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INTRODUCTION

- Sclerosing mesenteritis is a rare diagnosis consisting of fatty inflammation and necrosis of the abdominal mesentery.
- Patients usually present asymptotically or with vague, generalized systemic symptoms including abdominal pain, fever, and weight loss.
- Here, we present a case of a 72-year-old female with an unusual presentation of right flank pain in the diagnosis of sclerosing mesenteritis.

CASE REPORT

- A 76-year-old female with an extensive past medical history was evaluated in the hospital for acute onset, intermittent right-sided flank pain described as a spasm sensation.
- There was no temporal or positional association of the pain. She had no associated fevers, malaise, changes in bowel habits, nausea, vomiting, melena, or hematochezia.
- Her history was also significant for multiple abdominopelvic surgeries, dating back almost 50 years and including appendectomy, herniorrhaphy, pelvic reconstruction and hysterectomy, and bladder sling placement.
- Her most recent surgery was an appendectomy 5 months prior to admission.
- Prior colonoscopy history was unknown.
- A physical exam showed a diffusely soft, non-tender abdomen without any masses or organomegaly.

INVESTIGATIONS

- Laboratory evaluation demonstrated leukocytosis and elevated ESR and CRP.
- The remaining laboratory workup was within normal limits.
- CT abdomen and pelvis without contrast showed hazy attenuation of the mesenteric root with hypodense halos surrounding the mesenteric lymph nodes, suggestive of sclerosing mesenteritis
- Given her presentation of flank pain, retroperitoneal ultrasonography was done which was negative for any acute pathologies

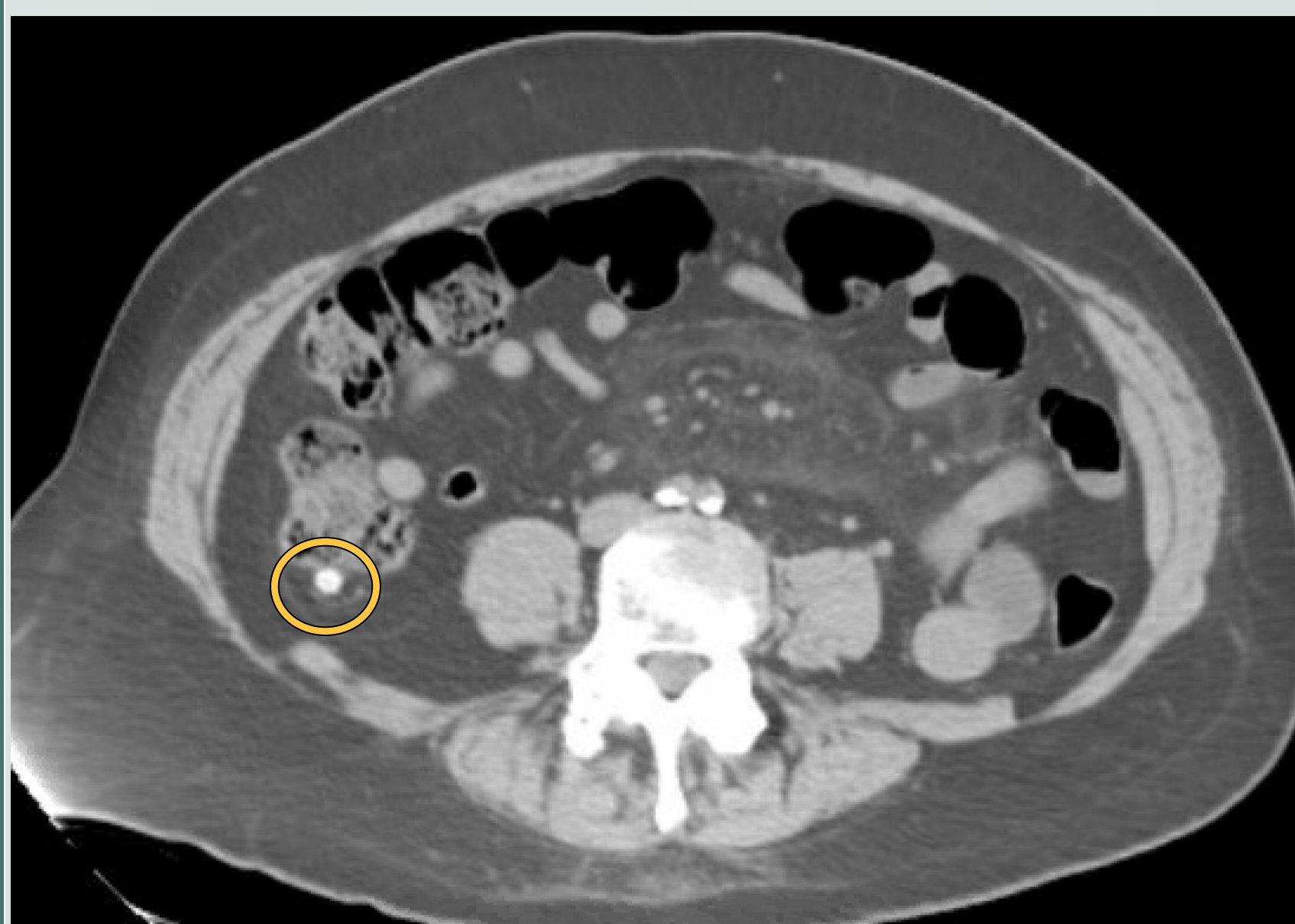
MANAGEMENT

- Surgical intervention was deferred given the patient's comorbid conditions.

FIGURE 1 – CT ABDOMEN



FIGURE 2 – CT ABDOMEN



DISCUSSION

- The diagnosis of sclerosing mesenteritis is often an incidental finding on abdominal imaging, as seen in our patient case.
- Usually, such imaging studies are performed for the evaluation of an abdominal mass seen in up to 35-50% of patients, however, in our case, it was performed for the initial evaluation of her flank pain.
- In our patient case, the only risk factor for the development of sclerosing mesenteritis was her significant history of abdominal surgery.
- Studies have shown up to 30% of patients diagnosed with sclerosing mesenteritis have a history of prior abdominal surgery.

CONCLUSION

- A wide differential should be maintained in patients presenting without obvious abdominal complaints yet having a significant abdominal surgery history.

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