An Unusual Case of Grey Turner's Sign

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Key words: hepatocellular carcinoma, Grey-Turner's sign, hemoperitoneum

(Intern Med 52: 167, 2013)

(DOI: 10.2169/internalmedicine.52.8994)

Picture 1.

Picture 2.

A 62-year-old man with hepatocellular carcinoma (HCC) presented with abdominal pain and ascites. Paracentesis showed more than 100,000 red blood cells without any evidence of infection. Two days later, the patient's hemoglobin level dropped and ecchymosis appeared on the flanks (Picture 1). Computed tomography revealed a ruptured hepatoma (arrow, Picture 2) and hemoperitoneum without evidence of retroperitoneal bleeding. Angiography did not reveal active bleeding; however, the suspected vessels were

embolized.

Flank bruising, Grey-Turner's sign, usually signifies a retroperitoneal hemorrhage, although it has been reported to occur without bleeding as well. Grey-Turner's sign is associated with acute pancreatitis, ectopic pregnancy, perforated duodenal ulcers, portal hypertension and splenic rupture. We found one case report describing the initial presentation of a ruptured HCC with Grey-Turner's sign (1). Our case is the second case. Although rare, 1.6% of patients with HCC may present with spontaneous rupture leading to hemoperitoneum formation (2).

Therefore, Grey-Turner sign in HCC patients may indicate hemoperitoneum caused by a ruptured hepatoma.

The authors state that they have no Conflict of Interest (COI).

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Received for publication September 19, 2012; Accepted for publication October 3, 2012

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