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CASE REPORT

Bloody Tears: A Rare Presentation of Munchausen Syndrome

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Background: Haemolacria, or bloody tears, is a rare and alarming clinical presentation with a broad differential diagnosis encompassing ocular, systemic, and psychological causes. Factitious disorder imposed on self (previously known as Munchausen syndrome) is characterized by the deliberate fabrication of symptoms to assume the sick role and is particularly challenging to identify in adolescents. Awareness of this association is limited, often leading to extensive and unnecessary investigations.

Case Presentation: A 17-year-old female presented with a six-month history of intermittent, painless bleeding from both eyes. Episodes were sudden, not associated with trauma, menstruation, or systemic illness, and caused significant distress to her family, while the patient remained relatively unconcerned. Comprehensive ophthalmic, hematological, and radiological evaluations, including CT and MR angiography, revealed no abnormalities. Mental state examination revealed anxiety related to familial stressors, particularly concerns about her father's health and financial insecurity.

Diagnosis: Following detailed psychiatric assessment and psychotherapy, the patient disclosed deliberate fabrication of symptoms using red watercolour paint to simulate bleeding episodes during periods of emotional stress, primarily to gain attention and care. A diagnosis of factitious disorder imposed on self presenting as haemolacria was established.

Management and Outcome: An eclectic psychotherapeutic approach focusing on insight development, addressing maladaptive coping mechanisms, and enhancing stress management skills was initiated. Regular follow-up sessions resulted in significant symptomatic improvement and cessation of fabricated bleeding episodes.

Conclusion: This case highlights haemolacria as a rare but striking manifestation of factitious disorder in adolescents. It underscores the importance of considering psychiatric etiologies after exclusion of organic causes, particularly in unexplained and recurrent presentations. Early recognition can prevent unnecessary investigations, reduce iatrogenic harm, and facilitate timely psychological intervention.

Keywords: Haemolacria, Factitious disorder imposed on self, Munchausen syndrome, Adolescents, Bloody tears

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Introduction

Haemolacria, commonly known as Bloody Tears due to its striking physical manifestation, is a rare condition that often induces sudden panic and distress in both patients and healthcare providers. The limited literature on haemolacria, combined with its diverse aetiologies and presentations, makes achieving a definitive diagnosis challenging, even after extensive investigations.

Munchausen Syndrome, first described by Richard Asher in 1951, was named after Baron von Munchausen, a fictional character inspired by s German military officer known for his exaggerated tales of adventure. Among various factitious disorders, Munchausen Syndrome stands out due to the chronic nature of the sick role, persistent therapy-seeking behaviour, and an intense desire for attention. It is characterized by the deliberate fabrication and simulation of symptoms to assume the role of a patient (1).

Factitious disorders (FDs) in which a child or adolescent deliberately induces or falsifies illness to adopt the role of a patient receive relatively little attention. This condition typically occurs in older children and adolescents with medical conditions requiring treatment and hospitalization. It is often associated with a history of environmental or family deprivation, as well as emotional and physical abuse (2).

Dealing with factitious disorders can be challenging in adults, but could be bothersome in children, though each case comes with its complexities. There is a possibility that children might intentionally fabricate or exaggerate symptoms. The gap in awareness can lead to unnecessary testing and misdiagnosis, as clinicians might not initially consider that the young patients themselves might be responsible for their symptoms. Children and adolescents may have varied motivations for falsifying illness, such as seeking attention, evading school or social situations, or attempting to control certain dynamics at home or within their peer group. Unlike adults, younger patients may not fully grasp the potential risks of their behaviour, which can lead to unintentional harm through unnecessary medical interventions (3).

Factitious disorder imposed on self, previously known as Munchausen syndrome, is a psychiatric disorder characterized by an individual deliberately fabricating or inducing physical symptoms in themselves. The primary motivation is to assume the role of a sick person, without any apparent external incentives such as financial gain or other benefits. This disorder is particularly challenging to manage, as patients often deny their diagnosis when confronted and may become hostile. It is common for these individuals to leave medical facilities against professional advice, only to seek care at another hospital. Certain risk factors have been identified for this disorder, including being female, unmarried, and employed within the healthcare community. (2) These factors may contribute to the development and perpetuation of the condition, making it a complex issue to address in clinical settings.

Narrative

Miss X was a 17-year-old, 11th Class student from a Hindu, middle-class family who presented to the urban Health and Wellness Centre (HWC) of the field practice area of the Department of Community Medicine, in a tertiary care hospital. The child was then referred to the Department of Psychiatry for further evaluation. The child presented with complaints of bleeding from both eyes for the past 6 months. As per history, bleeding was sudden, intermittent, not related to any time, and was 1 to 2 cc in amount. The blood was red, not associated with any bruise, abrasion, or petechiae on the skin. X was developmentally typical, with a difficult temperament, with no specific learning disability or learning issue, with no history of psychiatric illness in the family, and no parental discord. Her family was quite affected and distressed, while on the contrary, she was indifferent to her condition.

There was no history suggestive of epistaxis, injury, local infection/inflammation, blood dyscrasia, drug intake, systemic illness, relation to headache, or menstruation. General examination was normal, with no signs of anaemia, dilated vessels, or bleeding from other sites, including the nose, gums, or skin, and no hepatosplenomegaly or lymphadenopathy. There was no ocular trauma or any trauma to the periorbital region. Several investigations revealed normal general examination results, with no signs of anaemia, dilated vessels, bleeding from other sites, hepatosplenomegaly, or lymphadenopathy. Ophthalmic examination was also normal, with no evidence of conjunctival injury or an obvious bleeding site. Her investigations, including full blood count, prothrombin time, partial thromboplastin time, bleeding time, and international normalized ratio (INR), along with serum electrolytes, were normal, too. CT and MR Angiography of the brain and face were also done, which were unremarkable. The possibility of ocular vicarious menstruation being the cause of it was ruled out as the episodes didn't coincide with the period of menstruation.

On mental state examination, X expressed feelings of excessive worrying related to her father and apprehension about his health. The child shared a strong attachment to her father, who experienced a myocardial infarction a few years ago and is the family's sole breadwinner. Her parents stay far, and she stays with her brother's family. She expressed concerns about financial difficulties and stated that if anything were to happen to him, she would harm herself. The child was sensitive to criticism and had trouble coping with stress. Concerning her expressed behaviour's, it was observed that the level of anxiety concerning being sick and not yet diagnosed, despite numerous hospital admissions and

examinations, was less than expected; in fact, she seemed to be at ease. An eclectic psychotherapeutic approach was initiated. During the therapy, the child revealed that she does not get enough care and attention from her caregivers, so she uses red water colour as a substitute for blood and uses to apply on herself whenever she faces stressors. She used this to seek attention from her caregivers. During the therapy, her distorted thinking patterns, unhealthy coping mechanisms, and desire for attention and validation were addressed. Relaxation techniques, coping strategies, and activity scheduling were stressed.

Regular follow-up sessions were conducted, and there was a significant improvement in the symptoms.

The patient had pictorial evidence (**Figure 1**) of her bleeding from both eyes twice per week. Her physical examination showed a normal-looking young girl, with streaks of blood from both fornixes.

Patient's perspective

I didn't know how to ask for help or tell anyone how I was feeling. I was scared and felt alone, especially with my parents, especially my father, living away. When I started getting attention after the bleeding episodes, I felt cared for, even if it wasn't real. During therapy, I slowly began to understand my feelings and found other ways to express myself. Now, I feel lighter, more in control, and I'm learning how to manage my stress in healthier ways. I'm glad someone finally listened without judging me.

FIGURE 1 |

Discussion

Hemolacria, or bloody tears, is a sporadic condition with multiple potential causes, including tumours, conjunctivitis, trauma, retrograde epistaxis, inflammatory polyps, haemangiomas, and chloromas, among others. However, Munchausen syndrome can manifest with ophthalmic symptoms and should be considered in the differential diagnosis when a thorough evaluation fails to identify an underlying cause for ocular abnormalities.(3–5)Patients often present with prominent physical signs and symptoms, prompting urgent medical attention and hospitalization, with some even willingly consenting to invasive procedures. Alongside providing appropriate care, it is essential to reduce secondary gains and consider malingering as a differential diagnosis (6, 7). These patients often have an underlying trigger, such as a sudden loss of attention from others, leading them to fabricate symptoms to regain medical care. A thorough physical evaluation should be conducted promptly, as a diagnosis of Munchausen's does not rule out the coexistence of an actual medical condition. Overall, Munchausen syndrome, along with the broader spectrum of factitious disorders, remains widely underdiagnosed by both psychiatrists and physicians(8). Haemolacria, though rare, is a distressing phenomenon and an unusual presentation of Munchausen syndrome. While the exact causes of Munchausen syndrome remain unclear, contributing factors may include parental neglect, childhood emotional trauma or illness, unresolved psychological conflicts, personality disorders, and other significant stressors (9).

Conclusion

Further research across diverse cultures is essential to unravel the psychological, social, and cultural dimensions of factitious disorders. This may ultimately pave the way for the development of innovative, culturally sensitive treatment approaches.

Conflict of interest

The author declares that the research was conducted in the absence of any commercial or financial relationships that could be construed as a potential conflict of interest.

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