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- [1] Yu J, Zheng R, Lin H, et al. Global end-diastolic volume index vs central venous pressure goal-directed fluid resuscitation for chronic obstructive pulmonary disease patients with septic shock: a randomized controlled trial [J]. *Am J Emerg Med* 2016;35(1):1–24. <https://doi.org/10.1016/j.ajem.2016.10.015>.
- [2] Dellinger RP, Levy MM, Carlet JM, et al. Surviving Sepsis campaign: international guidelines for management of severe sepsis and septic shock: 2008[J]. *Intensive Care Med* 2008;34:17–60. <https://doi.org/10.1007/s00134-007-0934-2>.
- [3] Huber W, Umgelter A, Reindl W, et al. Volume assessment in patients with necrotizing pancreatitis: a comparison of intrathoracic blood volume index, central venous pressure, and hematocrit, and their correlation to cardiac index and extravascular lung water index [J]. *Crit Care Med* 2008;36(8):2348. <https://doi.org/10.1097/CCM.0b013e3181809928>.
- [4] H Bryant N, Rivers EP, Knoblich BP, et al. Early lactate clearance is associated with improved outcome in severe sepsis and septic shock.[J]. *Crit Care Med*, 2004, 32(8):1637. doi:<https://doi.org/10.1097/01.CCM.0000132904.35713.A7>.

## Commentary on prophylactic systemic antibiotics for anterior epistaxis treated with nasal packing in the emergency department

Dear Editor,

We read with great interest the paper entitled “Prophylactic systemic antibiotics for anterior epistaxis treated with nasal packing in the emergency department” by Murano et al. [1]. The authors compared the infection rate between patients who were and were not prescribed prophylactic systemic antibiotics for anterior nasal packing in spontaneous epistaxis. They found that prophylactic antibiotic use for nasal packing in spontaneous epistaxis patients is unnecessary. This is an excellent study, and may help to avoid the abuse of antibiotics. However, there are areas that require further clarification.

The infection rate is related to the nasal packing material. Iodoform (or petrolatum) gauze increased the injury to the nasal mucosa and, thereby, induced infection of the nasal cavity. On the contrary, some biological materials including Merocel, absorbable styptic gauze, etc. do not increase the nasal mucosal injury [2,3]. The authors found that the most common method of anterior packing was the use of intranasal balloon devices (74/106, 69.8%), followed by foam polymer nasal tampon use (29/106, 27.3%) [1]. However, the type of packing material used in the remaining three cases was not discussed. The authors should, therefore, compare the infection rate between different packing materials in a future study. In addition, the duration of pack use can affect the infection of the nasal cavity. In this study, the pack was usually removed within 48–72 h after admission. However, the duration of pack use was increased because of the recurrence of epistaxis. The prolonged duration of pack use would cause obstruction of the ostiomeatal complex and affect drainage of the nasal sinus, thereby increasing the chance of infection of the nasal sinus [4]. Thus, we believe that prophylactic antibiotic use should be considered in this case.

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<https://doi.org/10.1016/j.ajem.2019.03.020>**References**

- [1] Murano T, Brucato-Duncan D, Ramdin C, Keller S. Prophylactic systemic antibiotics for anterior epistaxis treated with nasal packing in the emergency department. *Am J Emerg Med* 2019;37(4):726–9.
- [2] Iqbal IZ, Jones GH, Dawe N, Mamais C, Smith ME, Williams RJ, et al. Intranasal packs and haemostatic agents for the management of adult epistaxis: systematic review. *J Laryngol Otol* 2017;131:1065–92.
- [3] Pérez F, Rada G. Is antibiotic prophylaxis in nasal packing for anterior epistaxis needed? *Medwave Jan 7 2016;16(Suppl. 1):e6357*.
- [4] Vidulich RA, Blanda MP, Gerson LW. Posterior epistaxis: clinical features and acute complications. *Ann Emerg Med* 1995;25:592–6.