Cullen’s sign & acute pancreatitis

Case description

A 34-year-old man presented with abdominal pain and distension for 2 days. He had history of alcohol consumption for the past 8 years (60–120 g/d). On examination, he was ill-appearing with blood pressure of 110/70 mm Hg, pulse rate 126 beats per minute and respiratory rate of 28 breaths per minute. Abdomen was distended with reddish discoloration noted in the periumbilical area (Cullen’s sign) (Figure 1A). Laboratory investigations showed elevated serum amylase (663 U/l, reference range 28–100 U/l) and serum lipase (347 U/l, reference range <67 U/l) levels. A contrast enhanced computed tomography of the abdomen revealed heterogeneous pancreas with hemorrhagic peripancreatic fluid collection (Figure 1B). The hemorrhagic fluid collection was drained by pigtail catheter placed under ultrasonography guidance. Patient gradually recovered following management in intensive care unit with mechanical ventilation for acute lung injury and other supportive care.

Cullen’s sign and Grey Turner’s signs, described as ecchymosis about periumbilical area and in one or both flanks respectively, represent the extravasation of hemorrhagic pancreatic exudate to these areas.1,2 They occur in <1% of individuals with acute pancreatitis and are associated with high mortality. Although these signs are not specific to hemorrhagic pancreatitis, they help in clinical diagnosis, appropriate triage, high-quality supportive care with monitoring for and treatment of complications and prognosis.

Photographs and text from: A.K. Pannu, A. Saroch, N. Sharma, Department of Internal Medicine, Post Graduate Institute of Medical Education and Research, Chandigarh 160012, India. email: gawaribacchi@gmail.com

Conflict of interest: None declared.

References


Figure 1. (A) Cullen’s sign. (B) Computed tomography showing hemorrhagic peripancreatic collection.