

中文題目：肚臍瘀血並不代表是出血性胰臟炎

英文題目：Cullen's sign: not always hemorrhagic pancreatitis

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Abstract:

A 57-year-old man presented with abdominal pain for 6 days. He was a hepatitis B carrier and had history of alcohol consumption for more than 30 years (80–100 g/d). On physical examination, he appeared to be ill-looking with blood pressure of 137/86 mm Hg, pulse rate 59 beats per minute and respiratory rate of 18 breaths per minute. His abdomen was distended with bluish discoloration seen at the periumbilical area (Cullen's sign). Laboratory investigations showed no elevation of serum amylase (29 U/l, reference range 29–103 U/l) and serum lipase (37 U/l, reference range 11–82 U/l) levels. However, HBsAg showed reactive with elevation of alpha feto-protein.(21.04 ng/mL, reference range 0.89–8.78 ng/m) A contrast enhanced computed tomography of the abdomen revealed multiple heterogeneous enhancement mass lesions with localized high-density hematoma at S6 nodule without significant hemoperitoneum. Patient received trans-arterial chemo-embolization (TACE) treatment for the hepatocellular carcinoma rupture. Patient lead an uneventful clinical course after the procedure and with gradual recovery from abdominal pain. Ecchymosis over peri-umbilicus faded upon discharge in this patient.

Cullen's sign, described as ecchymosis at periumbilical area, traditionally represent extravasation of hemorrhage from retroperitoneal organ such as hemorrhagic pancreatitis. A few Cullen's sign related to HCC ruptures have been reported(references), but this is the first case without hemoperitoneum. The proposed mechanism is the accumulation of blood diffusing through falciform ligament secondary to intraperitoneal or retroperitoneal hemorrhage, therefore the pathophysiology remained unknown. Although this sign is not specific to hemorrhagic pancreatitis, it helps physician in reaching definite clinical diagnosis such like ours.