

Idiopathic bilateral haemolacria

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DESCRIPTION

Case description

A 15-year-old girl presented with a 1-month history of intermittent, bilateral 'bloody tears' (figure 1A, B). History revealed the symptoms began spontaneously 1 month back with an average one episode in 15 days lasting for less than a minute. Examination revealed 20/20 visual acuity in both the eyes with the normal eyelid, conjunctiva, lacrimal sac area, ocular surface, intraocular pressure and fundus. At the time of initial presentation, smear from the bloody tear film did not reveal any abnormal cells except for red blood cells, followed by lacrimal system syringing and probing revealed patent nasolacrimal system without any identifiable cause. Family history was negative for such symptoms/bleeding disorders, no history of any medication usage and of any disease/surgery related to periocular tissue, nose or sinuses. Haematological work-up showed normal complete blood count, bleeding time, clotting time, prothrombin time and liver function test. CT of the orbits and sinuses showed no abnormalities (figure 1C). Further otorhinolaryngology, gynaecology and psychiatric evaluation did not reveal any organic/psychiatric identifiable cause. During follow-up at the end of 8 months, there was a spontaneous reduction in frequencies of symptoms.

DISCUSSION

Idiopathic haemolacria is rarely encountered in clinical practice; it is a diagnosis of exclusion. Before labelling it as idiopathic, it needs thorough

clinical, imaging and laboratory evaluation. The possible causes for haemolacria after reviewing the literature include trauma, vascular tumours of the ocular surface, lacrimal system disease, retrograde epistaxis, bleeding disorders, endometriosis, psychogenic causes and medications.^{1 2}

Learning points

- ▶ Idiopathic bilateral haemolacria is rarely seen in clinical practice.
- ▶ In such scenario, patients need to be examined and evaluated thoroughly to look for underlying cause and treat accordingly.
- ▶ In cases where no definite organic or psychiatric cause can be identified, observation is required.

Competing interests None declared.

Patient consent Obtained.

Provenance and peer review Not commissioned; externally peer reviewed.

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Figure 1 (A) Bloody tears in left eye. (B) Bloody tears in both the eyes. (C) CT of the orbit and paranasal sinuses revealed normal findings.



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