Nasal Hirudiniasis: A Rare Case of Recurrent Epistaxis in a Seven Year Old Female

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Introduction

Nasal hirudiniasis or leech infestation in the nasal cavity is an unusual cause of a unilateral epistaxis. The usual differential diagnosis in a patient presenting with epistaxis can be due to a foreign body, vascular trauma or neoplasm. Parasitic infection as the primary source of epistaxis is rare, and is usually due to myiasis and not hirudiniasis.

Foreign bodies in the ear, nose and throat are common complaints seen in the outpatient department or emergency room consultations and are most common in pediatric age group or those with mental disabilities. Incidences of foreign bodies found in the ear is about 44.3%, followed by nose (24.9%), pharynx (23.2%), esophagus (5.3%), airway (2.3%). Patients with are usually asymptomatic, have foul smelling breath or presents with epistaxis. The presence of an animate object due to a parasitic infection such as a leech is usually a rare occurrence.

Diagnostics and Management

CT Scan images showing the maxillary sinus, osteomeatal complex and anterior ethmoids (Fig 4). Noted hypodensity in the left maxillary sinus; Fig 5, 5b posterior to the edge of hypodensity.

Intraoperative endoscopic image of the patient’s right nasal cavity (Fig 5a) and left nasal cavity (Fig 5b).

Fig 6a. Intraoperative endoscopic image of the left maxillary antrostomy. Fig 6b. Endoscopic image of the left maxillary sinus with no noted foreign body.

Case Protocol

A 10-year-old female presented with a one-year history of daily, unprovoked epistaxis, accompanied by nasal obstruction at nighttime and a sensation of a moving foreign body in the nasal cavity. Video endoscopy revealed a moving dark colored entity at the middle meatus. Removal of the foreign body revealed a leech in three separate occasions within 1-month. Computer tomography of the paranasal sinuses done after the second episode of leech removal (2-weeks after the first removal) which revealed a hypodensity on the left maxillary sinus. Four days after, patient again sought consult and 3rd leech was likewise extracted. Patient underwent nasal endoscopy with creation of left antral window and left maxillary sinus exploration under general anesthesia, ruled out the further presence of leech in the sinus. The fluids that were collected as specimen for pathology verified the absence of leech eggs.

Conclusion

Nasal hirudiniasis should be considered by Otorlaryngologist and must be included in the differential diagnosis of patients presenting with recurrent unprovoked epistaxis with nasal congestion; most especially with a history of intake and immersion in fresh bodies of water or lives near fresh water springs. Early detection and removal of nasal hirudiniasis is essential in preventing airway compromise leading possibly to death.