The blood-sucking leech: A rare cause of unilateral epistaxis

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Nasal foreign-body impaction has been widely reported in the otolaryngology literature. However, the occurrence of a blood-sucking creature in the nose is a rare circumstance, as only a few such reports have been published. We report a new case of this rare finding as a cause of unilateral epistaxis.

A 9-year-old boy presented with a history of intermittent right epistaxis of 1 week’s duration following recent contact with a stream. The bleeding had progressively worsened during the week. The patient had no history of frequent runny nose, nasal obstruction, nasal pain, foul-smelling nasal discharge, or trauma.

Endoscopic nasal examination with topical anesthesia (10% cocaine-epinephrine spray) revealed the presence of a living leech in the right inferior meatus (figure 1). The leech was removed without difficulty with a Tilley forceps (figure 2). The patient reported no pain, and no bleeding from the nasal mucosa was noted. Repeat nasal endoscopy was performed to look for any residual leech and to rule out other causes of epistaxis.

Leeches are annelids in the class Hirudinea. They can enter the human body via various orifices during exposure to streams, lakes, and other forms of water. Once penetration has occurred, they use their sucker to attach themselves to a host’s mucous membrane to feed. They also secrete an anesthetic chemical that prevents a host from feeling their presence.

The site of a leech bite can bleed for a few hours. Bleeding occurs as a result of the injection of the antithrombin hirudin and a histamine-like substance that causes vasodilatation and prevents capillary closure.
These chemicals promote epistaxis, hemoptysis, hematemesis, and rectal and vaginal bleeding.6

Proper technique is required to remove a leech because its sucker affixes firmly to the mucous membrane. Removal can be performed with general, local, or topical anesthesia. Various strategies for the management of a nasal leech have been described in the literature; they include suctioning, a wait-and-watch policy whereby water in a kidney tray is placed 1 cm below the nasal vestibule,6 injection of a 4% lidocaine solution into the parasite,5 and removal with artery forceps or pliers.7

References