Grey Turner’s sign suggesting retroperitoneal haemorrhage

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A 57-year-old man presented with dyspnoea and haemoptysis. He had a history of amyloid light-chain systemic amyloidosis with renal involvement and a remote history of pulmonary emboli. He was also currently taking lenalidomide. A ventilation-perfusion lung scan was indeterminate for an acute pulmonary embolus (figure). Therefore, he was empirically anticoagulated with warfarin. Shortly after, he developed significant epistaxis, gingival bleeding, and large bilateral flank ecchymoses (figure). His international normalised ratio was slightly high (4.5). The clinical presentation was most consistent with warfarin toxicity superimposed on the multifactorial haemostatic abnormalities of systemic amyloidosis. However, the Grey Turner sign suggested a large retroperitoneal haematoma. Warfarin was discontinued, an inferior vena cava filter was placed, and he was transfused several units of blood before eventually being discharged.

Originally described by Grey Turner in 1920 as a sign of haemorrhagic pancreatitis, flank ecchymoses are caused by blood tracking subcutaneously from a retroperitoneal or intraperitoneal source.