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SUBCONJUNCTIVAL HAEMORRHAGE-A CASE STUDY

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ABSTRACT :

Subconjunctival haemorrhage is a common ocular complaint that most clinicians will see in their practice. This article describes its causes and the context in which SCH can be present. The article will summarize the evaluation and further management to help clinicians treat and guide patients who present with this condition.

Key words: primary care, red eye, subconjunctival haemorrhage.

INTRODUCTION

Ophthalmological consults account for approximately 2% to 3% of primary-care consults[1], red eye being the most frequent amongst them[2]. Subconjunctival haemorrhage usually occurs in patients with poorly-controlled hypertension and patients under the effects of anticoagulant drugs[3].This pathology is generally asymptomatic, unilateral and the diagnosis is usually made solely based on clinical examination[4].

AIM

Review the clinical presentation of a patient with Subconjunctival Haemorrhage.

OBJECTIVE

Study the diagnosis and management of Subconjunctival Haemorrhage.

MATERIAL AND METHODOLOGY

Simple Random Single Case Study on patient with Subconjunctival Haemorrhage.
Slit Lamp for anterior chamber examination.

CASE DESCRIPTION

A 42 years old male patient from Pune working as a banker not known for any major systemic illness visited to ophthalmic Outpatient department of concerned hospital with complaints of photophobia, diminished visual acuity and foreign body sensation in the left eye, all of which had started the previous day.

HISTORY OF PRESENT ILLNESS

Patient was asymptomatic two days back. He had complaints of ocular discomfort in left eye including photophobia, diminished visual acuity, mild dryness and foreign body sensation in the left eye. Patient had the above complaints after trying to lift heavy materials.

PAST OCULAR HISTORY

Patient is myopic using spectacles since 3 years. No history of eye trauma, surgery, amblyopia, strabismus.
K/C/O – Hypertension.
M/H/O – Tab. Losartan 50 milligrams of losartan a day.
S/H/O – No significant surgical history.

Allergy – Not known for any drug or food item.
Habits – Drinks alcohol occasionally.

OCULAR EXAMINATION

Normal appearing orbital structures.
Mild subconjunctival haemorrhage in left eye.

VISUAL ACUITY

Vision	Right eye	Left eye
Unaided	6/12	6/24
Aided	6/6	6/6
Near	N6	N6

INTRAOCULAR PRESSURE

Right eye 14.6 mmHg and left eye 14.6 mmHg

SLIT LAMP EXAMINATION

	Right eye	Left eye
Lids	Normal	Normal
Conjunctiva	None	Subconjunctival haemorrhage
Cornea	Clear	Clear
Pupil	Round regular reactive	Round regular reactive
Anterior chamber	Normal	Normal
Lens	Normal	Normal

FUNDUS EXAMINATION

Not done.

DIAGNOSIS

Left Eye Subconjunctival Haemorrhage.

Before Treatment

After Treatment

TREATMENT
Eye drop Carboxymethylcellulose (0.5%) 2 times a day for 15 days.
Tablet Celin 500mg 1 time a day for 15 days.
Continue the hypertensive medication and regular check-up of blood pressure.

ON FOLLOW UP (After 7 days)

Redness reduced in left eye, cornea clear in both eye.

Blanching of blood vessels seen.

Associated symptoms of foreign body sensation in left eye and dryness reduced by 80%.

No other fresh complaints were noted.

	Right eye	Left eye
Lids	Normal	Normal
Conjunctiva	None	Subconjunctival haemorrhage decreased.
Cornea	Clear	Clear
Pupil	Round regular reactive	Round regular reactive
Anterior chamber	Normal	Normal
Lens	Normal	Normal

DISCUSSION

Red eye syndrome is usually divided into benign causes that can be treated by a general practitioner and primary care physician and other more serious and eye-threatening conditions that require immediate medical attention.

The three main symptoms to distinguish the causes of red eye are pain, decreased visual acuity and photophobia.[5]

Clinical examination and aspect of the orbit turned out to be characteristic of subconjunctival haemorrhage. In this case, only non-measurable lessening of the visual acuity was persistent, with all other symptoms being gone by the next day.

During the following weeks, the clinical episode subsided and followed its natural course, with haemorrhage disappearing by the second week.

RESULT

Subconjunctival haemorrhage (SCH) is a common clinical condition of eye that is characterized by blood accumulation in the subconjunctival space. A ruptured vessel causes bleeding in the space between Tenon's capsule and the conjunctiva. Generally it is a benign disorder and can be caused by trauma, hypertension, anticoagulant therapy, elevated venous pressure (Valsalva manoeuvre, coughing, vomiting) and acute haemorrhagic conjunctivitis. Elderly patients and patients with vascular disorders such as hypertension, arteriosclerosis and diabetes tend to have weak-walled conjunctival vessels that may crack easily under stress. Lubricant Eye drops were prescribed as SCH can cause associated dryness in the eyes. Vitamin C makes collagen needed to strengthen the blood vessel wall which helps to quit bleeding in the retina.[7] Vitamin C was found to reduce endothelial dysfunction. Subconjunctival Haemorrhages without any complications resolves on its own. Patient follow-up is also critical in order to avoid committing eye-threatening mistakes.

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