Repetitive adhesive ileus as a complication of sclerosing mesenteritis

MK Schmelzer1, C Gingert1,6, T Imschweiler2, R Flury-Frei3, KO Jensen1, F Hetzer5, E Angst1,4

1 Clinic of Surgery and Orthopedics, Cantonal Hospital Schaffhausen, Switzerland, 2 Clinic of Radiology, Cantonal Hospital Schaffhausen, Switzerland 3 Department of Pathology, Cantonal Hospital Winterthur, Switzerland, 4 Department of Visceral Surgery and Medicine, Inselspital, University of Bern, Switzerland, 5 Hospital of Linth, Clinic of Surgery, Switzerland and 6 Faculty of Health, Witten/Herdecke University, Germany

Introduction

Sclerosing mesenteritis is the result of a rare chronic process leading to fibroinflammatory alteration of the mesenteric fat tissue. The etiology is unknown although autoimmune processes, infection, malignancy, prior surgery or trauma have been assumed. While the clinical presentation and the change of laboratory values are unspecific, abdominal CT scans often show a typical combination of signs. Histological examination leads to the final diagnosis [1-4].

Case Report

We present the case of a 49-year old male patient with severe abdominal pain in the emergency department. Six months earlier he had a laparotomy, lysis of adhesions and resection of a small bowel segment due to mechanical ileus of unknown etiology. Like the first time the abdomen showed a diffuse tenderness and the laboratory values were unspecific. An abdominal CT-scan revealed adhesive mechanical ileus of the small intestine and a diffuse thickening of the mesentery. The patient underwent a relaparotomy with lysis of adhesions. Intraoperatively whitish nodulous tissue alteration of the mesentery was seen and biopsies were taken. The histological examination of these biopsies showed a chronic inflammation including numerous macrophages, fat necroses and fibrosis consistent with sclerosing mesenteritis. One month after surgery the patient began to suffer from abdominal cramping again and the development of an ileus was ruled out by CT-scan. Following the current recommendations a therapy with prednisolon was established. The patient's symptoms quickly improved. After 4 months prednisolon was replaced by mycophenolate mofetil given the stabilized patient's state.

Conclusion

Sclerosing mesenteritis is an extremely rare differential diagnosis of abdominal pain. Typical findings in the CT-scan and histology allow to confirm the diagnosis. Therefore it is crucial that radiologists and surgeons are aware of this entity to initiate the correct treatment. Surgical intervention is only necessary in case of complications such as bowel obstruction or ischemia. Symptomatic patients benefit from immunosuppressive therapy.

References