




IMAGES IN EMERGENCY MEDICINE

Oncology

A woman with massive epistaxis

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1 | PATIENT PRESENTATION

A 74-year-old woman visited our hospital with a complaint of epistaxis. Her medical history was significant for renal cell carcinoma and subarachnoid hemorrhage. The patient had lost consciousness because of subarachnoid hemorrhage. Endoscopic examination revealed a nasal cavity tumor with hemorrhage (Figure 1). Computed tomography revealed a 30 mm × 25 mm × 15 mm mass with contrast effects in the nasal cavity (Figure 2). We performed an endoscopic nasal tumor resection and the epistaxis stopped. The total hemorrhage volume during the surgery was 650 mL. Histopathological examination revealed metastasis of renal cell carcinoma. The patient remained without epistaxis 1 year after the surgery.

2 | DIAGNOSIS

2.1 | Nasal cavity metastasis of renal cell carcinoma

Epistaxis is a common presentation in the emergency department. In most cases, epistaxis is caused by bleeding from the Kiesselbach plexus and can be stopped by normal procedures. However, in cases of epistaxis due to a tumor, it is often difficult to stop the bleeding. The tumors considered in the differential of nasal tumors include malignant neoplasms, lymphoma, papilloma, hemangioma, angiofibroma, melanoma,

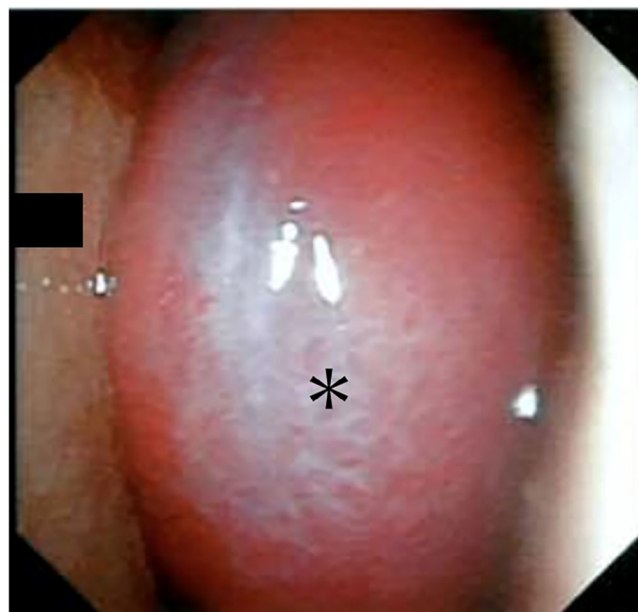


FIGURE 1 Endoscopy shows a nasal cavity tumor (*).

and others.¹ Metastasis of renal cell carcinoma occurs in two-thirds of all cases; however, renal cell carcinoma metastasis to the sinus cavity accounts for less than 1% of all cases.² Renal cell carcinoma metastases are hemorrhagic and related to patients' quality of life in cases of nasal metastases. In cases in which epistaxis cannot not be stopped or there_

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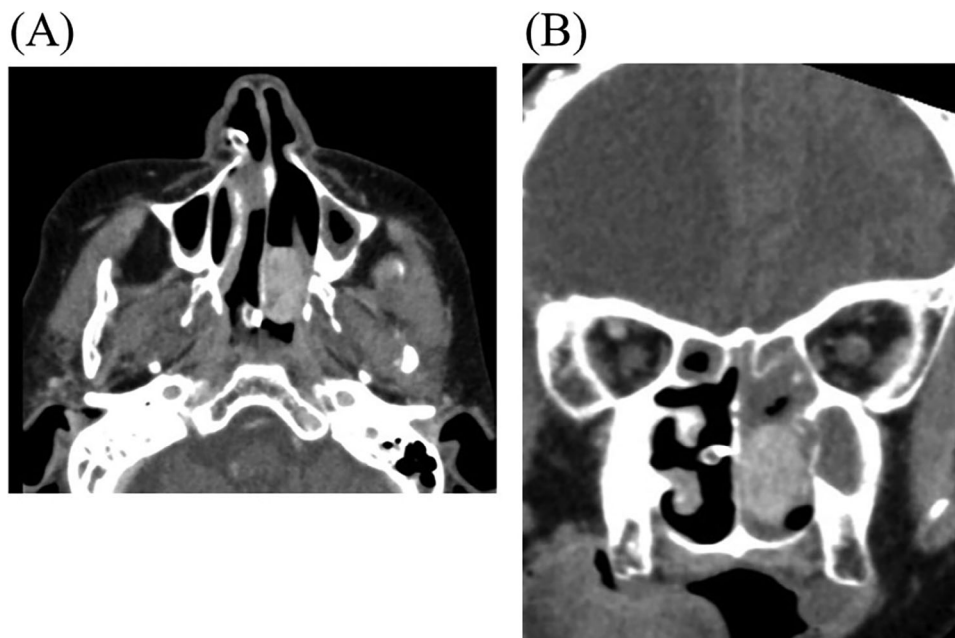


FIGURE 2 Computed tomography shows a mass in the nasal cavity: (A) axial and (B) coronal.

is a history of renal cell carcinoma, an otorhinolaryngologist should be consulted to consider bleeding from a tumor.

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