Uncontrolled systemic hypertension and haemolacria

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**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...
Acute bilateral conjunctivitis with nasooral involvement: A rare manifestation of tuberculosis.

Facial examination revealed bilateral red eyes [Figs. 1 and 2]. The patient had severe episodes of mild fever and loss of weight in the past few months. She underwent computed tomography-guided mediastinal nodes in the right paratracheal and subcarinal locations. [Fig. 4] She was referred to a dermatologist and ENT surgeon. Biopsy pathology revealed a mediasinal mass that later proved to be TB on histopathology. This is a rare manifestation of conjunctival TB.

Further evaluation of the patient revealed a mediastinal mass that later proved to be TB on histopathology. This is a rare manifestation of conjunctival TB.

High-resolution chest CT scan revealed confluent necrotic nodules were multiple, bilateral, and associated with intense inflammation with the presence of 20% acid fast bacilli. The culture grew Mycobacterium tuberculosis.

Histopathology revealed a mediastinal mass that later proved to be TB on histopathology. This is a rare manifestation of conjunctival TB.

There were no confusions of interest.

Financial support and sponsorship
Dr. Sujay Siddharthan, TMS Eye hospital.

Acknowledgement
Dr. Sujay Siddharthan, TMS Eye hospital.

Conflicts of interest
There are no conflicts of interest.

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