

IgG4 related sclerosing mesenteritis with portal vein narrowing

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A 77-year-old man had complaint of generalized weakness for 2 weeks. He had received pyloric-preserving Whipples's operation due to chronic pancreatitis about 6 years ago. He had abdominal discomfort, but no tenderness on abdominal examination. Laboratory examinations showed that SGOT 135 IU/L, SGPT 204 IU/L, ALP 1605 IU/L, Total bilirubin 1.2mg/dL, Amylase 21 U/L, Lipase 12 U/L. Serum IgG subclass IV was 266mg/dL, which was increased. A colonoscopic examination was normal. Abdominal computed tomography showed ill-defined soft tissue infiltration around the mesenteric root with mesenteric lymphadenopathy, and associated superior mesenteric vein occlusion. In addition, there was severe stenosis on main portal vein and splenic vein junction site. Laparoscopic operation was performed for tissue biopsy of mesenteric area. Histologic finding shows lymph nodes with moderate to severe fibrosis. Immunohistochemical staining revealed many IgG-positive plasmacytoid cells and IgG4- positive plasmacytoid cell infiltration, compatible with IgG4 related sclerosing mesenteritis. We treated with methylprednisolone 40mg daily. 2 weeks later, laboratory examinations were as follows, SGOT 25 IU/L, SGPT 26 IU/L, Alkaline phosphatase 457 IU/L, Total bilirubin 0.5 mg/dL. The patient's symptoms showed improvement. 4 month later, abdominal computed tomography showed decreased soft tissue infiltration around the mesenteric root and improved the stenosis on main portal vein and splenic vein junction site. We report a case of IgG4-related sclerosing mesenteritis with portal vein stenosis, which was treated successfully by corticosteroid.

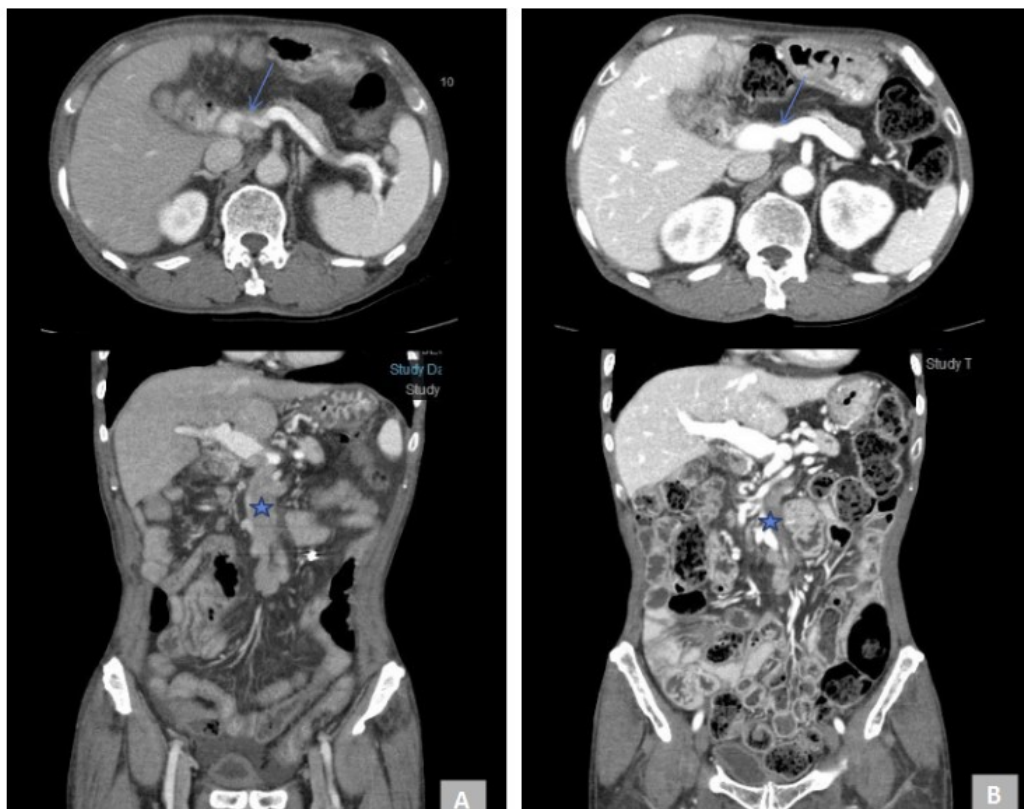


Figure 1.