

AGA Clinical Practice Update on Sclerosing Mesenteritis: Commentary

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Definition & Epidemiology

- Rare disorder of mesentery inflammation characterized by fat necrosis and fibrosis
- Alternate terminology
 - Mesenteric panniculitis, liposclerotic mesenteritis, retractile mesenteritis, mesenteric lipodystrophy
- 0.6-2.5 cases per 100,000 person-yrs
 - Mean age: 65 yrs; 2:1 male:female ratio, rare in pediatrics
- Risk factors
 - Prior abdominal surgery or malignancy, autoimmune disorders

Clinical Presentation and Labs

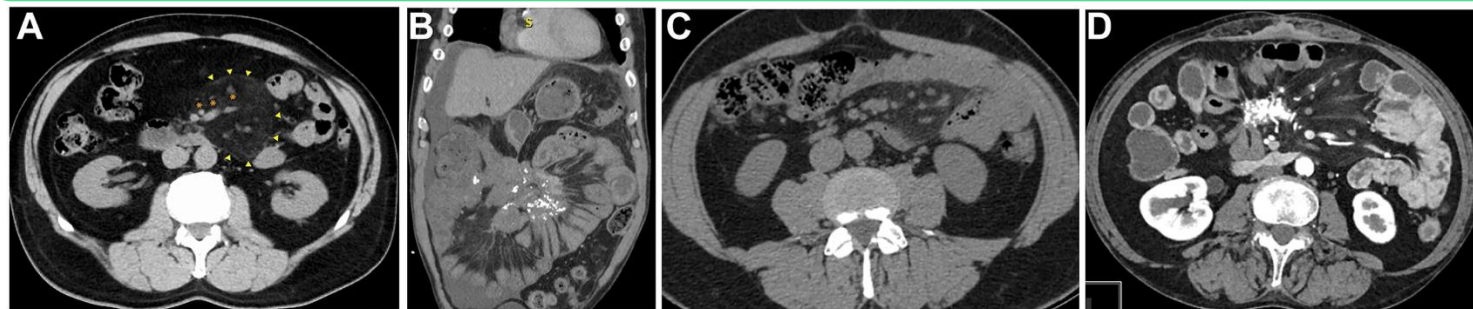
- 60% of patients asymptomatic
- Typical symptoms
 - Abdominal pain (most common, 60%)
 - Bloating, nausea/vomiting, weight loss (5-25%)
- Consider secondary causes
 - Pancreatic/intestinal inflammation, ascites/portal HTN, vascular occlusion, extra-mesenteric lymphadenopathy
- Labs
 - CBC, CMP, ESR, CRP
 - IgG4 (may be manifestation of IgG4-related disease)

Differential Diagnosis

- Lymphoma
- Mesenteric fibromatosis
- Carcinomatosis
- IgG4-related disease
- Desmoid tumor
- Mesenteric carcinoid

Diagnostic Criteria (3+ Findings Suggestive)

- **Hazy mesenteric fat mass** displacing intestine
- **Hyperattenuating mesenteric fat** compared to adjacent mesentery w/o contrast enhancement (panel C)
- **Lymph nodes <10 mm**
- Hypoattenuating "**fat halo**" around central vessels (orange asterisks in panel A)
- Thin surrounding fibrotic **pseudocapsule** (yellow arrows in panel A)



Concerning findings for severe disease or underlying malignancy (panels B and D)

- Calcifications, necrosis or small bowel retractions
- Lymphadenopathy in an extra-abdominal location
- High avidity lymph nodes on PET/CT
- >10 mm lymph nodes

Consider tissue biopsy if concern for malignancy

Medical Therapy (Symptomatic Patients)

- Prednisone (30-40 mg/d) for 3-4 months followed by taper
- Tamoxifen - anti-fibrotic activity
 - Use w/ steroids, 50-60% response at 6 mo
- Colchicine
 - Use w/ steroids, 50% response
- Azathioprine
 - Use w/ steroids, late onset of action

Follow-Up & Complications

- Follow-up imaging (CT/MRI) annually x 2 yrs in asymptomatic patients to monitor for malignancy, or for concerning symptoms
- Possible complications could require surgery or revascularization
 - Bowel obstruction
 - Mesenteric vascular obstruction