

68. Pepper C, Lo S, Toma A. Prospective study of the risk of not using prophylactic antibiotics in nasal packing for epistaxis. *J Laryngol Otol*. 2012;126:257-259.
69. Mehanna H, Abdelkader M, Albahnasawy L, Johnston A. Early discharge following nasal pack removal: is it feasible? *Clin Otolaryngol Allied Sci*. 2002;27:153-155.
70. Faistauer M, Faistauer A, Grossi RS, Roithmann R. Clinical outcome of patients with epistaxis treated with nasal packing after hospital discharge. *Braz J Otorhinolaryngol*. 2009;75:857-865.
71. Sanders YV, Fijnvandraat K, Boender J, et al. Bleeding spectrum in children with moderate or severe von Willebrand disease: relevance of pediatric-specific bleeding. *Am J Hematol*. 2015;90:1142-1148.
72. Altomare I, Cetin K, Wetten S, Wasser JS. Rate of bleeding-related episodes in adult patients with primary immune thrombocytopenia: a retrospective cohort study using a large administrative medical claims database in the US. *Clin Epidemiol*. 2016;8:231-239.
73. Kikidis D, Tsioufis K, Papanikolaou V, Zerva K, Hantzakos A. Is epistaxis associated with arterial hypertension? A systematic review of the literature. *Eur Arch Otorhinolaryngol*. 2014;271:237-243.
74. Abrich V, Brozek A, Boyle TR, Chyou PH, Yale SH. Risk factors for recurrent spontaneous epistaxis. *Mayo Clin Proc*. 2014;89:1636-1643.
75. Ando Y, Iimura J, Arai S, et al. Risk factors for recurrent epistaxis: importance of initial treatment. *Auris Nasus Larynx*. 2014;41:41-45.
76. Sarhan NA, Algarni AM. Relationship between epistaxis and hypertension: a cause and effect or coincidence? *J Saudi Heart Assoc*. 2015;27:79-84.
77. Terakura M, Fujisaki R, Suda T, Sagawa T, Sakamoto T. Relationship between blood pressure and persistent epistaxis at the emergency department: a retrospective study. *J Am Soc Hypertens*. 2012;6:291-295.
78. Whelton PK, Carey RM, Aronow WS, et al. 2017 ACC/AHA/AAPA/ABC/ACPM/AGS/APhA/ASH/ASPC/NMA/PCNA guideline for the prevention, detection, evaluation, and management of high blood pressure in adults: executive summary. A report of the American College of Cardiology/American Heart Association Task Force on Clinical Practice Guidelines. *Hypertension*. 2018;71:1269-1324.
79. Chong LY, Head K, Hopkins C, Philpott C, Schilder AG, Burton MJ. Intranasal steroids versus placebo or no intervention for chronic rhinosinusitis. *Cochrane Database Syst Rev*. 2016;(4):CD011996.
80. Schwartz RH, Estroff T, Fairbanks DN, Hoffmann NG. Nasal symptoms associated with cocaine abuse during adolescence. *Arch Otolaryngol Head Neck Surg*. 1989;115:63-64.
81. Bray D. An innovative approach to anterior rhinoscopy. *J Laryngol Otol*. 2004;118:366-367.
82. Thunberg U, Engstrom K, Olaison S, Hugosson S. Anterior rhinoscopy and middle meatal culture in acute rhinosinusitis. *J Laryngol Otol*. 2013;127:1088-1092.
83. Doo G, Johnson DS. Oxymetazoline in the treatment of posterior epistaxis. *Hawaii Med J*. 1999;58:210-212.
84. Levi JM, McKee-Cole KM, Barth PC, Brody RM, Reilly JS. Outcomes of recalcitrant idiopathic epistaxis in children: septoplasty as a surgical treatment. *Laryngoscope*. 2016;126:2833-2837.
85. Chiu TW, McGarry GW. Prospective clinical study of bleeding sites in idiopathic adult posterior epistaxis. *J Otolaryngol Head Neck Surg*. 2007;137:390-393.
86. Boghani Z, Husain Q, Kanumuri VV, et al. Juvenile nasopharyngeal angiofibroma: a systematic review and comparison of endoscopic, endoscopic-assisted, and open resection in 1047 Cases. *Laryngoscope*. 2013;123:859-869.
87. Lopez F, Triantafyllou A, Snyderman CH, et al. Nasal juvenile angiofibroma: current perspectives with emphasis on management. *Head Neck*. 2017;39:1033-1045.
88. Haraguchi H, Ebihara S, Saikawa M, Mashima K, Haneda T, Hirano K. Malignant tumors of the nasal cavity: review of a 60-case series. *Jpn J Clin Oncol*. 1995;25:188-194.
89. Cetinkaya EA, Arslan IB, Cukurova I. Nasal foreign bodies in children: types, locations, complications and removal. *Int J Pediatr Otorhinolaryngol*. 2015;79:1881-1885.
90. Thabet MH, Basha WM, Askar S. Button battery foreign bodies in children: hazards, management, and recommendations. *Biomed Res Int*. 2013;2013:7.
91. Montastruc F, Montastruc G, Taudou MJ, Olivier-Abbal P, Montastruc JL, Bondon-Guitton E. Acute coronary syndrome after nasal spray of oxymetazoline. *Chest*. 2014;146:e214-e215.
92. Rajpal S, Morris LA, Akkus NI. Non-ST-elevation myocardial infarction with the use of oxymetazoline nasal spray. *Rev Port Cardiol*. 2014;33:51.e51-e54.
93. Dokuyucu R, Gokce H, Sahan M, et al. Systemic side effects of locally used oxymetazoline. *Int J Clin Exp Med*. 2015;8:2674-2678.
94. Fabi M, Formigari R, Picchio FM. Are nasal decongestants safer than rhinitis? A case of oxymetazoline-induced syncope. *Cardiol Young*. 2009;19:633-634.
95. Bellew SD, Johnson KL, Nichols MD, Kummer T. Effect of intranasal vasoconstrictors on blood pressure: a randomized, double-blind, placebo-controlled trial. *J Emerg Med*. 2018;55:455-464.
96. Korkmaz H, Yao WC, Korkmaz M, Bleier BS. Safety and efficacy of concentrated topical epinephrine use in endoscopic endonasal surgery. *Int Forum Allergy Rhinol*. 2015;5:1118-1123.
97. Kuan EC, Tajudeen BA, Bhandarkar ND, St John MA, Palmer JN, Adappa ND. Is topical epinephrine safe for hemostasis in endoscopic sinus surgery? *Laryngoscope*. 2019;129:1-3.
98. Richards JR, Laurin EG, Tabish N, Lange RA. Acute toxicity from topical cocaine for epistaxis: treatment with labetalol. *J Emerg Med*. 2017;52:311-313.
99. Ross GS, Bell J. Myocardial infarction associated with inappropriate use of topical cocaine as treatment for epistaxis. *Am J Emerg Med*. 1992;10:219-222.
100. Ruddy J, Proops DW, Pearman K, Ruddy H. Management of epistaxis in children. *Int J Pediatr Otorhinolaryngol*. 1991;21:139-142.
101. Mattoo O, Yousuf A, Mir A, Muzaffar R, Pampori R. Control of anterior epistaxis: a comparative analysis of the