

CLINICAL IMAGE

Grey Turner's sign in severe acute pancreatitis

Enoch Wong^{1,2}  | Akhtar Sayed-Hassen^{1,2}¹Monash University Eastern Health Clinical School, Box Hill, Vic., Australia²Department of General Surgery, Eastern Health, Box Hill, Vic., Australia**Correspondence**

Enoch Wong, Monash University Eastern Health Clinical School, Box Hill, Victoria, Australia.

Email: drenochwong@gmail.com

Abstract

Grey Turner's sign is a well described but rarely seen sign usually indicating severe intra-abdominal pathology. Classically it is associated with severe acute pancreatitis but can be associated with a number of other severe intra-abdominal conditions.

KEYWORDS

general surgery, gastroenterology and hepatology, critical care medicine, emergency medicine

1 | CASE REPORT

A 61-year-old man with a history of hypertension presented with upper abdominal pain and vomiting on a background of recent ingestion of alcohol. On examination, there was upper abdominal tenderness and bruising was noted in the flank (Figures 1,2) consistent with Grey Turner's sign which spontaneously resolved after 48 hours. An elevated lipase confirmed a diagnosis of pancreatitis. Initially, the patient was stable but rapidly deteriorated with multi-organ failure requiring intensive care support. He developed severe necrotizing pancreatitis but ultimately made a good recovery following a prolonged admission to hospital.

Described as discoloration of the flank, Grey Turner's sign is a rarely seen clinical sign. Classically, it is associated with severe acute pancreatitis but can be associated with a number of other conditions causing retroperitoneal bleeding such as ruptured abdominal aortic aneurysm. Other reported conditions associated with this sign include peri-renal hematoma¹ and ruptured ectopic pregnancy. Its presence suggests severe intra-abdominal pathology, and its appearance is caused by hemorrhage with subsequent breakdown of red blood cells.²



FIGURE 1 Ecchymosis in the right flank consistent with Grey Turner's sign

Grey Turner's sign can be easily missed due to a failure of recognition with many clinicians not having seen this sign firsthand. Early identification of this sign can alert clinicians to severe underlying pathology.



FIGURE 2 Extent of ecchymosis seen in right flank

ACKNOWLEDGMENTS

Published with written consent of the patient.

CONFLICT OF INTEREST

There are no conflicts of interest to disclose.

AUTHOR CONTRIBUTIONS

EW: contributed to the development, literature search, writing of the report, providing relevant images, and editing of

the report. ASH: contributed to the development and editing of the report. All authors have approved the final version.

INFORMED CONSENT

The patient has provided written informed consent for the publication of this image and article.

ORCID

Enoch Wong  <https://orcid.org/0000-0002-2983-4768>

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How to cite this article: Wong E, Sayed-Hassen A. Grey Turner's sign in severe acute pancreatitis. *Clin Case Rep.* 2021;9:e04313. <https://doi.org/10.1002/ccr3.4313>