

Aortic dissection

Before any surgery it is always necessary to contraindicate nasal manipulations (nasal intubation, aspirations, etc.) due to the significant risk of triggering sometimes very severe episodes of epistaxis linked to mucous telangiectases.

Apart from the risk of bleeding related to the presence of mucous telangiectases (nasal, gastrointestinal), there are no coagulation anomalies associated with hereditary haemorrhagic telangiectasia and no surgical bleeding risk connected with this pathology.



WHAT IS RECOMMENDED

- Emergency management and treatment (as in non-HHT patients).
- Follow standard treatment protocols for this pathology.
- If the patient's clinical condition requires the insertion of a nasogastric tube, this should be soft, of small diameter (unless clinical circumstances demand a large bore tube), and put in place with extreme caution due to the risk of triggering a severe episode of epistaxis related to the presence of mucous telangiectases.



WHAT YOU SHOULD NOT DO

- Intubate or aspirate through the nose: risk of severe epistaxis.