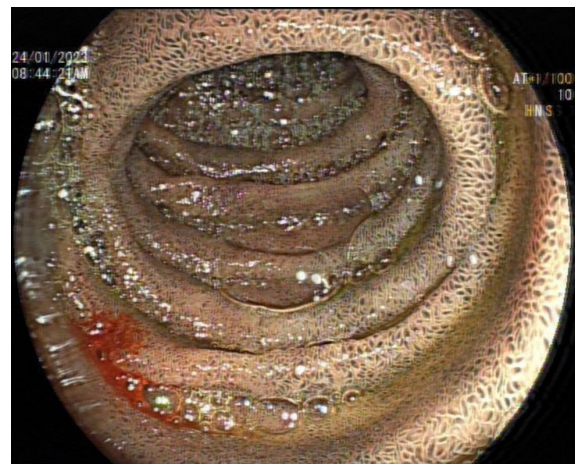


**Photoclinic**

# An Interesting Case of Pseudomelanosis Duodeni with Brunner's Gland Hyperplasia

Shiraz Salim Khan<sup>1\*</sup>, Hamid Ullah Wani<sup>1</sup>, Mohammed Zohaib<sup>1</sup><sup>1</sup>Department of Gastroenterology, Hamad Medical Corporation, Doha, Qatar**Cite this article as:** Salim Khan S, Ullah Wani H, Zohaib M. An interesting case of pseudomelanosis duodeni with Brunner's gland hyperplasia. *Middle East J Dig Dis* 2023;15(3):214. doi: 10.34172/mejdd.2023.349.

Received: May 20, 2023, Accepted: June 17, 2023, ePublished: July 30, 2023

**Figure 1.** Diffuse black specks and patches with small polyps seen in the duodenal bulb**Figure 2.** Black coarse and fine-pigmented speckled patterns observed in the second part of the duodenum. Note the typical diffuse and patchy pattern

A 33-year-old Egyptian woman was referred to our clinic for dyspepsia, evaluation of long-standing thrombocytopenia suspected to be caused by chronic liver disease. The patient had a prolonged medical history of systemic lupus erythematosus (SLE), renal hypertension, lupus nephritis, end-stage renal disease on hemodialysis, secondary adrenal insufficiency, and avascular necrosis of both hips. She had been on oral iron therapy for a considerable amount of time and had received the last intravenous iron injection around 3 weeks before presenting to us. Her current medications included carvedilol, amlodipine, hydralazine, aspirin, simvastatin, cholecalciferol, allopurinol, pantoprazole, and sevelamer. Upper gastrointestinal (GI) endoscopy and colonoscopy had not been performed in the past. We performed an endoscopy that revealed duodenal mucosa containing diffuse coarse and fine black specks, blackish patches, and small polyps (Figures 1 and 2). Histopathology revealed a coarse brown pigment in the lamina propria of the duodenum distributed within the macrophages. Numerous diffuse tiny polypoid lesions were found in the duodenal bulb. Biopsy of the polyps suggested Brunner's gland hyperplasia. No esophageal or gastric varices or other signs of portal hypertension

were observed. Further, ultrasound elastography of the liver revealed average stiffness of 6.19 kPa, indicating mild fibrosis. Doppler imaging of the splenoportal and portal vessels showed normal vasculature. An enlarged spleen (14.9 cm) was observed. The thrombocytopenia is presumed to be due to SLE and related conditions. In conclusion, Pseudomelanosis is a clinically uncommon and benign condition that is frequently discovered by chance during an upper endoscopy and may not necessarily be accompanied by any symptoms. Patients are typically diagnosed when they have other symptoms that call for an endoscopic examination. Histologically, it is recognized as an aggregation of pigmented granules in lamina propria macrophages. A trustworthy diagnostic standard for duodenal pigmentation is the pathological analysis of duodenal biopsies. This finding must be taken into consideration to differentiate it from similar conditions with comparable results.

**Competing Interests**

The authors declare no conflict of interest related to this work.

**Ethical Approval**

Written informed consent was obtained from the patient.

**Funding**

None.



\*Corresponding Author: Shiraz Salim Khan, Emails: drshiraskhan75@gmail.com, skhan49@hamad.qa

© 2023 The Author(s). This work is published by Middle East Journal of Digestive Diseases as an open access article distributed under the terms of the Creative Commons Attribution License (<http://creativecommons.org/licenses/by/4.0/>), which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.