

Vitreous Hemorrhage Secondary to Vitamin K Deficiency Bleeding

[Received : May 9, 2006; accepted : August 2, 2006]

Sir,

Vitreous Hemorrhage is rare in newborn. The common causes are trauma, retinoschisis, ROP, birth related hemorrhages.¹ Herein we are reporting a case of newborn with vitreous hemorrhage secondary to vitamin K deficiency bleeding, (VKDB).

A term male neonate was born to a non consanguineous parents by emergency caesarean section for prolonged labour (CPD) in our hospital. Baby was alright for first 12 hours. Later during examination, echymotic patch over left eyelid, eye congestion, subgaleal hematoma and pallor was noticed. Hyperbilirubinemia was noticed on fourth day. There was no trauma during labour or drug intake during antenatal period. No bleeding into other sites. No family history of bleeding disorders. Investigations revealed Hb 3 gm/dl, reticulocyte count-2%, platelets-1.8 lacs/cmm and PT & APTT were 32 seconds and >300 seconds respectively. Neurosonography showed subgaleal hematoma with no intracranial bleed. B scan of left eye revealed vitreous hemorrhage (mild). During hospital stay baby received vit K, blood transfusion and phototherapy. PT & APTT became normal and repeat B scan on seventh day showed total regression of vitreous hemorrhage. Subgaleal hematoma took 20 days to resolve completely.

Hematological disorders causing vitreous hemorrhage are leukemia, thrombocytopenia, hemophilia, Von willebrand disease, protein C deficiency.¹ To the best of our knowledge, vitreous hemorrhage secondary to vitamin K deficiency bleeding is the first reported case in

literature. Although subgaleal hematoma occurs commonly due to instrumental deliveries but it can also occur spontaneously in vitamin K deficiency bleedings.² In such severe form of VKDB, hemorrhage can also occur spontaneously into concealed cavities like intracranium, thorax and abdomen.³ In our case, similarly hemorrhage could have occurred into the vitreous. Management of vitreous hemorrhage includes a conservative method which is a preferred method. Surgery only indicated if the hemorrhage is persistent or if there is an associated retinal detachment. In our index case vitreous hemorrhage resolved completely only with medical management.

Vinod H. Ratageri, T.A. Shepur and G. Kiran

*Department of Pediatrics,
Karnataka Institute of Medical Sciences, Hubli-580029
Karnataka, India
E-mail : ratageri@rediffmail.com*

REFERENCES

1. Moore AT, Michaelides M. Vitreous. In Taylor D, Hoyt CS, eds. *Pediatric Ophthalmology and Strabismus* 3rd edn. New York; Elsevier Saunders, 2005; 482.
2. Plauche W.C. Subgaleal hematoma. A complication of instrumental delivery. *JAMA* 1980; 244(14) : 1597-1598.
3. Ambruso DR, Hays T, Lane PA, Nuss R. Acquired hemorrhagic disease. In Hay WW, Levin MJ, Sondheimer JM, Detering RR, eds. *Current pediatric Diagnosis and Treatment* 17th ed. Lange Medical Books; 2005; 896-897.