (Group 3). All patients (100%) had good recovery with no mortality.

CONCLUSION: This high coincidence made us to think COPD may be a risk factor for epistaxis in this situation. Nevertheless, we could not find any direct causative link between COPD and epistaxis in patients who underwent CABG. Epistaxis is more commonly seen in patients with COPD and has more aggressive clinical course in patients who had both COPD and hypertension.

LITERATURE

1. Tay H, Evans J, McMahon A, et al. Aspirin, nonsteroidal anti-inflammatory drugs, and epistaxis. A regional record linkage case control study. Ann Otol Rhinol Laryngol. 1998;107:671-4.
2. Herkner H, Laggner AN, Mullner M, et al. Hypertension in patients presenting with epistaxis. Ann Emerg Med. 2000;35:126-30.
3. Pope LER, Hobbs CGL. Epistaxis: an update on current management. Postgrad Med J. 2005;81:309-14.

RECEIVED:
September 28, 2014