

A case of idiopathic mesenteric phlebosclerosis associated with long term Chinese herbal medicine

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Background: Idiopathic mesenteric phlebosclerosis (IMP) is a chronic ischemic colitis characterized by fibrous thickening and calcification of mesenteric veins. Clinically, it can be presented as intestinal obstructive symptoms such as abdominal pain, bloating and vomiting. IMP is rare, and disease pathogenesis and etiology are not certain. Here, we present a case of IMP which might be related with long-term use of Chinese herbal medicine.

Case: A 57-year-old man was admitted to the hospital because of aggravated abdominal pain, vomiting and watery diarrhea. He was suffered from these symptoms for 2 years. Initial blood pressure was 213/100 mmHg and heart rate was 105 per min. Complete blood count showed WBC 10.620/mm³ and hemoglobin 13.7 g/dL. Other lab findings were CRP 1.29 mg/dL, BUN 51.4 mg/dl, and Cr 9.03 mg/dL. He was on hemodialysis for 2 years because of diabetic nephropathy. The plain abdominal radiograph showed step ladder sign and thread-like calcification in the right hemi-colon (Figure 1). On computed tomogram (CT) scan, diffuse mesenteric venous calcification and marked edematous thickening of colon wall were observed. During the admission, hematochezia was developed and persisted for 19 days. Colonoscopy showed edematous, hyperemic to dark-colored nodular colon mucosa, multiple nonspecific ulcers and luminal stenosis (Figure 2). These findings were compatible with IMP. As conservative treatment was inefficient, surgical treatment was recommended. But the patient refused the surgical treatment. A month later, he was readmitted for abdominal pain and eventually underwent ileostomy. His job was an oriental medicine pharmacist and he has taken Chinese herbal medicine for over 10 years. IMP should be considered when long term herbal medication history is identified in patient with chronic intestinal obstructive symptoms and thread-like calcification in simple abdominal radiograph.



Figure 1. Step ladder sign and thread-like calcification in the right hemi-colon



Figure 2. Hyperemic to dark-colored nodular colon mucosa, multiple nonspecific ulcers and luminal stenosis.