INTRODUCTION

Spontaneous tonsillar hemorrhage is a rare event; most of these cases have been the result of infectious tonsillitis.1 There are reported cases of spontaneous tonsillar hemorrhage in medical literature associated with bacterial infection, measles virus infection, infectious mononucleosis, peritonsillar, parapharyngeal and retropharyngeal abscesses and, less frequently, vascular malformation, aneurysms or pseudoaneurysms of the carotid and superficial temporal arteries, von Willebrand’s disease and local or regional cancer.1,2

In a review of literature, Lourenço et al.1 found 21 cases of spontaneous tonsillar hemorrhage resulting from acute tonsillitis. Cases of spontaneous hemorrhage have been reported in peritonsillar abscesses, mostly when spontaneous drainage occurred during the pre-antibiotic era.1

The prevalence of hemorrhage associated with infectious mononucleosis is 3 to 6.9%; of these, 2.2% presented oropharyngeal hemorrhage resulting from acute tonsillitis.1 The cases of spontaneous tonsillar hemorrhage were uncommon. However, there is a rare variant known as hemorrhagic measles.3

Most authors recommend local control of bleeding with chemical cauterization, electrocoagulation or nebulizing with adrenaline. Tonsillectomy during active bleeding is rarely indicated except for cases of recurring tonsillitis.3,4

DISCUSSION

Most of these patients are aged between 20 and 30 years.3 There is no gender predominance.1 The average duration of symptoms is 2 to 5 days.3 The case above showed sudden bleeding which had lasted one day. The superior tonsillar pole is the most frequently involved site.3

Being examined, half of these patients present active bleeding or blood clots. Tonsillar hemorrhage frequently involves a single tonsil.1

REFERENCES