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#### **Key Words**

Pseudomelanosis duodeni  
Ferrous sulfide

#### **INTRODUCTION**

Pseudomelanosis duodeni is characterized by numerous, brownish-black pigmented spots scattered throughout the mucosa of the bulb and often the second part of the duodenum, giving it a "pepper-sprinkled" appearance.<sup>1,2</sup> It has been suggested that antihypertensive drugs may play a role in causing the pigmentation. The most common drugs used by these patients included hydralazine, propranolol, thiazides, and furosemide.<sup>3-5</sup> Since Bisordi and Kleiman first described it in 1976,<sup>1</sup> 46 cases have been reported in the English literature.<sup>1-24</sup>

#### **CASE REPORTS**

##### **Case 1**

A 69-year-old man underwent upper gastrointesti-

## **Regression of Pseudomelanosis Duodeni**

#### **ABSTRACT**

The majority of patients with pseudomelanosis duodeni suffer from chronic renal disease and/or hypertension, and they usually have been receiving diuretics or other antihypertensive drugs. We report on 3 patients with pseudomelanosis duodeni who were hypertensive and took antihypertensive drugs and diuretics. The duodenal pigmentation completely disappeared in 2 patients and partially disappeared in the other patient after withdrawal of these medications. Histological staining to characterize the pigment was systematically performed, which suggested that the pigment was contained ferrous sulfide. (N. Taipei J. Med. 2003;5:75-79)

nal endoscopy due to epigastric pain. The medical history of the patient included hypertension and coronary artery disease. He had been taking hydralazine, propranolol, thiazide, and dipyridamole for 7 years. Laboratory investigations showed a blood glucose level of 150 mg/dl, a triglyceride level of 548 mg/dl, and a uric acid level of 9.2 mg/dl. On endoscopic examination, the esophagus was normal, and severe chronic gastritis was noted on the mucosa of the lower body and antrum of the stomach. A pattern of multiple, extensively scattered black spots was noted on the bulb and second portion of the duodenum (Fig. 1). Biopsy specimens from the duodenal mucosa were taken. Histologic sections were stained with hematoxylin and eosin (H & E). Specific histochemical stains used in differentiating the characteristics of duodenal pigments included Fontana-Masson stain and Warthin-Starry stain for melanin, and periodic acid Schiff stain (PAS) for lipofuscin. The pigments were

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