

## Idiopathic Hemolacria: a case report

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### Abstract

Hemolacria or bloody tears is a rare condition resulting from local and systemic causes. Most of the time cause remains unknown and is inferred to be psychogenic in nature. Management includes identification of the cause along with psycho-social intervention. Here I report a rare presentation of bloody tears in a 16 year adolescent female admitted in our inpatient facility with history and discussion.

**Keywords: Hemolacria, bloody tears, adolescent, dissociation**

### INTRODUCTION

Hemolacria in its literal sense means bloody tears. There is sparse literature in the aforementioned condition stating it as being a rare condition.<sup>1</sup> Some of the identifiable causes are trauma, bacterial conjunctivitis, lacrimal sac infections, conjunctival capillary hemangiomas, conjunctival telangiectasia, lacrimal sac tumors, sino-nasal tumors, hereditary hemorrhagic telangiectasia, henoch-schonlein purpura, retrograde epistaxis, and vicarious menstruation. In some literature, it has also been mentioned as a part of dissociative disorder.<sup>2</sup> In many cases, the causes are simply not found, hence idiopathic.

### CASE - HISTORY

I report a case of 16-year adolescent female referred from Ophthalmology out-patient presenting with hemolacria for six months duration. Each episode would be spontaneous, intermittent, without any pattern lasting for 5-10 minutes initially unilaterally followed by bilateral hemolacria after three months (fig. 1 and 2). It was occasionally associated with a mild headache and mild redness and pain locally. Later, bleeding was also noticed from ears and nose; however, it was always preceded by bleeding from eyes. Before presentation to our psychiatric out-patient, she had two ENT, Ophthalmology, and a Gynecology consultation. Local examination revealed no abnormality hence was admitted for the clarification of the origin of bleeding. During the ward course, she had four episodes of bilateral hemolacria. She

also had three episodes of dissociation over a month. No significant stressors were found. A complete physical examination was done at the time of bleeding which did not reveal any source. Local examination revealed blood coming from bilateral outer canthus with normal anterior segments bilaterally with no evidence of the origin of bleed. No vascular pathologies were found in bulbar and palpebral conjunctival surfaces. Ear, nose, oral cavity, palms, foot, and head were also examined for any area of bleed which could be found. In two of the episodes of hemolacria child had an altercation with mother while the other two were uneventful. The adolescent would be distressed following each episode. Laboratory findings revealed normal complete blood count (hemoglobin, platelet count, total and differential count, erythrocyte sedimentation rate), blood grouping, and coagulation profile (PTT, aPTT, INR, fibrinogen). CT dacryocystography was normal. Millon Clinical Multiaxial Inventory (MCMI), Draw a Person Test (DAPT) and Thematic Apperception Test (TAT) was applied which pointed out stressors in the family along with anxiety traits not amounting to syndromal level. She was kept under observation for the next three weeks where family members were psychoeducated, life skills, emotional regulation and coping mechanisms were discussed. After 3 weeks of the uneventful period, she was discharged and continued to maintain all right for a year and a half. For the last six months, she has two such

episodes with similar presentation. Recently she passed class 10<sup>th</sup> examination with first division.



**Fig. 1 Hemolacria from both eyes**



**Fig. 2 Bleeding from the ear with without hemolacria**

#### **DISCUSSION:**

Hemolacria is mentioned in literature as a rare entity involving many causative factors. Usually, the episodes are described as erratic with no set patterns. The diagnosis of idiopathic hemolacria is based on the absence of abnormalities in history, clinical examination, laboratories, and radiological investigations. Sometimes the causes are known or concealed which can be made apparent, many times cause remains unknown. It has also been labeled as factitious or Munchausen syndrome by proxy. Causes of hemolacria have been listed out as trauma, infective diseases of the eye, tumors of ocular surfaces, lacrimal system pathologies, retrograde epistaxis, bleeding disorders, vicarious menstruation, and psychogenic causes. It has been reported in extremes of ages ranging from infants to 70 years of age, median age has been reported in the literature as being 12 years of age.<sup>3,4</sup> A case report lists hemolacria as a presentation of systemic hypertension.<sup>4</sup> Hemolacria has also been reported along with hematidrosis (bloody sweat) and gastrointestinal bleeding as reported by Antuneset.al.<sup>5</sup> It has been called at times a presentation of Munchausen syndrome<sup>6</sup>, and also as a part of hysteria in older literature.<sup>7</sup> As in our case, there is also a case report where bilateral hemolacria is associated with headache without any other pathologies.<sup>8</sup>

The evaluation of cause is of paramount importance as it is usually identifiable in extreme age groups. A team effort from psychiatrists, ophthalmologists, ENT specialists, with laboratories and radiological investigations most often can point out to an underlying pathology. However, when a cause cannot be identified calling it as idiopathic hemolacria rather than factitious, Munchausen or hysteria appears to be a reasonable diagnosis. As no pharmacotherapy is available, treating the underlying cause is the main line of treatment. However, it should be preceded by adequate psycho-education, teaching coping mechanisms, stress regulating exercises, structured routine and regular follow-up.

#### **CONCLUSION:**

Based on this report, Hemolacria should be investigated thoroughly and extensive clinical evaluation should be done by multidisciplinary

team comprising of hematologist, ophthalmologist, otolaryngologist and psychiatrist to rule out the cause and facilitate management accordingly.

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