

Gastric and Duodenal Pseudomelanosis in a Patient with Anaemia

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Clinical Image

An 87-year-old man with diabetes mellitus, hypertension, past history of colonic cancer and a current treatment for prostate cancer was admitted to the Oncology Ward for evaluation of iron-deficiency anaemia. He was taking gosereline, zoledronic acid and dexametasone. An upper gastrointestinal endoscopy was performed and revealed a mucosal abnormality characterized by discoloration of the posterior wall of part of his gastric corpus, antrum and over the duodenum (Figure 1). No ulcers, erosions, or any other causes for bleeding were identified. Histopathology report confirmed the presence of loose aggregates of macrophages containing a granular black pigment within the superficial lamina propria, which tested positive for iron at Perl's stain (Figure 2). *Helicobacter pylori* organism was absent. Patient informed recent use of ferrous sulfate.

Pseudomelanosis of the gastrointestinal tract is a rare endoscopic mucosal finding, characterized, endoscopically as discrete, flat, small, black spots in a speckled pattern on a flat mucosa, representing the accumulation of iron in macrophages of the lamina propria of the stomach and duodenum.



Figure 1: Discoloration of the posterior wall of part of his gastric corpus, antrum and over the duodenum.

The clinical significance and long term sequelae have not been clarified yet. However, this benign condition is associated with a variety of clinical conditions, such as chronic renal disease, hypertension, diabetes mellitus, oral iron supplementation, antihypertensive medications.

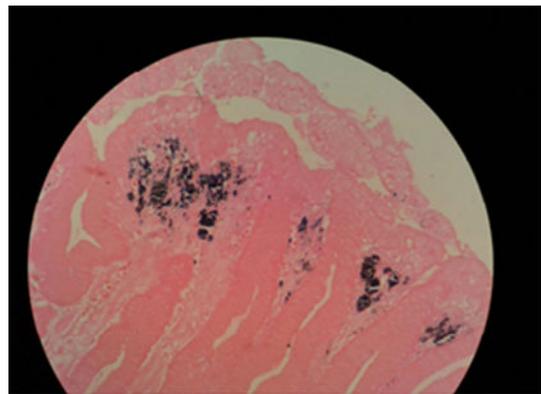


Figure 2: Loose aggregates of macrophages containing a granular black pigment within the superficial lamina propria.

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