

**HAEMORRHAGE FROM THE LACRIMAL PUNCTUM\***

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HAEMORRHAGE from the punctum is exceedingly rare, scant reference is made to it in the literature, but the following cases are on record:

Konikow (1916) recorded a case of severe epistaxis, in which anterior and posterior tampons were inserted. A few minutes later "bloody tears" began to flow from the corresponding eye. Pressure on the nasal duct stopped the flow. Hird (1932) reported a case in a woman aged 39, of blood in the right eye for four days, with a swelling at the site of the right lacrimal sac. The patient stated that she used to get bleeding from the eye as a child, and that she had had a tumour removed five times in childhood, the last time when aged 13. There were some old scars in the lower lid, presumably the sites of the previous operations. A colleague reported the removal of a papillomatous growth from the right lower fornix and the application of electric cautery to some small papillomata on the conjunctival surface of both upper and lower lids. Pressure over the distended lacrimal sac caused a blood-stained discharge to escape from the punctum into the conjunctival sac, and on further pressure pure blood escaped. The following day the sac and contents were excised, and the pathologist confirmed the diagnosis of a simple papilloma of the lacrimal sac. Jongkees (1941) reported bleeding from the lacrimal duct during nasal haemorrhage. Messner (1947) reported his second observation of profuse ocular haemorrhage after tamponage of the nose for epistaxis. Spontaneous epistaxis occurred in a hypertensive woman aged 72, who treated it by packing the nose with cotton wool. Blood issued from the inferior lacrimal punctum of the left side. Tamponage of the nose with stryphon gauze, intravenous calcium injection, and clauden-coagulen injected intramuscularly stopped the haemorrhage. Thirty-six hours later the patient was in good condition. Urbantschitsch (1946) described a somewhat similar case, which occurred after a fracture of the nasal bone. Valière-Vialeix (1947) makes a similar observation.

To these I wish to add the following case. A 78-year-old publican, of ruddy complexion, who had been accustomed to take more than a bottle of whisky a day for many years, had intermittent bleeding from the left eye for seven days, and had suffered an alarming and profuse haemorrhage the previous night.

Blood was seen escaping from the inferior lacrimal punctum and trickling down the cheek. No lesion of the eye or lids was present. There was no swelling over the lacrimal sac nor was there any previous history of epiphora.

Digital pressure over the sac at first increased the flow of blood from the lower punctum but after a few minutes the bleeding stopped and did not recur. Some clotted blood in the left nostril was observed. The patient admitted to slight and negligible epistaxis, but was convinced that he had bled first and very much more profusely from the eye. X rays of the area revealed no pathology. The blood pressure was not raised.

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\* Received for publication October 12, 1950.

Apart from Hird's case, all those reported have been associated with epistaxis, with back pressure from the nasal cavity probably present. Apparently, however, *bleeding from the puncta does not readily occur in pathological conditions of the lacrimal canaliculi or sac*. Carefully detailed reports of mycotic concretions (Ruys, 1935; Elliot, 1941; Brinckerhoff, 1942), papillomata (Juler, 1915; Maxwell, 1929), and granulomata (Nicholls, 1939) of the canaliculi, primary tumours (Penman and Wolff, 1938; Spratt, 1940; Roberts and Wheeler, 1944), cysts (Canitano, 1923; Freiberg, 1927), granulomata (Stallard, 1940), polyps (Chavarría Lopez, 1948), and gumma (Havel, 1948), of the lacrimal sac, foreign bodies within the sac (Costenbader, 1945), and mycotic obstruction of the nasolacrimal duct (Fine and Waring, 1947), make no mention of this complication. Punctal haemorrhage produces such a startling and unmistakable picture that it cannot be missed. Even in the case of traumatic internal rupture of the lacrimal sac, demonstrated by lipiodol injection and x-ray examination, reported by Posthumus (1940), no punctal bleeding was noted.

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