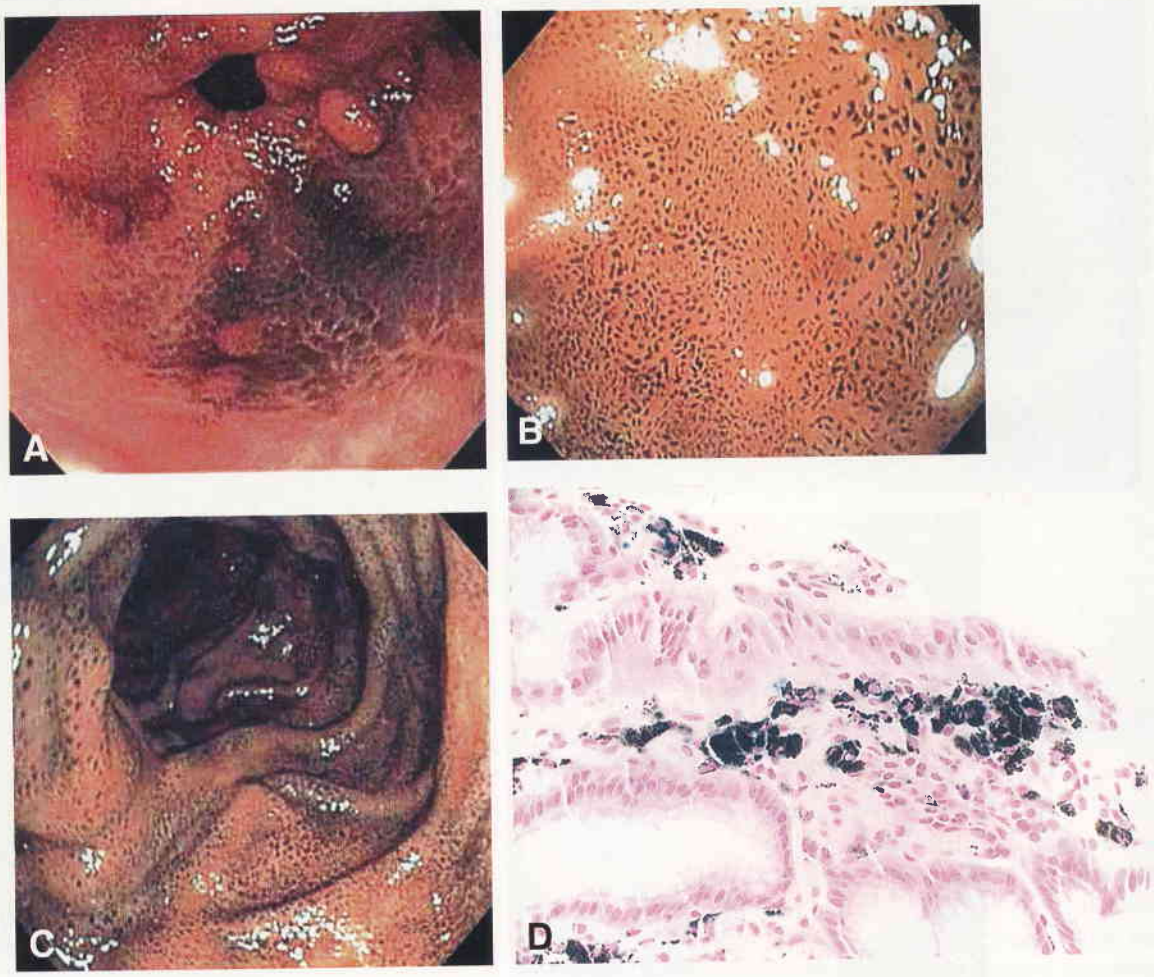
PSEUDOMELANOSIS OF STOMACH, DUODENUM, AND JEJUNUM



A 74-year-old woman with chronic renal insufficiency (creatinine 4.6 mg/dL [normal: 0.6-1.5 mg/dL]) was evaluated for anemia of 4 years' duration for which she was taking ferrous sulfate (3 times a day). Medications included hydralazine and furosemide. Two years earlier, endoscopy had demonstrated superficial gastric ulcers. Biopsy specimens from the ulcers revealed granular pigment in the lamina propria that stained positive for iron. Endoscopy now revealed dark pigmentation of the antral mucosa; several inflammatory polyps were not pigmented (**A**). A speckled pattern of black pigmentation also was seen throughout the duodenum (**B**) and the jejunum (**C**). Biopsy specimens confirmed the presence of iron sulfide granules in the lamina propria (**D**; Prussian blue stain, orig. mag. ×400). Although involvement of the stomach has not been reported, a diagnosis was made of pseudomelanosis of the stomach, the duodenum, and the jejunum. The extensive, intense pigmentation was likely caused by the large number of factors present that are known to be associated with pseudomelanosis, including chronic renal insufficiency and treatment with antihypertensive medications (primarily hydralazine and furosemide), as well as therapy with iron supplements.

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