

Uncontrolled systemic hypertension and haemolacria

G Seethapathy, Jitendra Jethani¹

Key words: Blood in tears, haemolacria, hypertension, nasal packing

Haemolacria is a condition caused by a group of disorders resulting in production of tears that are partly composed of blood. It can be unilateral or bilateral. The etiology includes ocular, systemic, psychological, pharmacological, and idiopathic.^[1-3]

We present an unusual case scenario of unilateral hemolacria in a 62-year-old previously fit and well gentleman who presented to ER (emergency consultation room) with sudden onset epistaxis from the right nostril. Immediate evaluation included local examination by an ENT (Ear Nose and Throat department) colleague and systemic evaluation by the physician. The Physician diagnosed severe hypertension (BP recorded was 190/110 mm hg) and antihypertensive therapy was initiated. The source of the nasal bleed was identified as the Little's area (Kiesselbach's plexus). An attempt to cauterize the bleed under local anesthesia was made by the ENT colleague, following which anterior nasal packing was done. Within a few minutes of packing the nose, patient started shedding blood mixed tears from the right eye (Haemolacria) [Fig. 1]. The BP continued to stay high at 160/100 mm of Hg. Following this the antihypertensive

measures were intensified resulting in complete resolution of the symptoms within the next 6 hours.

Preliminary ophthalmic evaluation revealed no local ocular causes of haemolacria, no previous trauma or lacrimal surgeries. We suspect retrograde blood flow through the Nasolacrimal duct to the conjunctival cul de sac following mechanical attempts at stopping the epistaxis, which alone was apparently ineffective as the underlying primary pathology was uncontrolled systemic hypertension. The authors also suspect a possible congenital absence of the valve of Hasner^[4] or iatrogenic damage to the valve of Hasner at the inferior meatus at the time of primary mechanical attempts at haemostasis^[5] that resulted in the above presentation. The patient was lost to further follow up thus preventing a further lacrimal outflow reassessment and a formal nasal endoscopic re-assessment.

Declaration of patient consent

The authors certify that they have obtained all appropriate patient consent forms. In the form, the patient(s) has/have

Access this article online	
Quick Response Code:	Website: www.ijo.in
	DOI: 10.4103/ijo.IJO_1619_19

Department of Eye Care Services, Manipal Hospital, Salem, Tamil Nadu, ¹Baroda Children Eye Care and Squint Clinic, Vadodara, Gujarat, India

Correspondence to: Dr. G Seethapathy, Department of Eye Care Services, Manipal Hospital, Dalmia Board, Salem-Bangalore Highway, Salem - 636 012, Tamil Nadu, India. E-mail: drgseye@rediffmail.com

Received: 04-Sep-2019

Revision: 10-Sep-2019

Accepted: 23-Oct-2019

Published: 16-Mar-2020



Figure 1: Shows blood mixed tears coming out of right eye of the patient. It shows right haemolacria and the free end/thread of the anterior nasal pack in the right nostril

This is an open access journal, and articles are distributed under the terms of the Creative Commons Attribution-NonCommercial-ShareAlike 4.0 License, which allows others to remix, tweak, and build upon the work non-commercially, as long as appropriate credit is given and the new creations are licensed under the identical terms.

For reprints contact: reprints@medknow.com

Cite this article as: Seethapathy G, Jethani J. Uncontrolled systemic hypertension and haemolacria. Indian J Ophthalmol 2020;68:638-9.

given his/her/their consent for his/her/their images and other clinical information to be reported in the journal. The patients understand that their names and initials will not be published and due efforts will be made to conceal their identity, but anonymity cannot be guaranteed.

Acknowledgement

Dr. Sujay Siddharthan, TMS Eye hospital.

Financial support and sponsorship

Nil.

Conflicts of interest

There are no conflicts of interest.

References

1. Ahluwalia B, Khurana A, Sood S. Blood tears (Hemolacria). *Indian J Ophthalmol* 1987;35:41-3.
 2. Dillivan KM. Hemolacria in a patient with severe systemic diseases. *Optom Vis Sci* 2013;90:e161-6.
 3. Khanna RK, Fontaine A, Lemacon JM, Moriniere S, Pisella PJ. Hemolacria revealing a primary nasolacrimal duct melanoma. *Can J Ophthalmol* 2019;54:e70-3.
 4. Yedavalli V, Das D, Massoud TF. Eponymous "valves" of the nasolacrimal drainage apparatus. I. A historical review. *Clin Anat* 2019;32:41-5.
 5. Serdahl CL, Berris CE, Chole RA. Nasolacrimal duct obstruction after endoscopic sinus surgery. *Arch Ophthalmol* 1990;108:391-2.
-