It is fair to say that all of us have had patients present with subconjunctival hemorrhages. Most of these individuals are quite distressed by the tomato-like entity that has shown up in their eye. Many times the event can be tied to an episode of coughing, valsalva maneuvers, or minor trauma. For patients taking an aspirin a day, or on other anticoagulant therapy, touching base with their primary care physician is a good idea to be sure their clotting times are within normal ranges. Generally we can reassure them that this is a benign situation and it will resolve in about a week.

But, what about the patient who has multiple recurrences of these subconjunctival hemorrhages? These folks need further investigation. Felipe and colleagues¹ discuss a patient who had multiple episodes of subconjunctival hemorrhage over a seven-year period. They sent him off for a systemic work-up and the diagnosis of multiple myeloma resulted. As part of the differential diagnosis they noted diabetes mellitus, hypertension, and conjunctival amyloidosis. Amyloidosis occurs in 5 to 15 percent of multiple myeloma patients. The amyloid deposits in the small vessels make them fragile, leading to the subconjunctival hemorrhage.

Tong and Sawamura² had a patient who presented with a history of 12 subconjunctival hemorrhages in a span of 10 years. Their patient was diagnosed with hereditary hemochromatosis, a disorder that results in aberrant iron uptake that damages organs, including the eye. Phlebotomy treatments 2-4 times a year are required to treat this condition.

Recurrent subconjunctival hemorrhages also led to the discovery of a conjunctival lesion that turned out to be lymphoma. Hicks and Mick³ presented the case of a patient with a 7 – 8 month history of recurrences in just the left eye. On examination the lesion was found, leading to further work-up and the diagnosis/treatment for this disorder.

In summary, subconjunctival hemorrhages are a relatively common presenting feature. Generally they are a benign entity; however, recurrent episodes deserve further evaluation so that a more serious condition can be ruled out, or identified and treated.

References:


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