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PHOSPHODIESTERASE-5 INHIBITOR USE: AN UNDER-REPORTED CAUSE OF PROFUSE NASAL BLEEDING

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Abstract—Background: Phosphodiesterase-5 (PDE-5) inhibitors enhance penile erection and have gained popularity not only for erectile dysfunction, but also in recreational settings. Nevertheless, adverse effects have been associated with their use, with nasal bleeding among them. PDE-5 inhibitor action is materialized through the inhibition of the cyclic guanosine monophosphate (cGMP) enzyme. cGMP is present at several sites of the human body in addition to the corpus cavernosum, leading to the adverse effects associated with its nonselective inhibition. **Case Reports:** Two male patients with severe epistaxis who were taking PDE-5 inhibitors for erectile dysfunction or recreational purposes are discussed. Surgical intervention was required in both patients to control the nasal hemorrhage. **Why Should An Emergency Physician Be Aware of This?:** Nasal bleeding in patients who are taking PDE-5 inhibitors might represent an under-reported cause of epistaxis because of the unwillingness of most male patients to discuss issues pertaining their use without hesitation. Yet such episodes are rather profuse. This is especially true when the venous engorgement caused in the nasal mucosa by the smooth muscle relaxant effect of PDE-5 inhibitors is combined with a second event (e.g., specific drugs or blood dyscrasia). Emergency physicians should be also aware of the possibility that in the coming years the number of such cases might increase because of the increased use of these medications for erectile dysfunction or recreational purposes. It is likely that these patients

could not be managed conservatively, but would rather require referral to an Ear, Nose, and Throat Department for surgical intervention. © 2016 Elsevier Inc. All rights reserved.

Keywords—epistaxis; nasal bleeding; phosphodiesterase-5 inhibitors

INTRODUCTION

Phosphodiesterase-5 (PDE-5) inhibitors (e.g., sildenafil) enhance penile erection by inducing smooth muscle relaxation in the corpus cavernosum. They have gained popularity not only for patients with erectile dysfunction but also in recreational settings.

However, the enzyme inhibited by the drugs of this category, cyclic guanosine monophosphate (cGMP), is present at several sites of the human body in addition to the corpus cavernosum. Therefore, adverse effects, such as intracranial hemorrhage, variceal and hemorrhoidal bleeding, vocal fold hemorrhage, and epistaxis have been previously reported to follow its nonselective inhibition (1–6).

The aim of the present case series is to discuss the occurrence of nasal bleeding in patients receiving PDE-5 inhibitors with emphasis in its management. Such episodes might represent an under-reported cause of epistaxis because of the unwillingness of most male patients to openly discuss issues relating to PDE-5 inhibitor use.

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CASE SERIES

Case 1

A 51-year-old man was admitted in our department because of tenacious epistaxis from his left nostril of 10 days' duration. On examination, there was severe septal deviation to the left. No specific bleeding site was identified. His medical history included blood hypertension (for which he was taking amlodipine) and sildenafil overuse for recreational purposes. Bleeding control required

anterior and posterior packing; however, an attempt to remove the nasal packs resulted in bleeding recurrence.

The patient underwent a septoplasty and cautery to the inferior turbinates under general anesthesia. Anterior packing was placed postoperatively for 2 days. He was also given 500 mg of tranexamic acid orally for 3 days after the operation because of mild bleeding leakage around the nasal packs. The patient was discharged 4 days after the septoplasty, and a year after his operation he had not experienced any further bleeding.

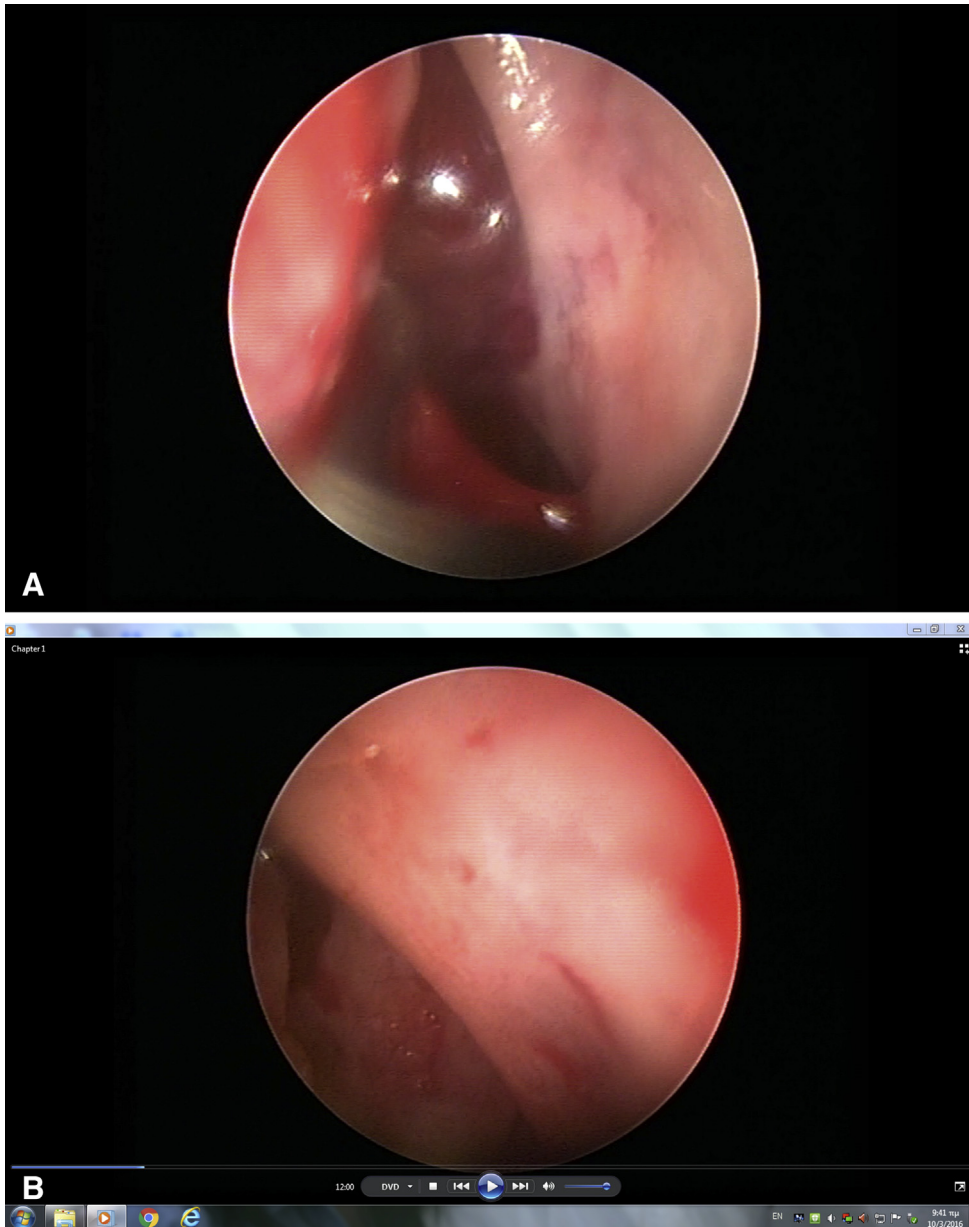


Figure 1. Patient 2. Bleeding in the left middle meatus (A) and identification of bleeding site underneath the left middle turbinate (B).

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