

Haematomidrosis treated with propranolol: a case report

A 15-year-old girl was referred to our hospital in 2015 with a 3-month history of spontaneous mucocutaneous bleeding. Her clinical history showed she had suffered from a major stressful event (Abruzzo earthquake in 2006).

Initially the bleeding was sporadic, clear and localised to the eyelids, but after a few weeks became darker, more frequent and widespread (figure 1). Before and after the episodes, no signs of wounds or scrapes were observed. The episodes were usually asymptomatic. Sometimes headaches and asthaenia preceded the bleeding.

Diagnosis of haematidrosis was clinically established and a treatment with a non-selective β -blocker (propranolol) at a dose of 10 mg, every 12 hours, was started. Although the number of episodes reduced, 1–2 hours before the propranolol administration, some bleeding was still observed. Therefore the patient was treated with propranolol every 8 hours, and a complete disease resolution was observed during the follow-up.

Haematidrosis is a very rare disease characterised by recurrent spontaneous episodes of blood sweating from intact skin.¹ Considering the possible role of sympathetic nervous system



Figure 1 The patient during a bleeding episode.

on this condition, some authors proposed a treatment with propranolol.^{2,3}

In conclusion, even if a sporadic self-limited resolution of some cases is described, our report suggests the efficacy of propranolol in treating patients with haematidrosis.

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Contributors FR: diagnosed the disease in the girl, assisted the patient, wrote the first draft of the manuscript and approved the final manuscript as submitted. TO: participated in the clinical assistance of the patient, and reviewed and approved the final manuscript as submitted. EN: participated in the clinical assistance of the patient and approved the final manuscript as submitted. MLDB: contributed to propranolol measurements, contributed to drafting of the manuscript and approved the final manuscript as submitted. GM: responsible for propranolol measurements, contributed to drafting of the manuscript and approved the final manuscript as submitted. MM: participated in the clinical assistance of the patient, and reviewed and approved the final manuscript as submitted. LF: participated in the clinical assistance of the patient, and drafted and approved the final manuscript as submitted.

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