



Case Report

Evaluating Paediatric Subconjunctival Haemorrhage! Reassurance vs. Referral

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Abstract

The vibrant red spots caused by subconjunctival haemorrhage can look scary to onlookers, parents and the child itself. But most cases don't cause any other symptoms or need treatment. They typically go away on their own within a few weeks. A subconjunctival haemorrhage following a minor eye injury in children is a benign, harmless condition that resolves on its own without medical treatment. The condition occurs when tiny, delicate blood vessels beneath the conjunctiva rupture, causing blood to pool on the sclera. There is no treatment that will help subconjunctival haemorrhage. The only thing that will help is "tincture of time" – that is simply waiting and letting the eye re-absorb the blood trapped between these layers. Other than the red spot in the eye, there are no other symptoms in subconjunctival haemorrhage. It doesn't cause pain or swelling, and it doesn't affect your vision. Most people who have a subconjunctival haemorrhage don't even know it until they look in a mirror or someone tells them. There's a chance some children could have mild irritation, but there should be no discharge or any other symptoms.

Materials and Method: A 6-year-old girl was brought to this author on the evening of 27 August 2026 around 2000 hrs, with a complaint of bleeding / red patch in the left eye, following an injury during playing basketball fifteen minute ago. The girl felt she thrust her own finger and nails in her left eye while trying to catch & throw the ball. She was crying for last half an hour and resisting to go to any doctor. There was a bit of irritation and tears in the eye. She was frightened and crying. After some consolation and cold pack on the eye she was brought to me. Physical examination under the torch of mobile phone, showed a bright red spot on the sclera outside of the left eye. There were tear drops. Vision was not at all affected for finger count or colours. The right eye was normal.

Outcome: Having counselled that there is nothing serious and it would resolve in 2-3 weeks on its own over next 15-20 days, changing colour from red to brown, pale yellow. For immediate relief parents were advised i) place ice or a frozen pack inside a clean cloth or towel and put it on the closed hurt eye, and not to put ice directly on your skin or eyelid ii) Keep the cold compress on the closed eye for 10 to 15 minutes at a time, several times a day iii) After 2 days, a gentle warm compress to help the body reabsorb the trapped blood. She is being monitored and complication on day 2. As the author revised this article on 10th September the SCH is fully resolved leaving faint yellowish stain.

Introduction

The red spots caused by subconjunctival haemorrhage can look scary. But most cases don't cause any other symptoms or need treatment. They typically go away on their own within a few weeks. Other than the red spot in the eye, there are no other symptoms in subconjunctival haemorrhage. It doesn't cause pain or swelling, and it doesn't affect your vision. Most people who have a subconjunctival haemorrhage don't even know it until they look in a mirror or someone tells them.

There's a chance some children could have mild irritation, but there should be no discharge or any other symptoms. A subconjunctival haemorrhage following a minor eye injury in children is typically a benign, harmless condition that resolves on its own without medical treatment. The condition occurs when tiny, delicate blood vessels beneath the conjunctiva rupture, causing blood to pool on the sclera. While its vibrant red appearance can be highly frightening to parents, it functions essentially like a bruise on the skin and does not cause pain or alter vision [1-4].



After a thorough examination, except for the red spot of subconjunctival haemorrhage there was no disruption in sight following advice was given:

1. A cold pack helps soothe minor discomfort and reduce local swelling on the eyelid for the next 24 to 48 hours after a subconjunctival haemorrhage. Cold temperatures constrict blood vessels, which helps limit mild inflammation or puffiness around the eye area. 2) It can numb a scratchy, full, or irritating feeling on the surface of the eye. 3) Applying it soon after an initial minor trauma helps slow down any active minor oozing.
2. Parents were advised Safe Usage Tips: i) Place ice or a frozen pack inside a clean cloth or towel. Never put ice directly on your skin or eyelid ii) Keep the cold compress on the closed eye for 10 to 15 minutes at a time, several times a day iii) After the first 48 hours, a gentle warm compress can help the body reabsorb the trapped blood.

There is no therapy that will help subconjunctival haemorrhage. The only thing that will help is “tincture of time” – that is simply waiting and letting the eye re-absorb the blood trapped between these layers. A cold compress within the first hour of bleeding will stop it bleeding. In the days following a warm compress can help the eye in re-absorbing the blood. There is nothing to be concerned or excited about. Simply wait...and within approximately two weeks the haemorrhage will clear up. It will go from red to green to brown to clear. There is a possibility that these may re-occur in the future and one should not be alarmed with these haemorrhages in the conjunctiva unless they become frequent. In recurring episodes, further investigations for high blood pressure may be indicated [1,2].

Rarely, subconjunctival haemorrhage may be a sign of a serious underlying disorder such as i) vascular disease ii) A bleeding or blood clotting disorder iii) Severe asthma iv) non-accidental trauma and v) Severe eye trauma [4].

This article is based on a SCH case of a child consulting this author 27 August 2026. It addresses the approach by general practitioners calming the worried parents & crying child first and reassuring them all, that but for the scary the red spot in the eye, there are no other symptoms or fear of vision disruption, It doesn't cause pain or swelling, and it doesn't affect child's vision in future too and small bleed resolves on its own without medical treatment in next 2-3 weeks' time. Also need to educate about red signals to consult a specialist if required

Case Report: Anagha a 6-year-old girl was brought to me this evening (27 August 2026) around 2000hrs with an history of an injury during playing basketball fifteen minute ago. The girl felt she thrust her own finger and nails in her left eye while trying to catch & throw the ball. There was a bit of irritation and tears in the eye. On inspecting a bright red sport was seen on outside of the left eye. She was frightened and crying. After some consolation and cold pack on the eye she was brought to me.



Anagha with Left eye SCH
27 August 2026 @2000eHrs.



Case with SCH in Left Eye



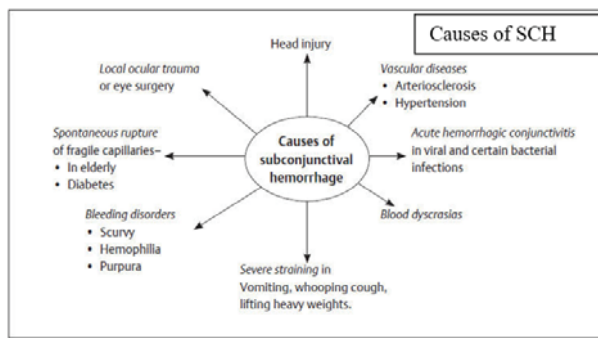
Same Eye on 11 September -Clear

Discussions

A subconjunctival haemorrhage is a red spot on the white (sclera) of the eye. It can look scary, but it's usually harmless, doesn't hurt, and won't affect vision. Most subconjunctival haemorrhages mostly heal on their own over 1-2 weeks regardless, as the blood naturally dissipates [1-3].

The Sclera (white of the human eye) is covered by the conjunctiva a clear tissue that has many tiny blood vessels. The blood vessels can break and leak blood when the eye is injured or someone has a quick spike in blood pressure. The blood collects between the conjunctiva and the sclera leaving a bright red spot on the eye's surface. This can happen when a person sneezes, coughs, throws up, strains when urinating or defecation, has high blood pressure, is on anticoagulant or antiplatelet medicine, rubs the eye too hard, wears contact lenses or has had an eye injury. Subconjunctival haemorrhages in a newborn are caused by pressure changes in the baby's body during childbirth. More common in children especially toddlers while playing with ball [1].

Subconjunctival haemorrhage (SCH) is uncommon in children, seen in roughly 1.1% of paediatric patient evaluations and among them Spontaneous/Non-surgical rate drops to 0.4% when iatrogenic (surgery-related) cases are removed. Though it Spans newborns to adolescents, trauma and inflammation remain the primary drivers across all young age groups.



Among non-surgical cases the vast majority of paediatric subconjunctival haemorrhages stem from i) identifiable Trauma (83%) usually direct impact to the eye or orbit, aggressive eye-rubbing, or foreign objects ii) Infectious conjunctivitis or related eye irritations contribute to about 13% iii) Orbital or Conjunctival Lesions (2%) like localized growths or abnormalities. Vessel iv) Rupture from Straining (1%) Severe coughing spells in Whooping cough cases, choking, or vomiting v) Underlying bleeding disorders, blood dyscrasias, or systemic conditions (1%). In infants or young children, rarely non-accidental trauma (child abuse) may also cause SCH [5,6].

Pathophysiology: After a minor injury to the eye, the spot starts as a bright red patch. It may expand slightly within the first 24 to 48 hours as the blood spreads thin under the membrane. No medication can speed up the absorption of the blood. Over a period of 1 to 3 weeks, the eye will naturally clear. The patch will change colours fading from red to brown, purple, and eventually yellow before disappearing entirely. Children rarely experience discomfort, but large spots cause a mild “scratchy” or foreign-body sensation in the eye.

Handle with care: Reassuring the Child and parents by explaining them that the eye will heal on its own and look normal soon. Forbid and keep the child from rubbing the eye as rubbing can aggravate the area or trigger secondary micro-bleeding. If the child complains of dryness or minor irritation, preservative-free artificial tears can be used to lubricate and soothe the ocular surface [4]. If the child wears contact lenses, ask to switch to glasses until the redness has entirely resolved. While the haemorrhage itself is harmless, the physical trauma that caused it requires careful attention [7]. A comprehensive paediatric eye examination is necessary to ensure the deeper structures of the eye were not compromised by the impact. When to consult a Specialist: A paediatric Ophthalmologists consultation may be sought if following warning signs are observed: i) Any blurriness, double vision, or decreased visual acuity ii) Persistent or Severe Pain: Deep aching inside the eye or severe pain when moving the eye iii) Visible pooling of blood in the coloured part of the eye (the anterior chamber), a serious condition known as a hyphema iv) If Pupils are unequal in size, irregular or “peaked” in shape, or sluggishly reactive to light. v) Severe or localized headache, vomiting, or extreme sensitivity to light following the injury.

Diagnosis and Tests: A Family Physician or Ophthalmologist can diagnose a subconjunctival haemorrhage by looking at your

eye. In cases with no obvious injury, checking blood pressure, especially if patient has other areas of bleeding or bruising may be needed. Usually, no further investigation or blood tests are required [1,4].

Management and Treatment: Subconjunctival haemorrhage treatment usually isn't necessary [2,8,7]. Sometimes if the child's eye feels irritated, doctor may prescribe artificial tears drops to soothe the eye. Most broken blood vessels heal within two weeks. Larger spots may take longer to go away. As the blood clears up, the colour of the area may change, like a fading bruise. Consulting an eye care specialist is advised if i) child has thick discharge coming from the eye ii) Has pain in the eye, iii) Has a change in vision iv) Eye is sensitive to light v) continued red spot in the eye after 3 weeks or gets a new one after it has healed [3].

A retrospective cross-sectional study of children seen by paediatric ophthalmologists in an outpatient setting over 4 years to assess primary outcomes of prevalence and causes of SCH, based on history, physical ocular and non-ocular findings, and laboratory and imaging studies. Studying 33,990 children, who underwent 86,277 examinations (median age, 5 years; range, 2 days to 18 years; 9282 younger than 2 years, 13,447 age 2–7 years, 11,261 age 8–18 years). There were 949 cases of SCH (1.1%; 95% confidence interval, 1.0–1.2)–range 1–2%). If surgery was excluded, there were 313 cases (prevalence, 0.4%; 95% confidence interval, 0.3–0.4), of which 261 (83%) were due to trauma; 40 (13%) ocular surface inflammation, including infectious conjunctivitis; 7 (2%) orbital or conjunctival lesion; 3 (1%) vessel rupture from choking or cough; and 2 (1%) coagulopathy related. Across all ages, including less than 2 years, trauma and inflammation together accounted for 94% to 97% of all cases of SCH [5].

Another study of 14 children with subconjunctival haemorrhages on physical examination, subsequently diagnosed by a child protection team with physical abuse. Although infrequent, subconjunctival haemorrhage may be related to abuse [6].

Outlook/Prognosis: Most subconjunctival haemorrhages go away on their own within two weeks. The white of your eye may have a yellowish tint as the issue resolves, but you should have no vision problems. Subconjunctival haemorrhages can return randomly (spontaneously). About 10% of people with no known risk factors have a recurrence among people with known risk factors, such as taking blood thinners.

Prevention: Keeping contact lenses clean, Wearing proper protective eyewear for all sports, activities or work. Checking with healthcare provider about any bleeding disorder one has.

Conclusion

Subconjunctival haemorrhage (SCH) is a common ocular condition defined by extravasation of blood beneath the conjunctiva, producing a sharply demarcated red patch on the scleral surface. The condition is usually painless, does not

impair vision, and often resolves spontaneously within 1 to 2 weeks, making it a frequent but benign cause of ocular redness. Possible aetiologies include trauma, Valsalva manoeuvres, ocular surgery, and local conjunctival vessel fragility. Systemic factors such as hypertension, diabetes mellitus, coagulopathies, and use of anticoagulant or antiplatelet medications increase risk. SCH results from rupture of small conjunctival vessels, often triggered by transient increases in venous pressure or compromised vascular integrity.

Child patients present with sudden-onset ocular redness following a minor trauma or strain. Adult may come with sudden-onset ocular redness discovered incidentally or following minor strain without associated pain, discharge, or vision changes. Diagnosis is clinical, based on characteristic appearance and absence of other ocular pathology. Recurrent or unexplained episodes warrant evaluation for systemic disease. In children management is just watching, providing cold packs for initial 2–3 days and then warm package for absorption of the blood. Artificial tears are offered if mild irritation is there. Complications are rare, but recurrent haemorrhages may indicate unrecognized systemic hypertension, bleeding disorders, or medication effects. Prognosis is excellent, with complete resolution in most patient.

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