

Intestinal Resection for Mesenteric Panniculitis

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ABSTRACT

Keywords: Mesenteric Panniculitis; Mesentery; Resection

Clinical Image

We report the case of a 61-year-old woman, with no past medical or surgical history, who consulted for an occlusive syndrome. On examination, she had no fever; her abdomen was distended and showed subumbilical tenderness. Laboratory tests revealed a marked biological inflammatory syndrome. Abdominal CT revealed a distended small bowel upstream of a regular thickening of the last ileal loop which showed an enhancement defect, densification of the mesenteric fat with distortion of the vessels within it and a comb-like appearance of the mesentery suggestive of mesenteric panniculitis (MP)

(Figure 1). The patient underwent urgent surgery. Intraoperatively, there was diffuse nodular thickening of the mesentery; sclerolipomatosis; a necrotic last ileal loop with a highly inflammatory aspect of the penultimate loop (Figure 2). She underwent ileocaecal resection, removing the pathological loops with a double stoma (Figure 3). The postoperative follow-up was simple. Pathological examination of the surgical specimen revealed mesenteric lipodystrophy and patchy fibrosis without carcinomatous cells, confirming the diagnosis of MP. Mesenteric panniculitis is a rare chronic inflammatory disease characterized by degeneration, inflammation and fibrosis of the adipose tissue of the mesentery.

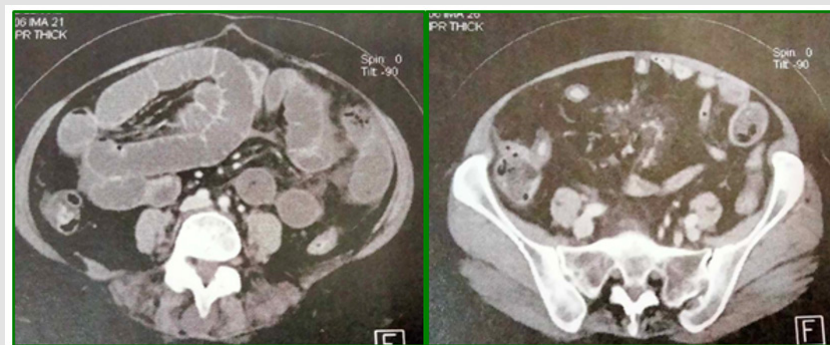


Figure 1: Axial sections of an injected abdominal CT, revealing severe upper intestinal obstruction associated with mesenteric thickening.

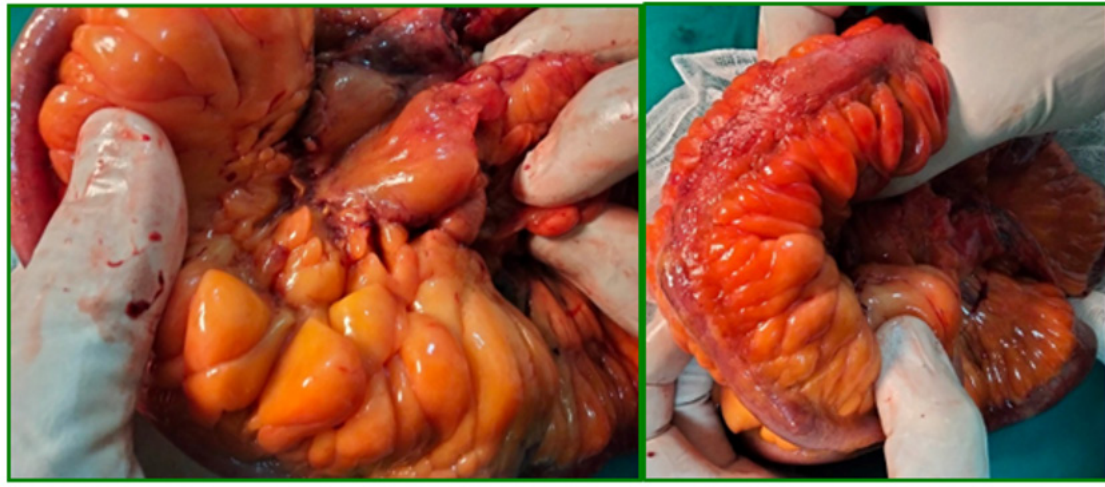


Figure 2: Nodular thickening of the mesentery and highly inflammatory appearance of the ileal loops intraoperatively.



Figure 3: Operative specimen.

The etiology of the disease remains poorly understood, but it is often associated with a variety of conditions, including abdominal surgery, mesenteric ischemia, cancer, trauma, obesity and abdominal

inflammatory disease [1]. Abdominal CT are essential for both positive and differential diagnosis [2]. Surgery is indicated to treat obstructive complications and served for histological diagnosis [1].

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