

Proceedings of International Educators Conference

Hosted online from Rome, Italy.

Date: 25th January, 2024

ISSN: 2835-396X

Website: econferenceseries.com

NOSEBLEEDS - REASON, TREATMENT

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Abstract:

Nosebleeds (epistaxis) - bleeding from the nasal cavity, usually it can be seen as bleeding from the nose. There are two types of nosebleeds: anterior (the most common) and posterior (less common, but requiring more attention from a doctor). Sometimes, in more severe cases, blood can rise from the nasolacrimal canal and exit the eye socket. Fresh and coagulated blood can enter the stomach and cause nausea and vomiting. Nosebleeds rarely end in death; for example, in the USA during 1999, among 2.4 million deaths, only 4 cases of death from epistaxis were recorded.

Nosebleeds

CAUSES OF NOSE BLEEDS

The cause of nosebleeds is divided into two groups: local (local) and systemic factors.

LOCAL FACTORS

The most common factors are:

Nose injury;

Entry of foreign bodies (including "nose poking");

Inflammatory processes (RSV, chronic sinusitis, allergic rhinitis, etc.).

Other possible causes:

Anatomical deformities (for example, telangiectasia in Rendew-Osler disease);

Sniffing drugs (especially cocaine);

Tumors of the nasal cavity (nasopharyngeal carcinoma, etc.);

Low relative humidity of inhaled air (especially in winter);

Installation of an oxygen catheter in the nose (dries the mucous membrane of the nose);



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Use of nasal sprays (especially steroid);

Barotrauma;

Operative intervention (plasty of the nasal septum, etc.).

SYSTEMATIC FACTORS

The most common factors are:

Allergy;

Arterial hypertension;

Ventilations;

Hypothyroidism, in which the production of platelets decreases;

Pathological conditions of the liver: hepatitis and cirrhosis.

Other possible causes:

Side effects of drugs (NYQP);

Drinking alcohol (causes dilation of blood vessels);

Blood diseases (anemia, hemoblastosis, idiopathic thrombocytopenic purpura [ITP], etc.);

lack of vitamin C or K;

Heart failure;

Systemic diseases of connective tissues;

Bleeding from the nose is often observed when the body is overheated, for example, staying under the sun for a long time in the summer.

Diseases of blood vessels.

Nosebleeds develop when blood vessels are damaged, and the mucous membrane of the nasal cavity is rich in vessels. Bleeding can occur spontaneously or be the result of an injury. Nosebleeds occur in 60 percent of the world's population and are more common in people under 10 and over 50, more often in men than in women. On the background of arterial hypertension, the duration of nosebleeds is longer. Treatment with anticoagulants and blood diseases can both cause epistaxis and prolong its duration. In the elderly, nosebleeds often develop as a result of dry and thin mucous membrane of the nasal cavity, age-related tendency to arterial hypertension, and a decrease in the ability of blood vessels to contract.

In 90-95% of patients, the front lower part of the nasal septum (Kisselbach's fold) is the source of epistaxis, and in the remaining 5-10% of cases, the middle and back parts of the nasal cavity serve as a source. "Signal" nosebleeds are considered dangerous, they are characterized by sudden onset, short duration and a lot of blood



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loss. Signal bleeding can be associated with the rupture of a large blood vessel in the nasal cavity, facial bone, aneurysm rupture, and the disintegration of a bad-quality tumor. Also, bleeding from the nose, bleeding from the lungs (red, foamy blood), bleeding from the upper gastrointestinal tract (dark, clotted) can also be observed.

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