Sclerosing Mesenteritis in the Setting of Follicular Lymphoma in a Young Male

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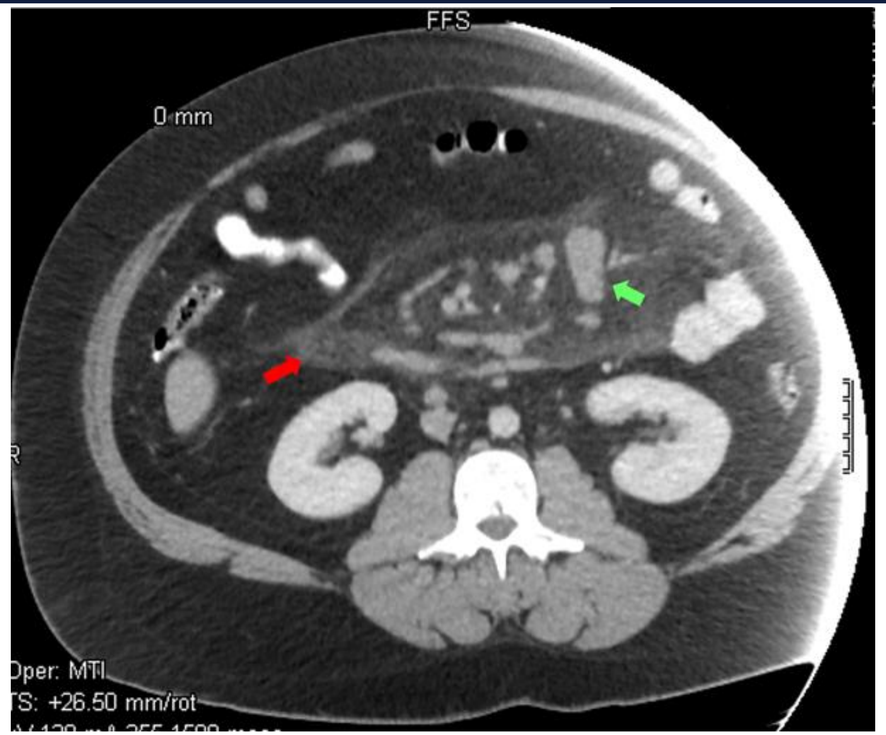
Introduction

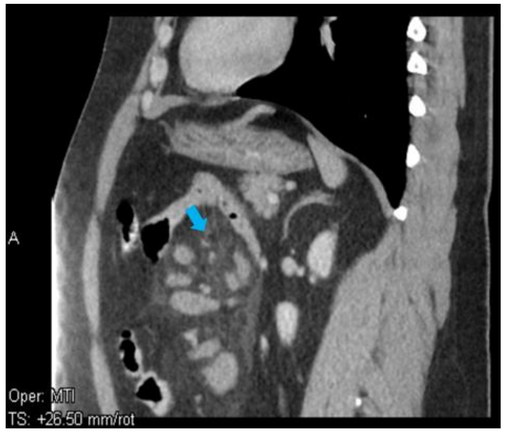
- Sclerosing mesenteritis describes a rare fibroinflammatory disorder
- Presents with acute or insidious onset and predominates in males over 60.
- Small intestine involvement is most common and can present as idiopathic, autoimmune or malignant.
- We report an unusual case of a previously healthy young male with mesenteritis related to follicular lymphoma.

Case Presentation

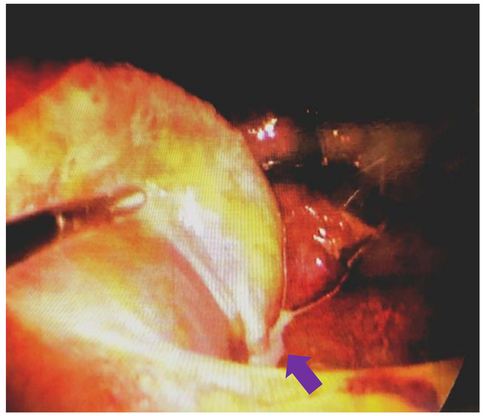
- 30-year-old male with a past medical history of obesity (BMI 45) and hyperlipidemia presented with mild diffuse abdominal pain and slightly elevated liver enzymes (AST 58, ALT 118). Family history included a grandfather with lymphoma in his 50s.
- CT Abdomen showed enlarged mesenteric lymph nodes measuring between 2.2-2.7 cm and coalescent, rim-enhancing cystic lesions with low-attenuation in the root of the small bowel mesentery. An area of fat around the mesenteric vessels and a fibrous band separating inflamed fat from mesentery was also seen, called fat ring sign and pseudocapsule, respectively.
- Laparoscopy was performed and the band was taken down with bipolar energy. Distorted omentum, small bowel edema, prominent lymph channels and chylous ascites were noted.
- Lymph node biopsy showed 50% of monoclonal B-cells expressing CD19, CD20 bright, CD10, and dim kappa light chain on flow cytometry, indicating follicular B-cell lymphoma. Patient was treated with appropriate immunosuppressive therapy and recovered well.



Panel A (above and bottom left): Axial and sagittal views showing enlarged mesenteric lymph nodes (green arrow) noted on initial CT abdomen with pseudocapsule (red arrow) and fat ring sign (blue arrow)



Panel B (right): Prominent lymph channels with chylous ascites leading up to nodes were noted on laparoscopy (purple arrow) along with distorted omentum with associated small bowel edema



Discussion

- Mesenteritis presents with nonspecific symptoms and is usually diagnosed in older adults with histories of abdominal surgeries.
- Along with histopathology, cytometry, and CT, PET can further diagnose this condition, , as increased contrast uptake suggests co-existing mesenteric deposits, particularly in patients with lymphoma.
- Although mild cases have shown to resolve spontaneously, glucocorticoids and tamoxifen are first line therapy, while colchicine, azathioprine or cyclophosphamide are used adjunctly.
- Tamoxifen can be continued indefinitely to downregulate fibrosis, as the rate of recurrence and complications, including obstruction and perforation, is significant.

Key Points

- Follow up with patients is imperative as co-existing malignancies develop in up to 70% of patients with mesenteritis and include lymphomas, urogenital, and gastrointestinal carcinomas.
- Mesenteritis should be part of the differential for nonspecific GI symptoms, regardless of age. This, as in our case, can treat potential malignancies early and avoid morbid complications, especially in a setting of familial history of cancer.