



Case Report

A CASE REPORT OF HEMATOHDROSIS: VERY RARE CLINICAL ENTITY

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ABSTRACT

Hematohidrosis is a very rare clinical condition of blood sweating. A 10 yr female child was presented in paediatrics department with history of spontaneous bleeding from skin since five months only on mornings around 6:00 am. During examination bleeding manifestations on face were absent. Child had complaint of ear pain and she diagnosed otitis externa by ENT specialist. No specific diagnostic test was performed to reveal hematohidrosis. Patient was diagnosed hematohidrosis based on her clinical manifestations. Etiology of this condition is unknown and the case was managed by administering propranolol 10 mg. Reporting of these type rare clinical entity should be encouraged by clinician to create awareness among health care providers.

KEY WORDS: Hematohidrosis, bleeding manifestations, rare clinical condition, propranolol, awareness.

INTRODUCTION

Hematohidrosis is a clinical condition which is also known as Hematidrosis, Hemidrosis and Hematidrosis. It is a condition in which, capillary blood vessels that connects the sweat glands get ruptured causing them to ooze of blood, occurring under conditions of extreme physical or emotional stress. It is believed to be a systemic disease and has been associated with vicarious menstruation; a condition in which bleeding occurs from surface other than mucous membrane of the uterine cavity at a time when normal menstruation should take place. Hematohidrosis has been reported with primary thrombocytopenic purpura in only one case. In another study, a case of Hematohidrosis, accompanied with otorrhea and otoerythrosis, has been reported¹. Hematohidrosis can also occur in excessive exertion, psychogenic and other unknown factors².

Clinical features of hematohidrosis includes, oozing of blood from forehead, nails, umbilicus and other skin surfaces. In addition, oozing from muco-cutaneous surfaces causing nosebleeds, blood stained tears and vicarious menstruation is also possible. Bleeding episodes may be preceded by intense headache and abdominal pain and are usually self-limiting¹.

Diagnostic tests for hematohidrosis includes; platelet count, platelet aggregation test, coagulation profile and direct light microscopy of fluid collected from oozing site demonstrates presence of normal red blood cells. Investigations are not confirmed about vasculitis^{1,3}.

Hematohidrosis condition can be managed by administering propranolol 10 mg OD which significantly reduces the frequency of spontaneous blood oozing by inducing stress and anxiety³.

Here we discuss a case of hematohidrosis which developed in a 10 years old female.

CASE REPORT

Informed Consent Form

Informed consent form was obtained from the patient's guardian for publishing the case. A copy of the consent form is available with author for future proceeding.

A 10-year-old female child was brought to the hospital in paediatrics OPD on 30/12/2015 with complaint of bleeding spots over left side of face associated with pricking type pain since 5 months. She was no other bleeding manifestation from any other sites. It was also reported that she bleeds daily more in the morning around 6:00 am.

On examination; bleeding manifestations were absent, child was conscious and coherent, pulse rate was 86 bpm and respiratory rate 20 breath per min. tenderness was present on left side of the face and neck. She was referred to ENT department on the same day for further investigations. On examination by ENT specialist revealed that, she has left ear pain and was diagnosed with **otitis externa**. On the same day she was also referred to dermatology and psychiatry departments to rule out any other underlying etiologies.

Her past history was non- significant about any of bleeding manifestations.

She was investigated for complete blood count, liver function test, thyroid test, blood urea, Serum creatinine, Random blood sugar, Homogentisic acid (Alkaptonuria), Ultra sound scan of abdomen, CT scan of brain and blood serology. Reports of all investigations were normal. Prothrombin time was found to be

15.0 seconds (Normal 10-14), INR was 1.18 second (Normal 2.0-3.5), USG of soft tissue shows few enlarged lymph nodes noted in left upper jugular region largest measuring 19×6 mm, Radiography of both mastoids shows partial sclerosis of mastoid air cell bilaterally.

Diagnosis of **Hematohidrosis** was made clinically based on patient sign and symptoms.



Figure : Blood sweating from the left side of the face

Upon admission she was prescribed with following medication:-

1. Tab. Paracetamol 250 mg/po/BD.
2. Tab. B- Complex OD.
3. Tab. Ultracet 1/2 tab/ SOS (Acetaminophen 325 mg and Tramadol 37.5 mg) 30/12/2015.

On day 2 (31/12/2015), patient condition was same and was prescribed with:-

1. Tab. Paracetamol 300 mg / BD.
2. Tab. B- complex -OD.

Day 3 to Day 7 (1/1/2016 to 5/1/2016) patient general condition was same and she was prescribed with:-

1. Tab. Paracetamol – 300 mg /BD.
2. Tab. B- complex - OD.
3. Tab. Amoxiclav 325 mg - BD (Amoxicillin+ Clavulonic acid).
4. Cr. Capsaicin-P - 0.025% - BD. (capsaicin with substance P).

Day 8 & Day 9 (6/1/2016 & 8/1/2016):- she was prescribed with

1. Tab. Paracetamol 300 mg /po/TID.
2. Tab. Amoxiclav 325 mg ½ tab/ Po/BD.

On day 9 (8/1/2016)

1. Tab. IFA (Iron folic acid) OD.
2. Tab. Propranolol 10 mg – OD was added in to the existing prescription.

Again on Day 10 (9/1/2016) prescription was changed to:

1. Tab. Paracetamol 500mg/ BD.
2. Tab. B- Complex– OD.

On day 11(10/1/2016):

Tab. Ciplax (Ciprofloxacin) 250 mg / po/BD were added with previous day prescription.

On day 12 (11/1/2016) she was fit to discharge&discharged with following prescription:

1. Tab. Ciprofloxacin 250 mg - BD for 5 days.
2. Tab. Paracetamol250mg / Po/ SOS.
3. Tab. B- complex –OD.

DISCUSSION

Hematohidrosis is a very rare clinical condition and there are only few reports in medical literature about it and its successful treatment with beta-blockers (Propranolol 10 mg) which significantly reduce the frequency of spontaneous blood oozing⁴. Successful use of beta blockers supports the theory of hematohidrosis condition, induced by stress and anxiety. But yet to establish a high prevalence of stress and anxiety in the modern era did not change the incidence of this extremely rare disease, suggesting that other co-abnormality may also play a key role in this condition³. Atropine sulfate trans-dermal patches have also been used successfully in one case¹.

In this case first 8 days patient was treated for otitis externa and on day 9th only actual treatment of hematohidrosis was initiated and was prescribed for 2 days only. After 2 days bleeding complaint was subsided and drug was discontinued.

In this case underlying etiology such as stress or anxiety was not present, even other bleeding manifestation or vascular disorders was also absent. That might have taken longer time to diagnose the exact condition (almost 9 days). Once diagnosis was confirmed and Propranolol was administered, it shows a dramatic response and bleeding was stopped. Which further confirm the presence of Hematohidrosis.

Clinical pharmacist also has to play a major role in identification and reporting of such cases so as to make more awareness about rare clinical condition. Being a member of health care team it's of utmost priority to publish such rare clinical condition. This will not only create awareness about such type of rare clinical condition but also will help for better patient care by other health care professionals.

CONCLUSION

In conclusion we would like to say, it is extremely important to identify such rare clinical condition and approach with appropriate management. Propranolol in this case was not only benefit to patient but will focus more in rare condition management.

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LIST OF ABBREVIATIONS

1. **OPD** – Out patient department
2. **bpm** -Beats per minutes.
3. **BD** – Bis die (twice daily).
4. **Cr** –Cream.
5. **CT** – Computerized tomography.
6. **ENT** – ear, nose & throat.
7. **INR** – International normalised ratio.
8. **OD** – Omni die (once daily).
9. **PO** – Per os (per orally).
10. **SOS** - Si opus sit (if there is a need).
11. **Syp** – Syrup.
12. **Tab** – Tablet.
13. **TID** – Ter in die (3 times a day).
14. **USG** – Ultrasonography

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