CLINICAL SNAPSHOT

Abdominal Pain and Periumbilical Discoloration

Distended abdomen with periumbilical Cullen's sign.

A mildly overweight 44-year-old man came to the emergency room complaining of persistent upper abdominal pain for four days, with band-like projection around the flanks and into the back. He denied colic but complained of nausea, thirst, and generalized weakness. The abdomen appeared distended and was diffusely tender. The abdominal wall was taut and elastic ("rubber belly"), and the abdominal sounds were absent. The appearance of the periumbilical area is shown in the photograph; this is called Cullen's sign and it is indicative of severe pancreatitis. It is due to periumbilical edema with hemorrhage and arises 24–48 hours after the onset of pancreatitis. Cullen's sign is very rare even in very severe, necrotizing pancreatitis, as is Grey Turner's sign

(hemorrhage in the lateral abdominal wall). It apparently arises by spread of the inflammation along the falciform ligament and the round ligament of the liver and is considered prognostically unfavorable. In this case, the laboratory tests and imaging studies (ultrasonography as the initial study, then abdominal CT in the further course) confirmed the diagnosis of necrotizing pancreatitis. Clinically, the patient developed paralytic ileus and systemic inflammatory response syndrome (SIRS) with acute multiple organ failure (kidneys, lungs), necessitating several days of treatment in the intensive care unit.

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Conflict of interest statement

The authors declare that no conflict of interest exists.

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