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Emergency Management of Subconjunctival Haemorrhage: A Case Study from a Tertiary Eye Hospital in Bangladesh

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Abstract

Background: Subconjunctival haemorrhage (SCH) is a common ocular emergency that is characterised by an acute red eye that is typically benign and tends to be self-limiting. But its conspicuous appearance frequently brings patients very much agitation, making them desire to go immediately for a doctor visit.
Case Presentation: A 46-year-old male presented to a tertiary eye hospital in Bangladesh with an acute onset of painless erythema of the right eye after an acute coughing episode. No history of trauma or visual impairment. A clinical examination revealed a solitary subconjunctival haemorrhage, with no involvement of the cornea, anterior chamber, or posterior segment.
Management and Outcome: The patient was treated conservatively with reassurance, lubricating eye drops, blood pressure monitoring, and counselling. There were no issues, and the issue was completely fixed in two weeks.
Conclusion: It highlights how systematic emergency evaluation, patient reassurance, and systemic risk factors that identify the impact of Subconjunctival haemorrhage (SCH) must inform managing Subconjunctival haemorrhage (SCH) in eye hospitals in Bangladesh.

Article Info

Keywords: Subconjunctival haemorrhage, red eye, emergency eye care, Bangladesh, ocular emergency

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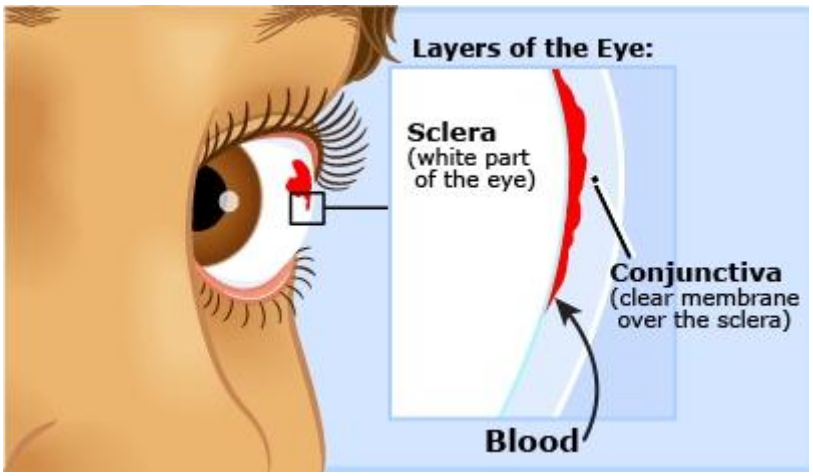
INTRODUCTION

Red eye is a common reason for people to go to the eye doctor in an emergency (Narayana & McGee, 2015). It looks like a bright red spot (Celebi ARC, 2023). Subconjunctival haemorrhage (SCH) is generally not hazardous, yet it may resemble other severe ocular conditions that induce redness. So, doctors need to be careful when they look at it (Celebi ARC, 2023).



In Bangladesh, SCH is often seen not only as a standalone eye problem but also as a symptom of systemic diseases like dengue fever, where subconjunctival bleeding is common in hospitalised patients (Al Zafri, 2024). It's very important to understand SCH in the context of eye emergencies, especially in tertiary eye care settings where patients come in with a lot of different eye emergencies.

Case Report

A 46-year-old male presented to the emergency department of a tertiary eye hospital in Dhaka, Bangladesh, with the sudden onset of redness of the right eye for one day. The redness appeared immediately after episodes of forceful coughing.

The patient denied pain, photophobia, discharge, trauma, or visual disturbance. He had a history of uncontrolled hypertension. No ocular surgery or similar prior episodes were reported.

Clinical Examination

- Visual acuity: 6/6 in both eyes
- External examination: Bright red, well-demarcated haemorrhage over the nasal bulbar conjunctiva of the right eye
- Cornea & anterior chamber: Normal

- Intraocular pressure: Within normal limits
- Fundus examination: Normal

No lacerations or foreign bodies were detected.

Diagnosis

A diagnosis of isolated spontaneous subconjunctival haemorrhage was made based on both historical and clinical findings.

Management

The emergency management plan included:

1. Reassurance regarding the benign progression of the disease (Celebi ARC, 2023)
2. Eye drops that are free from preservatives
3. Monitoring blood pressure and referring the patient to a physician for the management of hypertension.
4. Instructing individuals on how to steer clear of Valsalva manoeuvres, such as engaging in heavy lifting or exerting oneself through intense coughing.

If the patient encountered pain, vision impairment, or persistent bleeding, they were advised to return for a follow-up appointment.

Follow Up and Outcome

At one week follow-up, the haemorrhage had started to recede, and by the second week, complete resolution was observed with no sequelae.

DISCUSSION

Subconjunctival haemorrhage occurs due to rupture of superficial conjunctival vessels and is often associated with systemic conditions such as hypertension, strenuous activities, and, less frequently, infectious diseases (Celebi ARC, 2023). In Bangladesh, SCH is also reported in systemic conditions like dengue fever, where it frequently appears as one of the common ocular manifestations; a recent study showed that more than half of dengue-associated ocular cases exhibited SCH (Al Zafri, 2024).

This case underscores the importance of:

A thorough history is necessary to differentiate benign subcutaneous haematoma from traumatic or infectious aetiologies. A physical and eye exam to rule out conditions that could threaten vision. Evaluation of systemic risk factors (e.g., hypertension, coagulopathies). Most cases of SCH go away on their own in 1 to 3 weeks, so reassuring the patient and taking a conservative approach are usually enough (Leibowitz, 2000).

CONCLUSIONS

In eye emergencies, subconjunctival haemorrhage is a common problem. A full clinical evaluation, confirmation of the benign nature, systemic risk assessment, and patient education are all important parts of good management. Knowing about SCH in the context of systemic diseases like dengue fever makes emergency care better in Bangladesh.

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