

MESENTERIC PANNICULITIS REVEALED BY EXUDATIVE ASCITES: A CASE REPORT

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UEG Week Copenhagen 2023

Poster

Small Intestine & Nutrition

October 15, 2023

A case report describes mesenteric panniculitis presenting with exudative ascites in a 62-year-old man with chronic liver disease, successfully treated with corticosteroids after exclusion of infectious, neoplastic, and autoimmune causes.

KEY POINTS

- Mesenteric panniculitis is a rare condition characterized by non-specific inflammation of adipose tissue around the small intestine, with abdominal pain as the main symptom, though half of patients are asymptomatic.
- Diagnosis was confirmed by histological examination of peritoneal biopsy showing chronic inflammatory lesion with extended collagen fibrosis dissecting the fat and accompanied by cellular elements rich in lymphocytes.
- Infectious causes were excluded with negative viral serology, negative tuberculin skin test, and negative ADA; neoplastic causes were excluded with negative clinical and angio-CT findings, no tumor proliferation on biopsy, and absence of JAK2 mutation; autoimmune causes were excluded with negative immunological assessment.
- Treatment with oral corticosteroids at 0.3 mg/kg/day for three weeks followed by gradual tapering resulted in favorable evolution at three months, with clinical improvement and radiological disappearance of ascites on abdominal ultrasound.
- This case is relevant for clinicians encountering exudative ascites in patients with complex medical histories requiring systematic exclusion of common causes before considering rare entities.

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