Debilitating Manifestation of a Disease with Multiple Names: A Case Report of Sclerosing Mesenteritis

Valeriiia Klymenko MD, Reba Varughese MD, Katherina A Woolley, Joseph M Wetherell, Haritha Mopuru MD, Edward Mensah MD, Imran Siddiqui MD

Department of Medicine, St. Vincent’s Medical Center, Bridgeport, CT

Frank H. Netter MD School of Medicine, Quinnipiac University, North Haven, CT

Introduction

- Sclerosing mesenteritis (SM) also known as mesenteric panniculitis, mesenteric fibrosis, retractile mesenteritis, mesenteric lipodystrophy or misty mesentery is an idiopathic rare disorder, which characterized by an inflammation process in the mesenteric adipose tissue.
- The most common histologic findings are fibrosis, fat necrosis and chronic inflammation. The clinical course is usually benign but cases with debilitating abdominal pain have also been reported.
- SM is usually an incidental finding on abdominal imaging. As this condition is extremely rare, there are limited data about the clinical course and no standard guidelines for management as of now.

Case Presentation

- **CC:** A 49-year-old man presented to the ED with diffuse abdominal pain, diarrhea, weight loss, night sweats and subjective fever.
- **HPI:** 3 weeks before admission he had a sudden onset of sharp, diffuse abdominal pain 10/10 in intensity, aggravated by eating and associated with non-bloody diarrhea, nausea, night sweats and 40 lb unintentional weight loss.
- **PMH:** HTN, HLD, PTSD, depression on lithium, gabapentin, mirtazapine, topiramate and venlafaxine.
- **FH:** Uncle died from colon cancer at the age of 62.
- **P/E:** Abdomen - diffuse tenderness on palpation without rebound tenderness or guarding.

- **Labs:** WBC 12.2x10^3/mcL, ESR 20 mm/hr.
- Electrolytes, LFTs, creatinine, lipase, C-reactive protein, lactic acid, lithium levels – normal levels.
- **ANA, rheumatoid factor – non-detected.
- Stool examination: no ova/parasites were detected, guaiac test, c. diff toxin and culture were negative.

- **CT scan of abdomen/pelvis:** hazy infiltration with subcentimeter lymph nodes and mild splenomegaly.

Discussion

- **SM** is diagnosis of exclusion, with conditions such as lymphoma, carcinoid tumor, carcinomatosis potentially presenting in a similar fashion.
- On CT the most specific features for SM are fat ring sign and tumor pseudo capsule. SM could also present as an increased attenuation of mesenteric fat without mass, which is called ‘misty mesentery’.
- As this condition is extremely rare and further complicated by the use of multiple approaches to nomenclature in the past, our understanding of its pathophysiology, clinical course, and management are limited.

Conclusion

- **SM** is a rare condition, and it is important for physicians to be open-minded about their diagnostic considerations in patients presenting with abdominal pain.
- It is vital to report SM cases to help establish a gold standard for treatment and for a better understanding its mechanism and clinical course.