Background:
Tonsillectomy and adenoidectomy is a very common procedure performed in the United States. It is estimated that over 200,000 tonsillectomies are performed each year[1]. Although the benefits usually outweigh the risks, the most common life threatening complication is the post-tonsillectomy and adenoidectomy bleed. We present a case presentation of a lingual tonsillectomy bleed that was refractory to normal surgical intervention. The patient required neurosurgical intervention to embolize the lingual artery with Onyx. Although there are other case reports of endovascular embolization for hemorrhage after tonsillectomy with coils [2, 3], we believe this is the first case report of successful embolization with Onyx in a patient with a post-tonsillectomy hemorrhage.

Case Report
An 11 year old female with Downs syndrome, history of WPW and OSA s/p tonsillectomy and adenoidectomy, was presenting for lingual tonsillectomy. The patient was on home oxygen at 2 L/min and had night time saturations in the low to middle 80s%. The patient was taken back to the OR and a carefully titrated inhalational induction was performed and IV access was obtained. Then, the patient was intubated with a nasal RAE and surgery proceeded. During the surgery, the left lingual tonsil was removed without any problems and then the right tonsil was removed with a coibrator. During the removal of the right lingual tonsil, profuse arterial bleeding occurred and was refractory to conventional surgical intervention. The oropharynx was immediately packed with good temporary hemostasis. Additional IV access and an arterial line were placed to aid with resuscitation. Due to the nature of the bleed, it was determined that endovascular coagulation techniques would be the most effective way to stop the bleeding. The secondary plan consisted of open neck dissection and ligation of the external carotid artery. Interventional neurosurgery placed a 5F introducer in the right femoral artery and a microcatheter was advanced to the right common carotid artery and through to the right external carotid artery. Contrast material was injected revealing irregularities of the lingual artery. Embolization with Onyx was performed in the area of the right lingual artery with good signs of occlusion on angiography. The oropharynx was then irrigated without any signs of active bleeding. The catheter was withdrawn and pressure applied to the right groin. The patient was transported to the PICU without any other issues. The patient was later extubated and discharged home without any further complications.

References