

Young man with abdominal pain and right-sided abdominal fullness

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DESCRIPTION

A 26-year-old man presented with a 5-day history of persistent central and right-sided dull abdominal pain with no associated symptoms. He had, at the age of 3 years, undergone a Duhamel procedure for Hirschsprung's disease. On presentation, he was in no pain and his vital signs were normal. There was right iliac fossa fullness with tenderness, guarding and rigidity. Routine blood tests including C reactive protein were normal. Acute abdominal series showed mild gaseous distension but no air fluid levels. Abdominal CT scan (figure 1) revealed diffuse stranding in the small bowel mesentery, with multiple lymph nodes and irregularly dilated venous channels; suggestive of mesenteric panniculitis. The patient was treated with analgesics and prednisolone. Abdominal symptoms and signs improved dramatically over 48 h. He was completely asymptomatic at 9-month follow-up.

Mesenteric panniculitis is a rare chronic fibrosing inflammatory disease that typically affects the mesentery of the small intestine or colon. The exact pathology remains unclear, but it is associated with some malignancies and inflammatory disorders such as vasculitis, granulomatous disease and pancreatitis.^{1 2} Abdominal trauma and surgery have also been implicated.² It is often discovered incidentally, but may present progressively or intermittently with abdominal tenderness or a palpable mass with or without systemic manifestations, for example, fever and weight loss.^{1 3}

Abdominal CT and MRI are sensitive in detecting this condition, but the definitive diagnosis is established on biopsy.³ This helps to avert unnecessary

laparotomy. Once diagnosed radiologically, treatment is conservative, with steroids, azathioprine or cyclosporine.¹⁻³

Learning points

- ▶ Abdominal CT and MRI are the most sensitive imaging modalities for detecting mesenteric panniculitis, but the definitive diagnosis is established on biopsy.
- ▶ Laboratory findings are usually non-specific, but there may be an elevation in erythrocyte sedimentation rate, neutrophilia and anaemia.
- ▶ The acute presentation of mesenteric panniculitis may be mistaken for other causes of acute abdomen, which may force the surgeon to perform unnecessary exploratory laparotomy.

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Competing interests None declared.

Patient consent Obtained.

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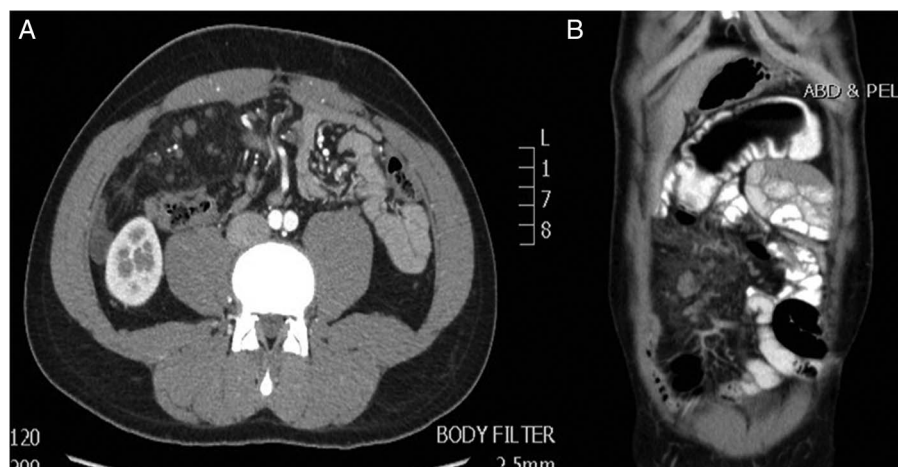


Figure 1 CT scan of the abdomen ((A) axial view, (B) sagittal view) showing diffuse stranding in the small bowel mesentery, with multiple lymph nodes and irregularly dilated venous channels; features suggestive of mesenteric panniculitis. ABD and PEL, abdomen and pelvis.



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