Tepecik Eğit. ve Araşt. Hast. Dergisi 2021;31(3):428-31
doi:10.5222/terh.2021.52297

A Rare Case Presenting with "Bloody Tears": Idiopathic Unilateral Hemolacria

Tek Taraflı İdiyopatik Kanlı Gözyaşı ile Başvuran Nadir Bir Olgu

Olgu Sunumu
Case Report

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ABSTRACT

Hemolacria is known as bloody tears and described as blood coming from the eyes. Eye infections, trauma, bleeding disorders, eye and lacrimal canal malignancies, hypertension, hyperthyroidism, retrograde epistaxis and endometriosis have been reported among the causes of hemolacria. When no underlying cause can be found, this condition is defined as idiopathic hemolacri and is knokn as a benign and self-limiting condition.
In this case report we present a 15-year-old an adolescent boy with bloody tears. He had pain around the right eye and headache on the right side of head. He had no other findings as discharge in the eyes, redness, blurred vision, or bleeding in the nose. On physical examination; we observed red fluid starting from the right punctum. Visual examination revealed complete visual capacity, natural bilateral anterior segments, clear fundus, natural and soft retina, and no foreign body or infection findings. Etiological factor was not found in the diagnostic investigations of the patient. The patient was followed with the diagnosis of idiopathic unilateral hemolacria. The hemolacria occurred twice a week and limited itself within several days. Hemolacria is a rare condition and should be evaluated together with pediatricians and ophthalmologists within a multidisciplinary approach.

Keywords: *Adolesan, bloody tears, hemolacria*

ÖZ

Hemolakri, kanlı gözyaşı olarak da bilinen ve gözlerden kan gelmesi olarak tanımlanan tıbbi bir durumdur. Hemolakri nedenleri arasında göz enfeksiyonları, travma, kanama bozuklukları, göz ve lakrimal kanal maligniteleri, hipertansiyon, hipertiroidizm, retrograd epistaksis ve endometriozis bildirilmiştir. Altta yatan bir neden bulunamadığında, bu durum idiyopatik hemolakri olarak tanımlanır. İdiyopatik hemolakri, iyi huylu ve kendi kendini sınırlayan bir durumdur.
Burada kanlı gözyaşları olan 15 yaşındaki ergen bir çocuğu sunuyoruz. Sağ göz çevresinde ağrı ve sağ baş ağrısı vardı. Gözlerde akıntı, kızarıklık, bulanık görme, burunda kanama gibi başka bir bulgusu yoktu. Fizik muayenede; sağ punktumdan başlayan kırmızı sıvısı vardı. Görsel muayenede tam görme kapasitesi, doğal bilateral ön segmentler, açık fundus, doğal ve yumuşak retina, yabancı cisim veya enfeksiyon bulgusu yoktu. Hastanın tanısal incelemelerinde etiyolojik bir etken bulunamadı. Hasta idiyopatik tek taraflı hemolakri tanısıyla takibi sırasında hemolakri haftada iki kez meydana geldi ve birkaç gün içinde sınırlı kaldı. Hemolakri nadir bir durumdur, pediatri ve oftalmoloji ile birlikte multidisipliner olarak değerlendirilmelidir.

Anahtar kelimeler: *Adolesan, hemolakria, kanlı gözyaşı*

Received/Geliş: 25.08.2020
Accepted/Kabul: 27.08.2020
First Online: 28.09.2021

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Cite as: Doğan G, Arslansoyu Çamlar S, Eliaçık K, Ayiptap E, Helvacı M. A rare case presenting with "Bloody Tears": Idiopathic unilateral hemolacria. Tepecik Eğit. ve Araşt. Hast. Dergisi. 2021;31(3):428-31.

INTRODUCTION

Hemolacria is a medical condition, also known as bloody tears, described as blood coming from the eyes [1]. There are only 20 cases reported in the literature until now [2]. The reported causes include infections, vascular anomalies, trauma, bleeding disorders, lacrimal canal and paranasal sinus tumors, hyperthyroidism, endometriosis, retrograde epistaxis [1-4]. Here we present an adolescent case with bloody tears symptom.

CASE

A 15-year-old male admitted to our clinic with complaint of bloody tear from the right eye. It was learned that the patient had complaints for the last two months period, they repeated with 3-4 days intervals and resolved spontaneously for several days at a time. It was stated that he had pain in and around the right eye during the complaint of bloody tears, and a throbbing headache during the bleeding on the right side showing a bleeding. In addition, it was learned that there were no complaints such as discharge in the eyes, redness, blurred vision, or bleeding in the nose. The patient had not a history of head and eye trauma before or at the time of admission. According to his medical history, he was followed up with the diagnosis of epilepsy until he was seven years old, under anticonvulsants but his medication was discontinued after the age of seven years. There wasn’t any history of bleeding diathesis, eye diseases, bleeding diseases or any significant illnesses. On physical examination; general condition was stable, vital signs were age-appropriate, blood pressure: 115/75 mmHg (75p/75p). The right eye had red fluid starting from the punctum (Figure 1). Systemic examinations were normal. Laboratory examinations of the patient revealed Hgb: 13.6 gr/dL, PLT: 261.000 cells/mm^3, PT: 13.9 sec, aPTT: 25 sec, Bleeding Time: 4 minutes, collagen- ADP: 93 sec (Normal), Collagen- Epinephrine: 150 sec (Normal), fT4: 0.98 ng/dL, TSH: 0.97 mIU/L. Serum electrolytes, transaminases and kidney function tests were normal. Erythrocyte sedimentation rate

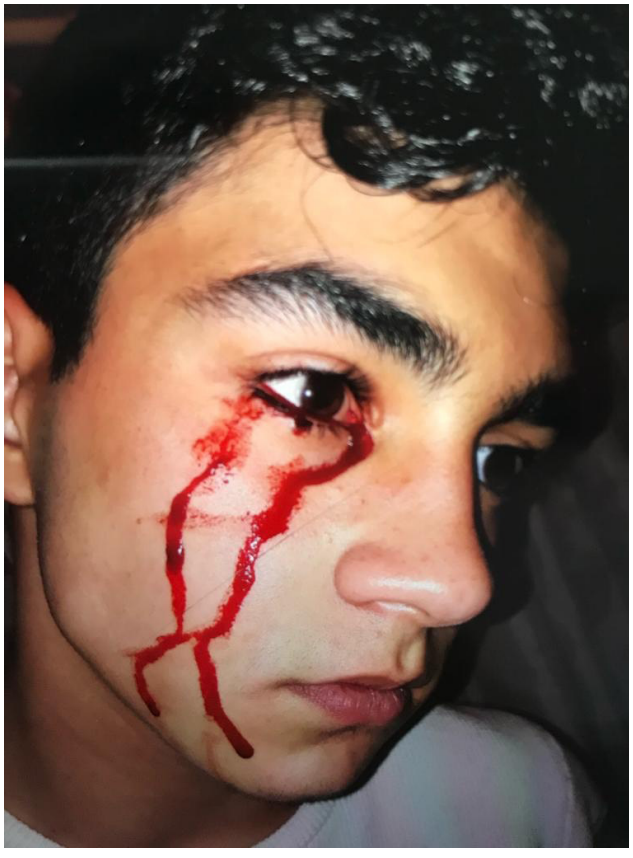

Figure 1. Hemolakriya

23 mm/h. Peripheral blood smear did not show atypia, platelets were found in normal morphology and clustered. ANA, p-ANCA, c-ANCA, anti-dsDNA were negative. Hypertension was not detected in the ambulatory blood pressure monitoring. Visual examination revealed complete visual capacity, natural bilateral anterior segments, clear fundus, natural and soft retina, and no foreign body or infection findings were detected. Anterior rhinoscopy did not show any active bleeding or septal hematoma. Nasal endoscopic examination was normal. Cranial computed tomography, magnetic resonance imaging (MRI) and orbital MRI and angiography were normal.

No etiological factor was found in the diagnostic investigations of the case. During follow-up, hemolacria occurs 1-2 times a week and limits itself within several days. The follow up continues with the diagnosis of idiopathic unilateral hemolacria.

DISCUSSION

Eye infections, trauma, bleeding disorders, eye and lacrimal canal malignancies, hypertension, hyperthyroidism, retrograde epistaxis and endometriosis have been reported among the causes of hemolacria (bloody tears) [5]. When there isn't an underlying cause, this condition is defined as idiopathic hemolacria [6,7]. Hemolacria is a rare condition. In a review conducted in 2017, 15 cases were collected and all cases were between 4 months and 20 years of age and the majority of the cases were female gender and unilateral [2].

Headache and epistaxis are the most common accompanying complaints in patients with hemolacria. In addition, jaundice of the eyes, bloody sweating, menorrhagia, bloody saliva, subfebrile fever may be together [8]. In our case, complaint of bloody tears was accompanied by a throbbing headache around the eye at the same side.

In cases presenting with hemolacria, it is necessary to perform evaluation for eye and lacrimal canal malignancies [9]. In a case report 72-year-old patient who presented with intermittent hemolacria for 5 months was diagnosed with conjunctival melanoma [4]. In another case report a 54-year-old man was diagnosed with transitional cell lacrimal gland carcinoma after 6 months of admission with bloody tears [9]. No mass was observed in orbital and cranial imaging performed in this aspect. Another case was reported that a 45-year-old female patient with recurrent bloody tears and epistaxis was diagnosed with Hereditary Hemorrhagic Telangiectasis [10]. It was showed that telangiectasias observed in direct examination by biomicroscopy are effective in the diagnosis. In the female gender, a case with hemolacria due to endometriosis in the lacrimal canal was reported also in the postmenstrual period.3 The coexistence of the hemolacria is a warning situation with the menstrual period. As a result of the evaluation in our case, no factor that could cause hemolacry was detected, therefore, the case was evaluated as idiopathic hemolacria.

Treatment for hemolacria varies depending on the underlying primary cause. In a 4-month-old boy, it was reported that the symptoms regressed after antibiotic eye drops treatment, but the lack of reproduction in the eye swab sample was unclear and there is no clear evidence whether this was due to infection or a benefit from this treatment [2]. Although medical treatment was given, the authors reported this case as idiopathic hemolacria. In the 35-year-old case lacrimal sac rhinosporidiosis was determined as the major cause of the bloody tear with an excisional biopsy [11]. Surgical procedures, radiotherapy and chemotherapy may constitute the components of treatment in the presence of signs suggestive of malignancy [9].

Idiopathic hemolacria is a benign and self-limiting condition. It has been reported that idiopathic hemolacria spontaneously regresses without any treatment during follow-up. In a series of 4 cases reported by Ho et al. hemolacria did not recur during the follow-up periods varying from 9 months to 11 years [12].

Hemolacria is a rare condition and should be evaluated with multidisciplinary approach together with pediatricians and ophthalmologist. When the cases mentioned in the literature are examined, it may be suggested that the diagnosis of idiopathic hemolacria should be taken into consideration in cases with unclear cause of hemolacria.

Conflict of Interest: None.
Informed Consent: Receipt.

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