

## Antibiotics with nasal packing—The authors reply



On behalf of my co-authors, and myself I would like to thank you for your interest in our study as well as your thoughtful questions. The purpose for our study was to compare infection rates of patients with and without prophylactic systemic antibiotics who had anterior packing for spontaneous epistaxis as well as examine the management practices of prescribing prophylactic antibiotics for these patients in the emergency department. In performing our literature search, we have found that prophylactic antibiotic prescribing practices vary among otolaryngologists mainly because there is a paucity of literature that supports a clear benefit to its use. Moreover, many of the studies that do exist, do not support the general use of prophylactic antibiotics for patients with nasal packing for spontaneous anterior epistaxis; however, these studies are insufficiently powered to make a definitive scientific conclusion.

The packing for the three patients who were not addressed in the study had gauze, dissolvable packing or a combination of gauze with Merocel. None of the patients who returned for a follow-up visit had

an infection regardless of the type of packing. Based on this finding, analysis of this data for a future study comparing infection rates between the various types of packing would not be of benefit.

The patients who receive nasal packing for anterior epistaxis in the emergency department are referred for a follow-up visit with an otolaryngology specialist within 48 h. It is at that visit that the decision is made to either remove the packing or have the packing remain in place. It is certainly reasonable for emergency physicians to prescribe, and for specialists to recommend, prophylactic antibiotics for patients who are at an increased risk for infection based on individual factors including the location of the packing (posterior) and duration of packing greater than 48 h.

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