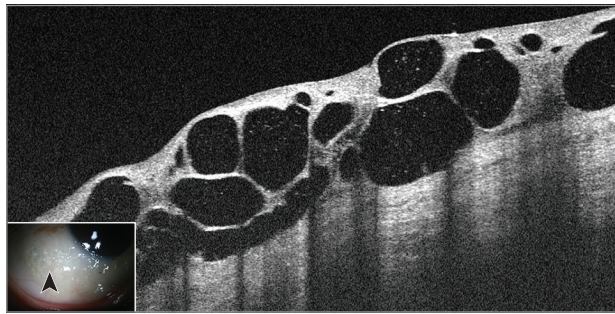


Ophthalmic Images

Lymphangiectasia Hemorrhagica Conjunctivae Regression With Bleomycin Sclerotherapy on Anterior-Segment Optical Coherence Tomography

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A Anterior-segment OCT, before sclerotherapy



B Anterior-segment OCT, after sclerotherapy

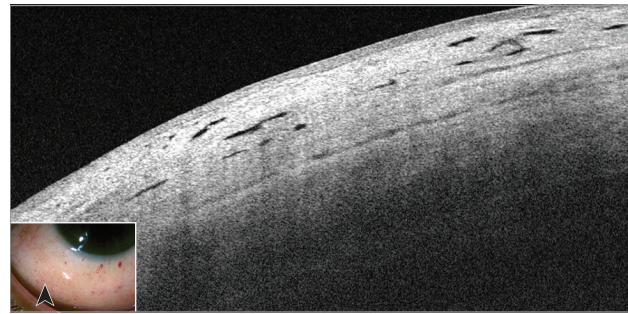


Figure. A, Anterior-segment optical coherence tomography (OCT) of lymphangiectasia hemorrhagica conjunctivae with large, thin-walled, lymphangiectatic spaces. B, Regression to slitlike remnants after bleomycin sclerotherapy. Inset illustrates the corresponding clinical picture and the site of the OCT scan (black arrowhead) for both panels.

A 47-year-old otherwise healthy female patient with idiopathic lymphangiectasia hemorrhagica conjunctivae (LHC) of the right eye had 9 episodes of recurrent hemorrhage over 19 months. Each episode presented with blood-filled, lymphangiectatic vessels and subconjunctival hemorrhage and resolved with topical fluorometholone eyedrops, 0.1%. Large residual lymphangiectatic channels were noted on anterior-segment optical coherence tomography (Figure, A) that had regressed to small, linear, slitlike spaces within the conjunctival stroma after intralesional sclero-

therapy with bleomycin, 1 mg (Figure, B). There was no recurrence detected over 3 months of follow-up.

LHC, first described by Leber,¹ develops from abnormal communications between conjunctival lymphatics and the deep venous plexus with retrograde blood flow causing hemorrhagic engorgement of the lymphatics.² It may occur after chronic inflammation or trauma, or it can be idiopathic.³ Spontaneous regression is reported.⁴ Treatment with argon laser² or surgical drainage and cauterization⁵ is described for recurrent symptomatic chronic lesions. To the best of my knowledge, bleomycin sclerotherapy has not been reported previously for LHC.

ARTICLE INFORMATION

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