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HEMATOHYDROSIS AND OCD IN A MALE PEDIATRIC PATIENT

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Dear editor,

Hematohydrosis is a rare eccrine sweat gland disease in which the capillary vessels supplying the sweat glands rupture, resulting in their exuding blood manonukul. Bleeding is most frequent in the craniofacial region, and is generally spontaneous (Jayaraman 2017, Rharrabti 2016). Hematohydrosis can be precipitated by intense emotional stress or a traumatic event (Bhagwat, 2009). Hematohydrosis may be accompanied by several psychiatric diseases, such as conversion, anxiety disorder or depressive disorder (Jayaraman 2017, Rharrabti 2016, Bhagwat 2009, Patel & Majahan 2010, Varalakshmi 2015). This letter describes a case of a nine-year-old boy with hematohydrosis with bleeding from the tongue, nose, eyes, and penis, and with obsessive compulsive disorder. To the best of our knowledge, no bleeding from the penis and accompanying OCD have previously been reported.

CA, a nine-year-old boy, first presented to us, in the company of his parents, with symptoms of watery bleeding from the eyes, nose, and penis persisting for the previous one month. The bleeding occurred more frequently at school but also in the home, but not during sleep. The mother witnessed the bleeding in the home, and his teacher the bleeding in school. The bleeding occurred spontaneously, but could sometimes be precipitated by stressors. He thought that his clothes were dirty when he returned home after school every day, showered twice a day, and remained in the shower for extended periods. We learned that the objects in the patient's room were laid out in a very specific arrangement, that he endeavored to return them to that arrangement if they were moved, and that nobody was permitted to touch them. Contamination and tidiness disorders were determined at psychiatric evaluation, and OCD was diagnosed.The pediatric hematology, eye diseases, and ENT departments were consulted. Oral cavity, oropharyngeal rhinoscopic, ocular, and bilateral otoscopic examinations were normal. No bleeding focus was observed. Bleeding time, complete blood count, platelet values, clotting factors, von Willebrand factor (vWF), D-dimer, hepatic and renal function tests, inflammatory parameters, ANA, and interleukin levels were all within normal limits. No pathology was detected on peripheral smear. No bleeding focus or pathology were detected at abdominal ultrasonography. The patient was not using any anticoagulant or herbal or other medication. There was no history of any disease. The patient was hospitalized for a time in the hospital pediatric department due to the bleeding, hematohydrosis was diagnosed following evaluations and examinations, and propranolol therapy was initiated. The patient's bleeding decreased markedly following medication. No bleeding occurred for one week, whereas it had previously been observed on a daily basis. 25 mg/day Sertraline therapy was initiated for the OCD after the bleeding had resolved. The patient reported that his obsessions with contamination and tidiness had decreased significantly.

Although the etiology of hematohydrosis is still not fully understood, it is thought that over-activation of the sympathetic nervous system or psychological stress may be involved by increasing local vascular permeability (Jayaraman 2017). One hypothesis suggests that psychological stress constricts the blood vessels around the sweat glands, and that when the stress is relieved the blood vessels expand and rupture, leading to blood exudation together with sweat (Jayaraman 2017). Further studies are now needed to obtain a better understanding of the pathophysiology of hematohydrosis. Although hematohydrosis is a rare entity, it significantly affects quality of life through the bleeding involved and accompanying psychiatric disorders. Clinicians should consider hematohydrosis in patients presenting with bleeding of unknown cause and establish diagnosis and perform treatment in cooperation with other departments. Parents should be informed about the fact that it is curable and its benign course.

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