


# Factors Associated With Recurrent Emergency Department Visits for Epistaxis in Adults, Cross Sectional Study in Two Tertiary Care Hospitals in Riyadh, Saudi Arabia [Letter]

Ahmed M Al-Wathinani<sup>1</sup>, Krzysztof Goniewicz<sup>1,2</sup> 

<sup>1</sup>Department of Emergency Medical Services, Prince Sultan Bin Abdulaziz College for Emergency Medical Services, King Saud University, Riyadh, 11541, Saudi Arabia; <sup>2</sup>Department of Security, Polish Air Force University, Deblin, Poland

Correspondence: Ahmed M Al-Wathinani, Email [ahmalotaibi@ksu.edu.sa](mailto:ahmalotaibi@ksu.edu.sa)

## Dear editor

We read with great interest the article by Alghofili et al, which provides valuable insights into the factors associated with recurrent emergency department (ED) visits for epistaxis.<sup>1</sup> The study raises important questions about both the current management practices and the gaps in understanding that persist in this field.

One critical area that warrants further exploration is the potential role of patient education and outpatient follow-up in reducing recurrence rates. The study emphasizes the limitations of expandable polyvinyl acetate packs but does not discuss whether structured follow-up or patient-specific prevention strategies, such as nasal care protocols or addressing modifiable risk factors like blood pressure control, could reduce rebleeding rates. Could these measures, particularly in high-risk populations, shift the burden away from EDs?

Additionally, while the study identifies congestive heart failure as a significant risk factor, it does not address whether tailored anticoagulation management protocols for such high-risk patients could mitigate the recurrence of epistaxis. Could a multidisciplinary approach involving cardiologists, hematologists, and otolaryngologists provide better outcomes for these patients? Moreover, the study raises questions about the broader implications of comorbidities like diabetes and hypertension, which, while not statistically significant here, are well-established contributors in other studies.

The impact of physician knowledge and adherence to guidelines is another area that merits closer scrutiny. The authors highlight global gaps in first-aid knowledge for epistaxis management, yet the study does not delve into whether these gaps influence recurrence rates. Might initiatives such as standardized education programs or region-specific guidelines improve outcomes, particularly in resource-limited settings?

Furthermore, environmental factors like seasonal variation, which are briefly noted in the literature, deserve further investigation in this context.<sup>2,3</sup> Could environmental or occupational triggers exacerbate epistaxis recurrence, and how might such factors inform preventive strategies? Addressing these dimensions could provide a more holistic understanding of the issue.

Finally, the economic implications of recurrent epistaxis remain unexplored. Repeated ED visits not only strain healthcare systems but also place financial and emotional burdens on patients.<sup>4,5</sup> We believe future research should evaluate cost-effective strategies for managing this condition, potentially incorporating telemedicine or home-based care solutions to minimize ED dependence.

This study makes a valuable contribution to the literature but also underscores the complexity of recurrent epistaxis as a clinical challenge that requires broader investigation and multidisciplinary collaboration. We commend the authors for their work and hope these additional questions will inspire further advancements in the field.

## Disclosure

All authors report no other conflict of interest in this communication.

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