

MULTIPLE LIVE LEECHES FROM NOSE IN A SINGLE PATIENT- A RARE ENTITY

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ABSTRACT : *Foreign bodies are a common cause of unilateral epistaxis in children. Both animate and inanimate foreign bodies are commonly found but, leech as a cause of epistaxis is rare. Cases of leech infestation have been reported in the past but infrequently. Here we report an unusual case of bilateral epistaxis in a four years old child who had infestation with multiple live leeches.*

Key Words : *leech, nose, foreign body.*

INTRODUCTION AND CASE REPORT

Foreign bodies are a common cause of unilateral epistaxis in children. Both animate and inanimate foreign bodies are commonly found but, leech as a cause of intermittent epistaxis and that too bilateral is rare. Till date only few cases have been reported and none of the reports consisted of infestation with multiple leeches in a single patient.

A four years old female child apparently healthy otherwise, presented in ENT emergency with a history of foreign body in nose which was suspected to be leech, as one had been pulled out by the patient's attendants from the right nasal cavity when the latter protruded out partially. It was brought along within a water bottle. Patient had presented to the hospital because of the continuous bleeding from the nose.

The patient belonged to hilly area of Hamirpur, where water springs are common and the children are in the habit of playing in these water pools which harbour leeches in plenty. This patient presented with a history of repeated episodes of bleeding from both nasal cavities for which she had visited a local private practitioner, who could not find the cause and the patient was treated symptomatically. In spite of the treatment, the patient continued to have episodes of epistaxis.

On examination, there was bleeding from the right nasal cavity amounting to about five ml which occurred after pulling out of leech from the right nasal cavity. On anterior rhinoscopy, there was a blackish brown mass moving in either nasal cavity. The attachment of the mass could not be seen as the patient was uncooperative.

The patient was administered syrup phenergan in the dose of 1mg/kg. After half an hour the child was comfortable and sleeping. The secretions were cleared by the suction to facilitate the examination. As soon as the vacuum was applied one of the blackish mass came out with it. Since this appeared to be an easy procedure,

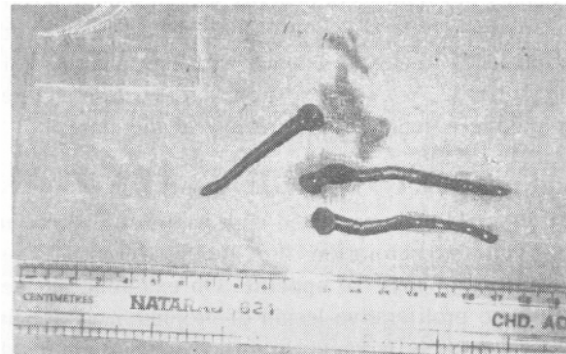


Fig. I : Three lirc leeches optiv removal measuring approx 8cm each.



Fig. II : The leech alive 1 week after removal.

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similar attempt was made on the other side. In this way two leeches were removed one from either nasal cavity and one had already been removed by patient's attendant from right nasal cavity. All the three leeches measured about 8 cm. in length (fig.I) and were alive at the time of removal and one of them remained alive one week after removal (fig.II).

DISCUSSION

Leech infestation has not been mentioned as a cause of epistaxis in common textbooks. However Manson Bahr[1] has mentioned leech infestation as a cause of epistaxis. Live leech in subglottic space without dyspnoea or cough has been reported, which was removed under general anaesthesia [2]. This had migrated from oropharynx and naso-pharynx. Spontaneous expulsion has been reported in a case of a 3 year old boy who came with severe haematemesis, cough and dyspnoea[3]. Throat examination as well as systemic examination was normal. Six hours after admission the patient vomitted 6-7 cm headless body of a leech. Head of the leech could not be found on repeated throat & larynx examination. Most of the cases of nasal hirudiniasis in the past presented with unilateral epistaxis. Most of them were infested with a single leech[4]. In some cases there was migration of the leech to the lower respiratory passages with resultant clinical manifestations. One more point worthy of note is that most of the cases had difficulty in diagnosis, in spite of the patient presenting with repeated episodes of epistaxis. Various methods have been employed in the past to remove the foreign body such as hypertonic saline, removal under general anaesthesia, by applying a sharp pull etc [4].

Our patient is unique in many ways, she presented with bilateral epistaxis, the cause of which could not

be found by the private doctor inspite of nasal and throat examination.

The infestation was with multiple live leeches (3 in number) which has not been reported in the past. The method of removal was negative suction in this case. No hypertonic solution was applied.

CONCLUSION

Hence, leech as a foreign body should always be kept in mind while treating a patient belonging to an area where springs are common. Whether the bleeding is unilateral or bilateral, a thorough search should be made if on anterior rhinoscopy the examination is negative as the leech is known to attach to the posterior parts of the nasal cavity with its suckers. The leech can retreat into the nasopharynx and is also capable of migrating to lower airways, leading to difficulty in breathing and removal even under general anaesthesia is difficult. Its presence inside the body is sometimes dangerous with attendant physical and psychological effects.

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