A 46-year-old man presented with a 1-month history of back pain, vague abdominal discomfort in the lower quadrants, change of bowel habit with constipation alternating with liquid, nonbloody stools, and a suprapubic mass about the size of his fist that he had noticed 1 week previously. Physical examination showed a suprapubic mass of 6–8 cm, which was tender on deep palpation. A computed tomography (CT) scan showed a thickening of the sigmoid and descending colonic wall with increased opacification of the adjacent mesentery. Colonoscopy showed an edematous mucosa with pseudonodular areas and a total absence of normal motility in the rectum, sigmoid and descending colon (Fig. 1), with a normal appearing colonic mucosa proximal to the splenic flexure. Multiple biopsies were performed, which showed congestion and an inflammatory infiltrate, insufficient for a definite diagnosis. By this time, the patient had become very sick with profuse diarrhea and had lost approximately 10 kg (12% of his usual body weight), so we decided to perform an exploratory laparotomy. An unresectable, fibrotic mass adherent to the retroperitoneum was found. Multiple biopsies were performed, which showed extensive areas of steatonecrosis with foci of lipid-laden histiocytes, some fibrosis, and a mixed inflammatory infiltrate. A diagnosis of sclerosing mesenteritis was made and the patient was started on prednisolone 40 mg/day and azathioprine 50 mg/day, to which he responded promptly. At 1 year, both his CT scan and colonoscopy (Fig. 2) were considered normal.

Sclerosing mesenteritis most commonly affects the small-bowel mesentery [1]. This probably contributes to the fact that most gastroenterologists are not familiar with the endoscopic changes characteristic of this disease. The reporting of this case should contribute to a greater awareness of this rare disease amongst gastrointestinal endoscopists, especially with regard to the endoscopic findings when the mesocolon is affected [2,3].

Endoscopy_UCTN_Code_CCL_1AD_2AJ

Competing interests: None

M. Cravo1, P. Sousa1, I. Tavora2, N. Zozimo1, J. Velosa1

1 Department of Gastroenterology, Hospital de Santa Maria, Lisbon, Portugal
2 Department of Radiology, Hospital de Santa Maria, Lisbon, Portugal

References


Bibliography

DOI http://dx.doi.org/10.1055/s-0031-1291563
Endoscopy 2012; 44: E60
© Georg Thieme Verlag KG Stuttgart · New York
ISSN 0013-726X

Corresponding author
M. Cravo, MD
Hospital de Santa Maria – Gastroenterology
Rua Professor Egas Moniz
Lisbon 1100
Portugal
Fax: +351-21-7229850
marilia.cravo@sapo.pt