

Apparent Haemolacria: A Case of Munchausen's Syndrome

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ABSTRACT

Haemolacria, also known as Bloody Tears due to its evident physical presentation, is a rare condition, which causes sudden panic and distress in both, the patient party and the health care providers. The patient, in her late teens, presented in the Department of Emergency Medicine of our tertiary care hospital, with a thin blood-stained streak from her left eye, without any active bleeding. Munchausen's Syndrome is usually a diagnosis of exclusion due to its rarity. Haemolacria, an uncommon but worrying phenomenon, is one of the rare presentations of Munchausen syndrome.

Keywords: Urological emergency; Psychiatric Emergency; Penile Strangulation; Compulsive sexual behaviour disorder (CSBD).

INTRODUCTION

Haemolacria, also known as Bloody Tears due to its evident physical presentation, is a rare condition, which causes sudden panic and distress in both, the patient party and the health care providers. Haemolacria has a scarcity of literature and due to its varied etiologies and presentations,

it is difficult to come at a specific diagnosis even after performing plethora of investigations. Richard Asher first named Munchausen Syndrome in 1951 after Baron von Munchausen, a fictional character loosely based on a German military man who spun fantastic tales about his imaginary adventures while traveling from one place to another. Amongst other factitious disorders, the patients of Munchausen Syndrome are distinctive because of extreme chronicity of sick role, therapy seeking, and attention craving behaviour, characterised by wilful fabrication and mimicking of symptoms in order to play the sick role.¹⁻³

CASE PRESENTATION

The patient, in her late teens, presented in the Department of Emergency Medicine of our tertiary care hospital, with a thin blood stained streak from her left eye, without any active bleeding. Her family was quite affected and distressed while on the contrary she was indifferent to her condition.

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Detailed history, evaluation and examination were insignificant per se and they had pictorial evidence (Fig. 1) of her bleeding from her left eye on 2 occasions in last 3 days. There was no ocular trauma or any trauma to periorbital region. Several investigations were done which include Complete



haemogram, coagulation profile consisting of bleeding time, clotting time, Prothrombin time (PT), activated partial thromboplastin time (aPTT), international normalized ratio (INR), along with serum electrolytes, liver and kidney function tests, which all came to be within normal limits. CT and MR Angiography of brain and face were also done which came out to be unremarkable. Possibility of ocular vicarious menstruation being the cause of it was ruled out as the episodes didn't coincide with the period of menstruation, further probing also revealed that she was alone in her room when her parents heard her scream and when they entered the room they saw reddish blood-like liquid flowing from her left eye and it stopped after wiping it off with a cloth and just the stain remained. Ophthalmology and Psychiatry references were made which revealed normal Ophthalmological examination and certain psychological stressors were elicited, out of which, scholastic issues, interpersonal conflicts, and sensitivity to criticism were prominent, eventually she hinted to have used red water colour mixed with water as a substitute of blood, dropping some drops in her eyelids with the help of a fountain pen dropper,

though she denied it afterwards. She was advised counselling and follow up visit in Psychiatry Out Patient Department. Past history revealed multiple hospital visits with gastrointestinal complaints but no causative factors were found. These important findings led us to formulate the diagnosis of Munchausen's Syndrome.

DISCUSSION

There are several causes of Haemolacria that can be identified, including: trauma, bacterial conjunctivitis, conjunctival telangiectasia, lacrimal sac tumours, Sino-nasal tumours, infections of lacrimal sac and duct, conjunctival capillary haemangiomas, hereditary haemorrhagic telangiectasia, Henoch-Schnlein purpura, retrograde epistaxis, and ocular vicarious menstruation.⁴ In some literature, it has also been mentioned as a part of dissociative disorder. In approx. 30% of the cases, the causes are simply not found, hence idiopathic. Munchausen's Syndrome is usually a diagnosis of exclusion due to its rarity. Three cases were initially reported by Asher, where the patients presented with feigned acute illnesses supported by a convincing and spectacular history that was mostly made up of lies and fabrications. Usually, these patients are admitted due to their apparent serious and alarming presentations.^{5,6} Physical sign and symptoms are prominently the presenting complaints in such patients, thus seeking immediate care and hospitalization, during which they even consent to invasive procedures easily. Apart from providing care what is actually required, secondary gains should be cut down and a possibility of Malingering should be ruled out.^{7,8} Such patients usually have a precipitating factor of sudden cessation of attention from people, thus trying to feign symptoms in order to gain medical attention. Detailed physical evaluation should be done immediately as a diagnosis of Munchausen's does not exclude a concurrence of a medical disease. Overall, Munchausen along with the whole spectrum of factitious disorders is quite under diagnosed, both by psychiatrists and physicians.⁹ Haemolacria, an uncommon but worrying phenomenon, is one of the rare presentations of Munchausen syndrome.¹² Definite causes of Munchausen Syndrome cannot be ascertained but can be attributed to parental neglect, emotional trauma or illness originating in childhood along with unresolved issues, personality disorder and other psychological stressors. Various reported examples of probable Munchausen's Syndrome include (i) 40 years aged

employee who used to mix beetroot extracts to urine in order to fake haematuria so that this transfer to another hospital can be avoided, (ii) A female aged 55 years inflicting self-injuries to her gum near lower molar teeth with a safety pin which was kept hidden inside her blouse¹⁰, (iii) 9-year-old girl applied mother's liquid vermilion masquerading it as fake blood coming out from eyes, nose, ears, oral mucosa, umbilicus associated with severe pain in right breast followed by fake bloody discharge from right nipple¹¹, (iv) 10-year-old girl, who bit her buccal mucosa on right side, smeared her fingers with it and applied it on her cheeks, and thus presented with sudden bloody discharge from right eye, in order to gain attention¹², (v) Female, aged 16 years, punctured her left sided finger tips using hair clip, and applied the blood on her both cheeks, thus presenting with blood streaking from both eyes and cheeks in a linear pattern¹³, (vi) 18-year-old female inflicted superficial cuts on her thigh and medial aspect of upper leg, and then she mixed this blood with her nasal secretions, thus presenting as abrupt onset of bleeding from the nose, in order to seek parental attention amidst significant ongoing stress due to parental conflict¹⁴, (vii) 25 year old female, presented with complaints of recurrent gastrointestinal bleeding which actually was Factitious bleeding due to self-inflicted injuries using needles and syringes, along with self-administration of enema of blood drawn previously from infusion bottle¹⁵, (viii) Female patient aged 27 years who presented with haematuria and anaemia and was found to be injecting transfusion blood into her own bladder using dirty syringes which were hidden¹⁶, (ix) 28-year-old female patient who was bleeding from a tracheostomy site and the front gown got soaked with blood with several blood-stained gauzes when discharge was being planned, it was found that she was drawing blood from a vein in her arm and then spattering it around her neck and ceiling¹⁷, (x) 30 year old female presented with bloody diarrhoea, vaginal bleeding which was fabricated by injecting blood into her rectum, vagina and then mixing it with stools, for this she obtained blood by drawing from intravenous or peripherally inserted central catheter line and then storing it in the syringes hidden under her bed.¹⁸ Adequate awareness, multidisciplinary approach, detailed evaluation with proper counselling, avoidance of unnecessary invasive procedures is probably the optimal approach and management of such cases.

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