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Editorial

Spontaneous Tonsillar Haemorrhage

Ahmmad Taous

Most well known and familiar events of haemorrhage from Tonsil are surgical, that is post tonsillectomy haemorrhage. Post tonsillectomy haemorrhage is of two types- reactionary and secondary. Here I shall discuss the events of bleeding which are not due to operations of Tonsils.

Spontaneous tonsillar hemorrhage is a rare event; most of these cases have been the result of infectious tonsillitis.[1] There are reported cases of spontaneous tonsillar hemorrhage in medical literature associated with bacterial infection, measles virus infection, infectious mononucleosis, peritonsillar, parapharyngeal and retropharyngeal abscesses and, less frequently, vascular malformation, aneurisms or pseudoaneurisms of the carotid and superficial temporal arteries, von Willebrand's disease and local or regional cancer[1,2]. Acute bacterial tonsillitis is currently the most important cause of spontaneous tonsillar hemorrhage. The incidence is 1.1% found in recent study[3,4].

Though spontaneous tonsillar hemorrhage (STH) is rare but may be complication of acute and chronic tonsillitis, and the most common predisposing factor for more than 80% of STH cases. It occurs in both bacterial and viral tonsillitis, increased blood flow, secondary edema, and vascular congestion; during the local inflammatory process, superficial dilated blood vessels undergo necrosis and bleeds due to the inflammatory state precludes to increased susceptibility of tonsillar bleeding[3]. It can also be associated with coagulopathy and malignancy. STH can be dangerous if measures are not taken to control the bleeding, protect the airway, and investigate fatal sequelae, including carotid artery erosion and deep neck infections[5].

In a review of literature, about 21 cases of spontaneous tonsillar hemorrhage was found resulting from acute tonsillitis. Cases of spontaneous hemorrhage have been reported in peritonsillar abscesses, mostly when spontaneous drainage occurred during the pre-antibiotic era.[6]

The prevalence of hemorrhage associated with infectious mononucleosis is 3 to 6.9%; of these, 2.2% presented oropharyngeal hemorrhage[6,7]. Thrombocytopenia is associated with this condition, but hemorrhage may result only due to local inflammation, necrosis and erosion of superficial tonsillar blood vessels[8]. In measles, hemorrhagic complications are uncommon. However, there is a rare variant known as hemorrhagic

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measles that affects mostly immuno-compromised patients[9]. Tonsillar hemorrhage is a rare finding in von Willebrand's disease. There are 2 cases reported in literature where tonsillar hemorrhage was the first manifestation of this disease[10].

In the pre-antibiotic era these hemorrhages were fatal; they were commonly due to erosion of major vessels, secondary do deep abscesses. Currently, most tonsillar hemorrhages are mild and result from the bleeding of superficial peripheral blood vessels.[1] Spontaneous tonsillar hemorrhage (STH) is a rare event, and is defined as continuous bleeding for more than one hour, or more than 250 mL of blood loss regardless of the duration of bleeding . The overall incidence of STH is 1.2% from all susceptible pathologies[11]. However, it was reported in infants[5,11] and older peritonsillar abscess causing significant vessel erosion. Given the rarity of this guidelines for immediate control and management are implemented. Study reported the cases of STH in the medical literature in four decades, a few of them were due to infectious mono-nucleosis[12,13,14]

Sore throat is a common complaint in EDs across the United States, with an estimated 2.1% of ambulatory visits per year; however, STH is a less common presentation (11). STH is frightening to patients, but can usually be managed appropriately in the ED. Treatment of STH follows the same guidelines as post-tonsillectomy bleeding, and Head and Neck Surgery intervention is only required in cases of airway compromise, arterial bleeding, continuous venous bleeding, and deep space neck infections[15].

Professor Dr. Ahmmad Taous
Professor of ENT,
Pabna Medical College, Bangladesh
ORCID ID- 0000 002 3020 0236
E-mail: atlincoln71@gmail.com
Mobile: +880 1717033773

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