

Table 1. Etiology of Epistaxis

LOCAL

- Trauma**
- Nasal fracture (lacerated vasculature, damaged mucosa)
 - Rhinotillexomania (compulsive nose picking)
 - Nasal foreign body (often associated with unilateral purulent discharge)
 - Iatrogenic (nasogastric or nasotracheal intubations, head and neck surgeries)
 - Carotid aneurysm (rare, deadly; delayed presentation of posterior bleed, associated cranial nerve deficits)
- Infectious/Inflammatory**
- Allergic rhinitis
 - Upper respiratory infections (bacterial, viral, fungal)
 - Chronic sinusitis
 - Intranasal parasites
 - Nasal cellulitis
 - Entomophthoromycosis
- Neoplasm**
- Juvenile nasopharyngeal angiofibroma (pubertal males with triad of posterior bleed, obstruction, and mass)
 - Nasal hemangioma
 - Papilloma
 - Adenoid cystic carcinoma
 - Squamous cell carcinoma
 - Adenocarcinoma
 - Hemangiopericytoma
 - Rhabdomyosarcoma
 - Esthesioneuroblastoma
- Chemical/Irritants**
- Cocaine
 - Cigarette smoke
 - Cannabis
 - Ammonia
 - Others (gasoline, phosphorus, acids, etc.)
- Medications**
- Rhinitis medicamentosa (improper/long-term use of nasal decongestants → ischemic mucosa)
 - Topical corticosteroids
- Environmental**
- Rhinitis sicca (dry nose—due to lack of humidity, air conditioning, heated environments)
 - Barometric changes (altitude, dysbarism)

Anatomic

- Septal deviation (disrupts local airflow, desiccating adjacent tissues)
- Septal perforation (bleeds from surrounding friable granulation tissue)
- Meningocele, encephalocele, glioma
- Unilateral choanal atresia

SYSTEMIC

- Coagulopathies**
- Von Willibrand's disease (most common)
 - Hemophilia A (Factor VIII deficiency)
 - Hemophilia B (Factor IX deficiency)
 - Platelet dysfunction (liver disease, ETOH abuse, renal disease)
 - Thrombocytopenia (chemotherapy, malignancy, DIC, hypersplenism, ITP, drugs)
 - Vitamin K deficiency
 - Leukemia
- Medications**
- Anticoagulants (heparin, warfarin)
 - Aspirin, NSAIDs,
 - Herbals (Ginko Biloba, vitamin E)
 - Clopidogrel, ticlodipine
 - Dipyridimole
 - SSRIs
 - Sildenafil
- Granulomatous Disorders**
- Syphillis
 - Sarcoidosis
 - Tuberculosis
 - Wegener's granulomatosis
- Vascular**
- Hypertension
 - Circadian onset (primary peak in the morning 8 a.m., secondary peak in evening at 8 p.m.)
 - Atherosclerosis
 - Scurvy
 - Osler-Weber-Rendu disease (hereditary telangiectasias, affects the GI, GU, respiratory tracts, onset in puberty)
- Other**
- Pregnancy
 - Hemorrhagic fevers (Ebola, Marburg, Dengue)
 - Whooping cough
 - Measles