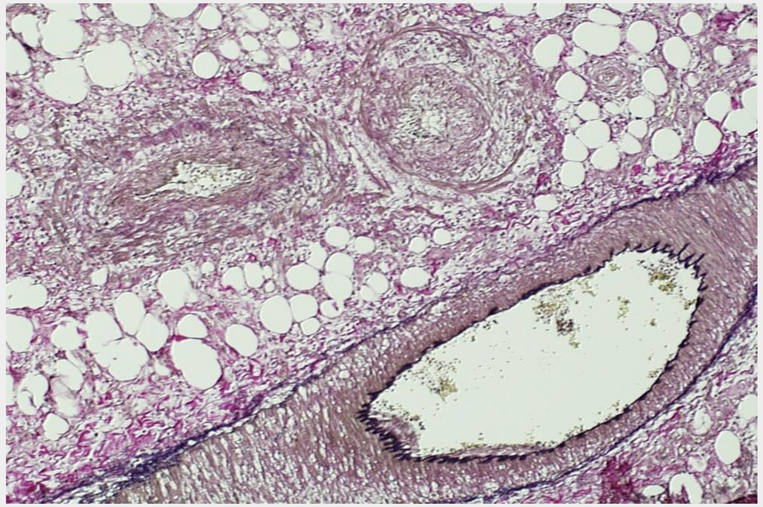
Idiopathic Myointimal Hyperplasia of Mesenteric Veins disguised as IBD:
A diagnostic challenge

IMHMV should be suspected in young males presenting with proctosigmoiditis when biopsies are not consistent with IBD and symptoms fail to improve with standard therapy

Introduction:
Idiopathic myointimal hyperplasia of the mesenteric veins (IMHMV) is a rare condition primarily affecting young healthy males and is characterized by proliferation of intimal smooth muscles and results in hyperplasia of the mesenteric veins, and classically affects the rectosigmoid region. Clinically and endoscopically, it mimics inflammatory bowel disease (IBD) with the biopsy showing features of ischemic colitis.

Case Description:
We present a case of a 52-year-old male with a history of IDDM and hypertension who presented with the complaints of cramping lower abdominal pain, rectal urgency and foamy mucous like diarrhea following a screening colonoscopy. On presentation, he had stable vital signs. Physical exam revealed left lower quadrant tenderness without peritoneal signs. Pertinent bloodwork showed a normal white count, CRP and ESR. CT scan of the abdomen and
pelvis showed diffuse wall thickening from the distal descending colon to the rectum consistent with colitis. Colonoscopy showed congestion of the mucosa and biopsies were consistent with ischemic colitis. CTA of the abdomen and pelvis failed to show significant large vessel disease.



References:
1. Genta R.M.Haggitt R.C.
   Idiopathic myointimal hyperplasia of mesenteric veins.
   Gastroenterology. 1991; **101**: 533-539
2. Chiang C.K. Lee C.L. Huang C.S. et al.
   A rare cause of ischemic proctosigmoiditis: idiopathic myointimal hyperplasia of mesenteric veins.
   Endoscopy. 2012; **44**: 54-55

Decision Making:
He was given a trial of high dose prednisone and rectal mesalamine for the working diagnosis of Inflammatory bowel disease without improvement in symptoms. Patient underwent rectal wall biopsy which showed acute ischemic injury. Subsequently, he underwent left partial colectomy because of ischemic bowel. Pathology showed diffuse myointimal proliferation of mesenteric veins with luminal obliteration, acute and chronic inflammation, and fat necrosis of surrounding adipose tissue and a viable muscularis propria. Fibrinoid necrosis of mucosal vessels were noted. These changes were consistent with IMHMV with secondary ischemic necrosis and were confirmed through Elastin and desmin stains. Patient symptomatically improved following bowel resection.

Discussion:
IMHMV should be suspected in young males presenting with proctosigmoiditis when biopsies are not consistent with IBD and symptoms fail to improve with standard therapy. With more awareness, IMHMV may be identified prior to complications such as ischemic bowel occur that necessitate surgical resection. However currently there is no medical therapy for IMHMV, but as the pathogenesis is better understood with wider reporting, hopefully better treatment options will become available. As of now, bowel resection appears to be curative.

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