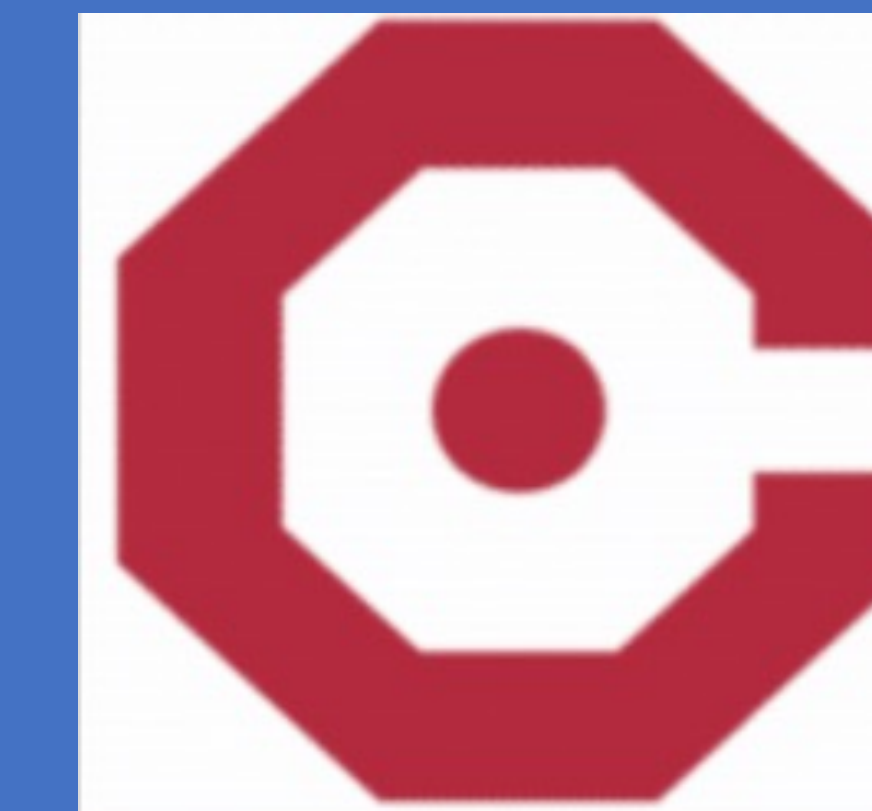




# Chronic Sclerosing Mesenteritis: An Uncommon Cause of Chronic Diarrhea



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## What is Sclerosing Mesenteritis?

- Sclerosing mesenteritis is a rare condition, with a diagnostic prevalence as low as 0.6%<sup>1</sup>
- Characterized by chronic inflammation and necrosis of the mesenteric adipose tissue that eventually leads to progressive fibrosis
- Etiology is unknown, but it has been linked to the following<sup>1</sup>:
  - Abdominal trauma
  - Autoimmune disease
  - Ischemia (especially mesenteric)
  - Malignancy
- Mostly asymptomatic, but severe fibrosis can result in palpable masses or abdominal pain and can occasionally cause severe symptoms such as<sup>2</sup>:
  - Small bowel obstruction
  - Obstructive uropathy
  - Chylous ascites
  - Mesenteric ischemia
- Here we present a case of chronic sclerosing mesenteritis that presented solely with diarrhea

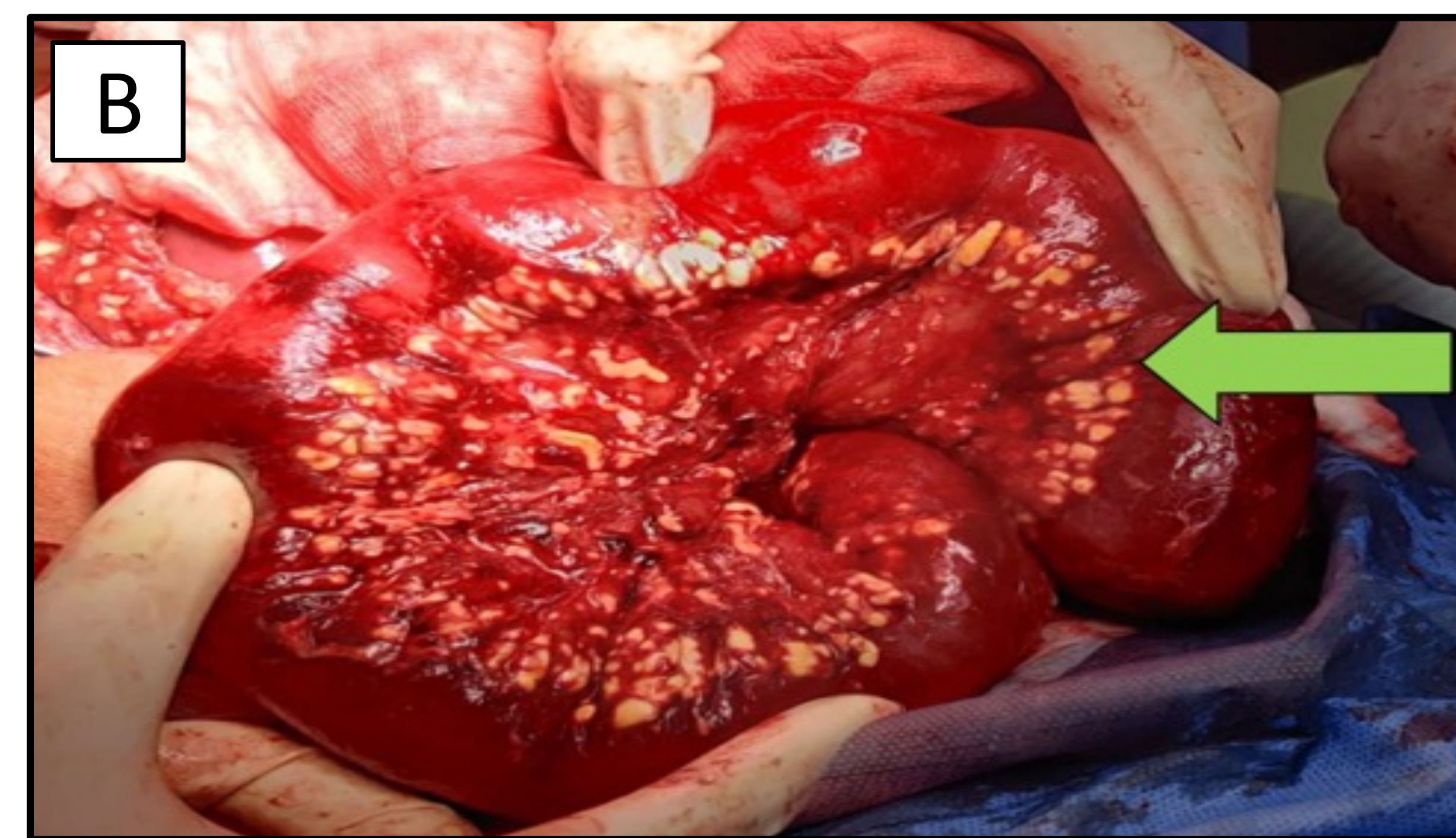
## Typical Treatment Strategies<sup>3</sup>

### Asymptomatic or Mild Symptoms

- Observation or supportive therapy

### Symptomatic patients

- 1st-Line Therapy: Prednisone (tapered) & Tamoxifen (indefinitely)
- 2nd-Line Therapy: Prednisone & Azathioprine OR Pentoxifylline OR Cyclophosphamide OR Thalidomide
- 3rd-Line Therapy: Surgical Intervention (especially if intractable obstructive symptoms are present)



(A) Normal Mesentery. (B) Mesentery with calcifications, as seen in sclerosing mesenteritis.<sup>4</sup> (C) Coronal slice of patient's abdominal CT, showing calcifications in mesentery (green arrow) consistent with sclerosing mesenteritis

## Patient Presentation

### Outpatient Gastroenterology

- Patient (male, 80s) presented with an abdominal mass, and open biopsy of the mass confirmed the diagnosis of sclerosing mesenteritis
- Patient then had a 3-year course of intermittent watery diarrhea managed successfully with loperamide
- Eventually the patient had a multi-day episode of diarrhea refractory to loperamide, prompting a hospital visit

### Cooper University Hospital

- Patient arrives in stable condition and is given one dose of loperamide
- CT shows scattered calcifications soft tissue densities in the small bowel mesentery (Figure C), consistent with chronic sclerosing mesenteritis
- CT angiography rules out mesenteric ischemia, a known complication of sclerosing mesenteritis
- Leukocyte count, lactic acid level and stool cultures are all unremarkable, ruling out bacterial enteritis
- With supportive care, the diarrhea resolves and the patient is discharged

## Discussion

- This case highlights the fact that chronic diarrhea can serve as the primary presentation of chronic sclerosing mesenteritis
- It is therefore prudent to consider this rare diagnosis in the differential of chronic gastrointestinal upset, and to evaluate with imaging when appropriate
- Furthermore, this case demonstrates that diarrhea caused sclerosing mesenteritis can in some cases escalate to the point of admission. Thus, chronic diarrhea may serve as sufficient justification to begin outpatient immunosuppressive therapy in patients with sclerosing mesenteritis

## References

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