## Spontaneous hemorrhage from the tonsil (A review of three cases)

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Abstract Spontaneous hemorrhage from the tonsil is a serious condition and could be fatal in some cases. Within the last three years, 3 cases were reviewed in our ENT Clinic, All were males of different ages, One of them presented with bilateral tonsillar bleeding, the other two showed unilateral hemorrhage. All cases were treated conservatively.

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C ince the advent of antibiotics, major Spontaneous hemorrhage from the tonsil is extremely rare. Indeed most textbooks fail to mention this as a symptom when discussing tonsillitis or tonsillectomy.<sup>1</sup>

Infectious and inflammatory disease of the tonsils remains a significant cause of morbidity in the pediatric and young adult population. The well known complications of tonsillitis include peritonsillar abscess, parapharyngeal and retropharyngeal space infections, and acute and chronic airway obstruction, including obstructive sleep apnea, which may result in pulmonary hypertension and cor-pulmonale.<sup>2</sup> Spontaneous hemorrhage from the tonsil as a complication of acute and/or chronic tonsillitis was occasionally reported in the pre-antibiotic era. This, however, was almost always in association with peritonsillar abscess.34 Spontaneous tonsillar hemorrhage has only recently been reported as a complication of tonsillitis.5

Acute tonsillitis with spontaneous hemorrhage from the tonsil, was seen in 3 patients at our ENT Department.

## Case reports

Case no. 1 A 14 year-old male patient presented with profuse bleeding from the throat, associated with sore throat, low grade temperature and general weakness. Physical examination revealed a heart rate of 110 beats/minute, blood pressure of 110/70, and temperature of 38.5 °C. Examination of the oropharynx revealed enlarged and severely congested tonsils. There was no clinical or laboratory evidence of a hematological or clotting disorder.

During examination, the bleeding point was located, it was coming from the upper pole of the right tonsil. The bleeding was controlled with topical silver nitrate.<sup>6</sup> and the patient was admitted to hospital and started on intravenous penicillin. The patient improved and was discharged on the third hospital day. The patient had additional episodes of hemorrhage from the tonsil 6 weeks later but from the left side and was treated in the same way.

Case no. 2 An 18 year old male patient, presented to the ENT Department with a chief complaint of bright red bleeding from the mouth. The patient had a history of sore throat for 2 days prior to admission.

On examination the bleeding was not severe, and was coming from the upper pole of the right tonsil, associated with acute tonsillitis. The patient was treated in the same way as above.

Case no. 3 A 23 year old male patient, presented to the ENT clinic with a chief complaint of bleeding from the throat associated with general weakness and fever. The patient had a history

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Table 1 - Lbaboratory investigations

	Patient no. 1	Patient no. 2	Patient no. 3
WBCs	12000/cmm	11000/cmm	15800/cmm
Diff count	Normal	Normal	Normal
PCV	40%	39%	42%
Platelets	Adequate	Adequate	Adequate
ESR	31 mm/1 hr	25 mm/l hr	38 mm/l hr
Bleeding time	Normal	Normal	Normal
PT/PTT	Normal	Normal	Normal
Fibrinogen level	Normal	Normal	Normal
Fibrinogen degradation products	Negative	Negative	Negative
Throat swab culture	Not done	B-hemolytic streptococcus	B-hemolytic streptococcus
Blood culture	No growth	No growth	No growth
Mono spot test	Negative	Negative	Negative
Urine analysis	Normal	Normal	Normal

of sore throat for 7 days. He was treated with antibiotics (Ampicillin Caps), but without improvement.

On examination the bleeding point was located; it was coming from the upper pole of the left tonsil. The bleeding was controlled with topical silver nitrate, and the patient was admitted to the hospital and started on intravenous penicillin. The patient improved and was discharged on the third hospital day.

**Discussion** The commonest cause of spontaneous tonsillar hemorrhage is infection.

Hemorrhage from intact tonsil is a rarely reported complication of acute or chronic tonsillitis.

In patients with bleeding tonsil, the acute inflammatory response increases blood flow to the tonsils with secondary edema, vascular congestion, dilated surface vessels and mucosal necrosis. These vessels can be expected to bleed. The causes are usually vessel wall erosion secondary to bacterial infection or infectious mononucleosis.<sup>1,5,7</sup>

**Conclusion** Three patients were seen with hemorrhage from intact tonsils as a complication of tonsillitis.

- 1. It is a dangerous complication of tonsillitis.
- 2. Hemorrhage from the tonsils should be included in the differential diagnosis of hematemesis and hemoptysis.
- 3. All patients were managed without emergency surgery.
- Hemorrhage from the tonsils is not recommended as an indication for tonsillectomy at this time.

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مكان البحث: مدينة الحسين الطبية / الأردن. تصف هذه المقالة إحدى مضاعفات التهاب اللوزتين الحاد التي لم تدرج في معظم كتب الجراحة وكتب الأنف والأذن والحنجرة، ألا وهي نزيف اللوزتين الناتج عن الالتهاب الحاد. وقد تطرقنا في هذه المقالة إلى كيفية التشخيص والمعالجة بالمضادات الحيوية وكي منطقة اللوزتين بلؤلؤة نترات الفضة، واستبعاد الاستئصال الجراحي.