

中文題目：肝硬化代償不全所引發的「葛雷－特那氏徵象」

英文題目： Grey Turner sign associated with alcoholic liver cirrhosis with decompensation

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Introduction: Grey-Turner' signs had been described with intra-abdominal hemorrhage with most commonly associated with pancreatitis. Rare associations include ectopic pregnancy, malignant disease, perforated duodenal ulcer, liver abscess and splenic rupture. We reported a case with ecchymosis over right flank suggestive of Grey-Turner's sign related to liver cirrhosis with decompensation

Case Presentation: A 53 years-old man present OPD with the chief complaint of right back pain related to coughing for three days. He noted progressive enlargement of his abdomen in the past one week. He denied fever or tarry stool passage. He had the past history of alcoholic liver cirrhosis that he had been taking 3 cans of beer in the past months. Sonography only showed liver cirrhosis with moderate ascites. Ecchymosis was seen over his right flank. (Figure 1) He denied any traumatic injury. His lab study showed Tbili: 5.3 mg/dL. Ratio of two folds elevation of AST to ALT (AST/ALT: 125/56 U/L) with marked elevation of gamma GT (383U/L) further confirmed his current status of alcohol consumption. His amylase and lipase (52/56 U/L) were within normal range suggestive patient was without acute pancreatitis. His Child scoring was 9/10. Diuretics consisting of Lasix and Aldactone for two weeks were given to him in his second OPD visit 5 days later sonographic exam. His right flank ecchymosis showed progression at the second visit. (Figure 2) He discontinued alcohol consumption during the two-week period. In his third visit of OPD, his ecchymosis disappeared. (Figure 3) His lab study showed normalized AST/ALT (41/19 U/L) and Plat count was 149 1000/uL in his third visit. His child scoring decreased to 7/10. Follow up sonography showed the absence of ascites. There has been no marked change of his hemoglobin level during the two weeks (Hb: 9.8g/dL→ 10.4 g/dL) indicated that there was no internal bleeding in this patient. Therefore, it was deduced Grey Turner sign in this patient was associated with his

liver decompensation due to alcohol consumption.

Conclusion: We reported the first case of Grey Turner sign associated with decompensated alcoholic liver cirrhosis.