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Review Article
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Grey-Turner's Sign Associated with Psoas Muscle Hematoma

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Clinical Image

A 75-year-old patient was hospitalized for a respiratory tract infection associated with severe hypernatremia (108 meq/l) and rhabdomyolysis (CPK up to 12741 IU/l). Due to a new-onset atrial fibrillation the patients was started on enoxaparin 6000 units twice daily. Despite significant improvement of the patient's condition, on the fifth day of hospital stay the hematocrit dropped to 27.5% from 39%. The patient reported stools of normal color, and the digital rectal examination was normal. No epistaxis was reported. Serum bilirubin was normal (0.88 mg/dl). LDH was slightly elevated =478. On physical examination, bruising of the right flank was noted (Figure 1). An abdominal CT was performed, revealing a large psoas hematoma (Figure 2). Enoxaparin was discontinued. The patient was managed conservatively with blood transfusions as needed. The patient was discharged 4 days later. Although typically associated with hemorrhagic pancreatitis, Grey-Turner sign (bruising of the flanks) may be seen with any cause of retroperitoneal hemorrhage. Bruising of the right flank (Figure 1) as a result of a hematoma of the right psoas muscle as demonstrated by an abdominal computed tomography (Figure 2).

Figure 1:

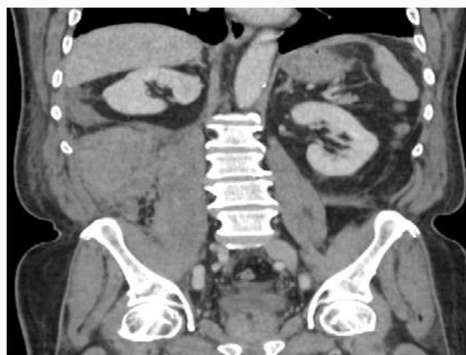

Figure 2:

OPEN ACCESS

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