Endovascular Management of Post Tonsillectomy Hemorrhage

Ilana Torchinova, MD and Nicole Horn, MD
Indiana University School of Medicine and Riley Hospital for Children, Indianapolis, Indiana

BACKGROUND

Tonsillectomy and adenoidectomy (TA) is a routine outpatient procedure with postoperative hemorrhage (PTAH) incidence of 2-3%. Depending on its severity, PTAH may require surgical intervention or endovascular embolization.

CASE

Near the end of an uneventful TA in an otherwise healthy 11-year-old male, the otolaryngology team encountered arterial bleeding that persisted despite customary surgical techniques (suture ligation, cautery etc.). The patient was kept intubated and sedated and transported to the interventional radiology suite for left carotid angiogram which demonstrated mild spasm of the distal internal carotid artery without significant narrowing, pseudoaneurysm or contrast extravasation (see angiogram #1-2). Prior to extubation, the patient was noted to have excessive bleeding from his oral and nasal cavity. The patient was re-anesthetized, and the bleeding was controlled with packing. A second angiogram revealed an area of irregularity proximal to the left lingual artery with an overlying pseudoaneurysm, which was thought to be the source of bleeding (see angiogram #3-4).

DISCUSSION

The pseudoaneurysm was successfully embolized and hemostasis was obtained. The patient was extubated and admitted to the ICU overnight for observation and was discharged home the following day. Estimated blood loss during the procedure was 1 liter. Patient did not require blood transfusion, and the final hemoglobin was about 1 gram lower than baseline hemoglobin.

REFERENCES