Hepatic Sarcoidosis Hiding Beneath Mesenteric Panniculitis

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Introduction

- Mesenteric panniculitis is a rare inflammatory disease that affects the adipose tissue of intestinal mesentery.
- The incidence of mesenteric panniculitis ranges from 0.16%-3.4%.
- We present a case of a 32-year-old male with a history of chronic abdominal pain and unintentional weight loss who presented with worsening transaminitis eventually found to have mesenteric panniculitis and hepatic sarcoidosis.

Case Description

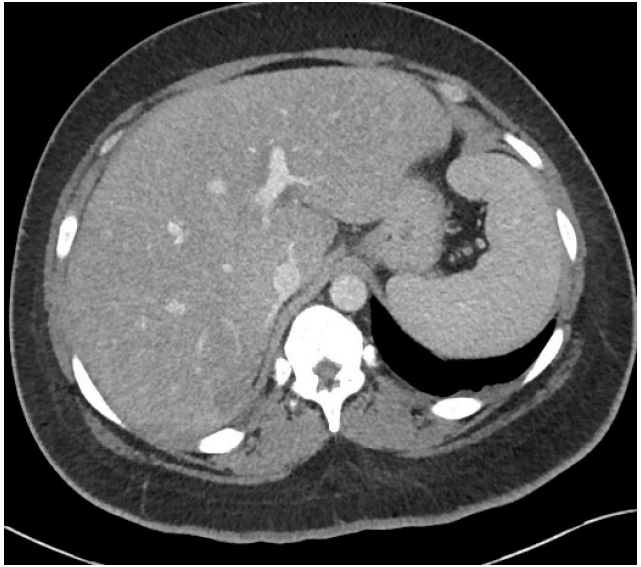
- A 32-year-old male with a history of sarcoidosis and pulmonary embolism, not compliant with medication, presented with a six-month history of sharp, intermittent, and diffuse abdominal pain and a 20-pound weight loss.
- On presentation he was tachycardic to 121 and febrile to 100ºF. Significant labs revealed hemoglobin of 8.2, AST 105 U/L, ALT: 81U/L, ALP 51 U/L.
- On physical exam his abdomen was diffusely tender to palpation in the epigastric region and right upper quadrant.

Patient Course

- He was started on IV Ceftriaxone.
- Computed Tomography of the abdomen and pelvis revealed a hazy appearance of the mesentery with numerous mesenteric lymph nodes suspicious of mesenteric panniculitis, hepatomegaly, multistational upper abdominal lymphadenopathy, and a 2.0 cm ill-defined hepatic lesion (Figure 1).
- He was initiated on a two-week tapered course of prednisone.
- Azathioprine was later added with marked improvement in his symptoms.

Discussion

- Mesenteric panniculitis is a rare fibroinflammatory condition of unknown etiology.
- Presenting symptoms are vague and highly variable, but abdominal pain is reported to be the most common.
- CT scan is the imaging modality preferred, however, diagnosis is established by histological confirmation.
- No specific treatment exists.



Conclusions

- Maintain a high index of suspicion for mesenteric panniculitis when evaluating patients with a history of autoimmune disease presenting with vague abdominal pain in addition to transaminitis.