

A Case of Idiopathic Sclerosing Mesenteritis treated with Prednisone, Tamoxifen, and Azathioprine

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Sclerosing mesenteritis (SM) is a rare benign disease presenting with chronic inflammation of the mesenteric adipose tissue and variable degrees of fibrosis. It can be related to autoimmune disease, vasculitis, ischemia, infection, trauma and operation, but most of cases are idiopathic. A 77-years-old man presented to out hospital with intermittent abdominal pain, and after abdomen enhanced computed tomography (CT) was performed at another hospital, he was planning to undergo a laparoscopic biopsy. However, the biopsy was withheld due to his personal reasons. After then, he came back to the hospital due to worsening symptoms a year later. Initial laboratory tests, including those for tumor markers such as CEA and PSA, showed no abnormal findings suggestive of inflammation or tumor. Abdomen enhanced CT revealed the calcified mass lesion of mesentery, and localized dilatation of small bowel loop. We suspected small bowel tumor and performed small bowel resection. Only palliative resection was performed due to invasion of major blood vessels such as the superior mesenteric artery. A biopsy revealed diffuse fibrosis with fat necrosis and multifocal aggregation of lymphoplasmic cells, consistent with SM (Figure 1). In immunohistochemistry, some numbers of IgG4-positive cells were observed, but no definite findings of IgG4-related sclerosing disease were observed, and no specific findings were observed in laboratory tests (IgG subclass tests). Therefore, this patient was finally diagnosed with idiopathic SM. After diagnosis of idiopathic SM, treatment with prednisolone and tamoxifen was started because symptoms such as abdominal pain were accompanied. Afterwards, symptoms improved and follow-up CT showed a decrease in SM size, and the progress was monitored with prednisolone tapering. One year after the start of treatment, the patient's abdominal pain recurred and a slight increase in SM size was observed on follow-up CT. Treatment was performed with the addition of azathioprine. After administration of azathioprine, symptom improvement and reduction in SM size were observed, and the course was observed while maintaining the above treatment.

