GASTROINTESTINAL
INTERESTING CASE #2

56-year-old female presenting with a 3-month history of abdominal pain

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CT abdomen/pelvis: Misty attenuation of the mesentery with associated mass effect
What is the diagnosis?

A. IgG-related disease
B. Liposarcoma
C. Mesenteric fibromatosis
D. Inflammatory fibrosarcoma
E. Sclerosing mesenteritis
Sclerosing mesenteritis

Clinical:
- A benign chronic inflammatory condition that affects the adipose tissue of the mesentery
- Benign, stable or slowly progressing disease
- Patients can be asymptomatic, or have abdominal pain, fever, weight loss, diarrhea, etc.
- Exact etiology is unknown
- Possible predisposing factors: prior abdominal surgery or trauma, autoimmune disease, ischemic injury, infections, smoking and malignancy

Imaging:
- Misty mesentery; fatty ring or halo sign; pseudocapsule sign.

Gross findings:
- Diffuse thickening or retraction of the mesentery, a single mass or multiple masses.

Histology:
- In most cases, there is a mixed histology of three components: fat necrosis, chronic inflammation and fibrosis. The histological diagnosis is usually established by finding one of these components. According to the dominant pathological changes, histological examination reveals three sequential phases: mesenteric lipodystrophy type (fat necrosis with foamy macrophages), mesenteric panniculitis type (fat necrosis and dense inflammatory cell infiltrate) and sclerosing mesenteritis type (fibrosis). Chronic inflammatory cells are predominantly lymphocytes with fewer plasma cells and eosinophils.