

A CASE OF SCLEROSING MESENTERITIS WITH PRIMARY CLINICAL RESPONSE TO ORAL STEROID REGIMEN

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A case report describes the diagnosis and successful treatment of sclerosing mesenteritis, a rare benign inflammatory and fibrotic mesenteric condition, in a 56-year-old man presenting with postprandial abdominal pain.

KEY POINTS

- Sclerosing mesenteritis is an uncommon benign mixed inflammatory and fibrotic condition of unknown etiology affecting mesenteric adipose tissue that can cause abdominal pain, nausea, vomiting, diarrhea, loss of appetite, and fever
- A 56-year-old man with uncontrolled diabetes and hypertension presented with 5 days of postprandial epigastric pain, nausea, and early satiety, with examination showing generalized abdominal tenderness and elevated WBC, CRP, and ALP 279 IU/L
- CT imaging demonstrated mild fatty stranding in the mesentery root around mesenteric vessels with low attenuation suggesting fat ring sign, along with prominent mesenteric lymph nodes and two small hypodense liver lesions
- Treatment with prednisolone 30mg with slow taper plus calcium-vitamin D supplements resulted in complete symptom resolution at one month and three months follow-up
- The authors note that diagnosis is frequently difficult and can be challenging for gastroenterologists, requiring high clinical suspicion based on presentation and exclusion of other causes

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