Grey turner’s sign in a patient with wallenberg syndrome

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Clinical image description

A 69-year-old man known case of diabetes mellitus, hypertension and chronic kidney disease presented to the hospital emergency with dizziness and slurred speech. The patient undergone brain computed tomography and lateral medullary infarction was revealed in the imaging. Thereafter, the patient was on dual antiplatelet therapy with aspirin and clopidogrel. After 7 days of treatment patient developed severe intractable vomiting. Besides, patient hemoglobin level started a descending pattern from 12.7 to 8.1 during 2 days. Several workups including coombs test was done for the patient, but the source for this hemoglobin drop remained unknown. After 5 days, his new extern assessing the patient for the first time noticed diffuse ecchymosis on patient’s bilateral flanks (Figure 1) and suspicion for a retroperitoneal source of bleeding was raised. As the patient had high levels of creatinine [3,4], an abdominopelvic computed tomography without contrast was conducted for the patient and confirmed the suspicion. The imaging revealed that there is fat stranding in the retroperitoneal portion of pelvic cavity and abdomen suggestive of retroperitoneal hemorrhage. Furthermore, there was hyperdensity between muscle fibers of

both psoas muscle (about 130x50mm in the left side and about 170x60mm in the right side) in favor of hemorrhage in the both muscles. Grey Turner’s sign is rather a rare manifestation which refers to ecchymosis and bruising of the flanks which develop especially in patients with a retroperitoneal hemorrhage [1]. In our patient, there is no history of recent trauma. A combination of intractable vomiting, antiplatelet therapy and underlying diseases of diabetes and hypertension could be responsible for this hemorrhage.

Figure 1: Ecchymosis on the patient’s flank

References