

## Stabler's sign: a rare association with portal hypertension

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A 52-year-old man presented to the emergency department with impaired consciousness as a result of hepatic encephalopathy caused by decompensated chronic hepatitis C. A prominent ecchymosis was observed in the right inguinal region on the second day of hospitalisation (**Figure 1**). Laboratory investigations did not indicate acute pancreatitis, and there was no evidence of retroperitoneal haemorrhage on computed tomography but there was splenomegaly and a massive ascites. Ascitic tapping revealed blood-stained transudates with serum ascites–albumin gradient  $\geq 1.1$ .

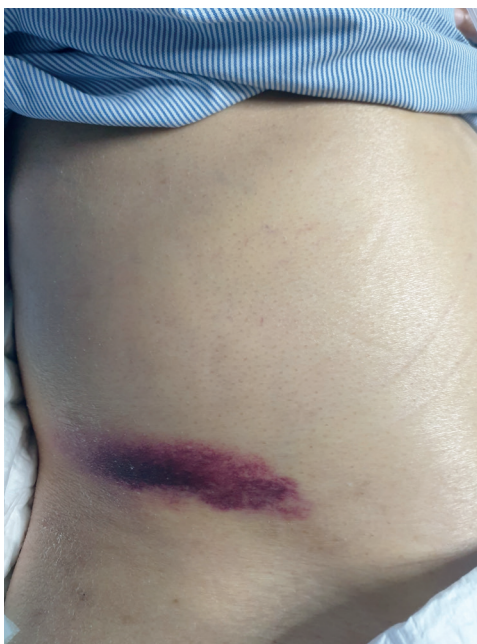
On endoscopy, the gastric mucosa was reddened and oedematous with a mosaic pattern suggestive of porto-hypertensive gastropathy (**Figure 2**). Ecchymosis in the pubic region is the classical Stabler's sign, and is a finding commonly associated with retroperitoneal haemorrhage but very rarely with portal hypertension.

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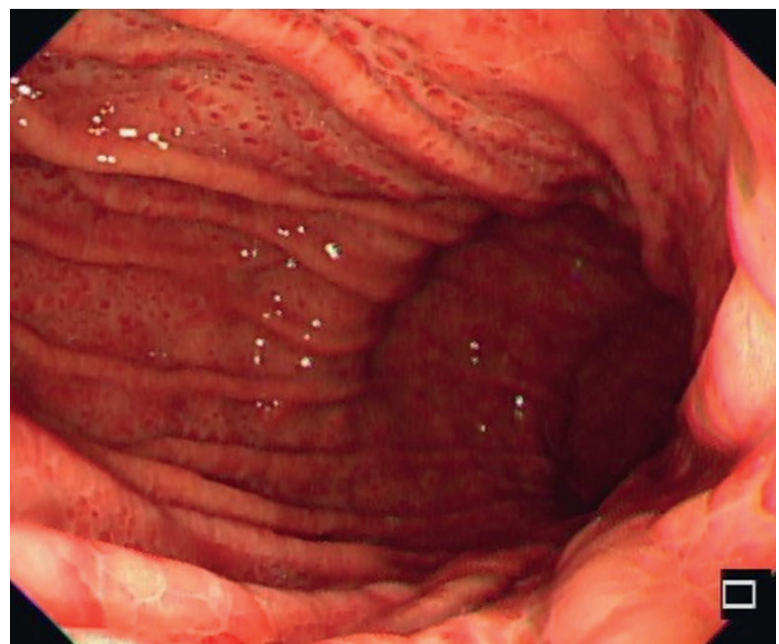
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**Figure 1.** Ecchymosis over the right flank.



**Figure 2.** Reddened and oedematous gastric mucosa with mosaic pattern.