Sclerosing Mesenteritis Mimicking Ovarian Tumor: A Very Rare Case

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Sclerosing mesenteritis is a rare, benign and chronic inflammatory disease with fibrosis that affects the mesentery and on rare occasions mesocolon, peripancreatic region, omentum, retroperitoneum, pelvis. Since the sclerosing mesenteritis has no special clinical manifestations and typical signs, the patients are very easy to be misdiagnosed. We report a case of sclerosing mesenteritis in 38 year-old patient which is misdiagnosed as ovarian tumor both clinically and radiologically. Definitive diagnosis was made with omental biopsy taken via laparatomy. There was only omental involvement without mesenteric and/or intestinal involvement. This is the first case in the literature with primary omental involvement. The striking point of the case was omental replacement towards pelvis mimicking adnexal mass. Even it is a very rare condition sclerosing mesenteritis should be kept in mind in the differential diagnosis of a pelvic mass.

Key Words: Sclerosing mesenteritis, Adnexal mass

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Introduction

Sclerosing mesenteritis is a rare, benign and chronic inflammatory disease with fibrosis that affects the mesentery and on rare occasions mesocolon, peripancreatic region, omentum, retroperitoneum, pelvis.[1] The etiology of the disease is unknown. Many terms have been used to describe this condition including mesenteric lipodystrophia, retractile or liposclerotic mesenteritis, mesenteric Weber-Christian disease, xantogranulomatous mesenteritis, mesenteric lipogranuloma, systemic nodular panniculitis, and mesenteric panniculitis.[2] The incidence of the disease is unknown but there are few cases reported in the literature. It has a peak incidence between sixth and seven decades of life and has been associated with several disease processes such as malignancy (particularly lymphoma), pancreatitis, infection, trauma, tuberculosis lympadenitis and surgery.[3]

We report a case of sclerosing mesenteritis in reproductive age which is misdiagnosed both clinically and radiologically as ovarian tumor.

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Case Report

A 38-year-old patient was admitted to a local hospital due to primary infertility complaint. Transvaginal ultrasonography showed a right adnexal heterogeneous mass and free abdominal fluid. Tumor markers (alpha-fetoprotein, CA15-3, CA 19-9, human chorionic gonadotropin, carcinoembryonic antigen) were within normal range except CA 125 was slightly elevated (44.5 U/ml). Abdominal computerized tomography scan demonstrated a 7x4.5 cm septated, multiloculated mass that held contrast substance locating in right adnexal region but margins of the mass was not easily seperated from the uterus. Also, there were diffuse omental thickening resembling omental cake view and free fluid in morrison pouch and between bowel loops. The other organs were normal (Figure 1). The patient referred to a tertiary center with the presumptive diagnosis of ovarian tumor. In our hospital the patient was reevaluated with bimanuel pelvic examination and transvaginal ultrasonography. The pelvic examination revealed lower abdominal tenderness without defance and rebound and right adnexal palpable, mobile, rigid mass. The transvaginal ultrasonography revealed a right adnexal 4.5x5.5 cm, heterogeneous mass with prominent calcifications. Uterus and left ovary was normal and there was minimal free fluid in abdominal cavity. The patient underwent laparatomy with presump-

tive diagnosis of ovarian tumor. In the laparatomy uterus, both tubes and ovaries were normal looking. Omentum was totally replaced towards pelvis and it was thickened, rigid, including many whitish tough nodules in different sizes (Figure 2). Parietal peritoneum, intestines and mesentery were normal in appearence. A biopsy was taken from omentum and sent to pathology department for frozen section. Frozen section revealed nonspecific fibrosis with histiocytes and calcification without any sign of malignancy. Partial omentectomy was performed and operation was ended. Postoperative follow-up of the patient was uneventfull. The patient was discharged from the hospital at postoperative fifth day. Definitive pathology report revealed lymphoplasmacytic infiltration in fatty tissue and hyalinized collogen band with the pathologic diagnosis of sclerosing mesenteritis (Figure 3).

Since the patient was asymptomatic and in early stage of the disease further medical treatment was not considered and only periodic follow-up was suggested.

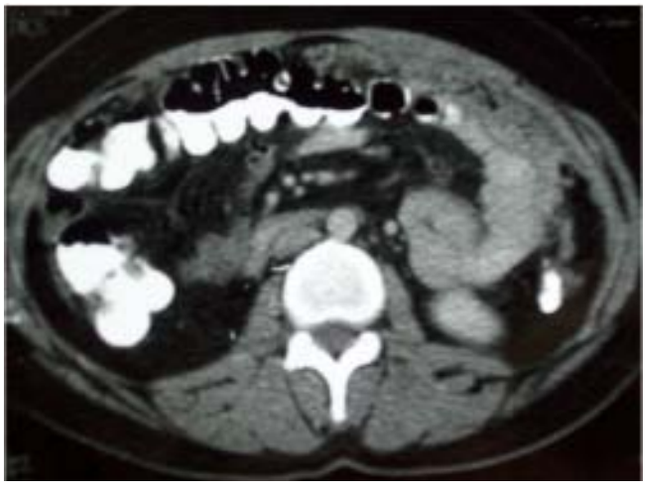

Figure 1: Abdominal computerized tomography scan view.

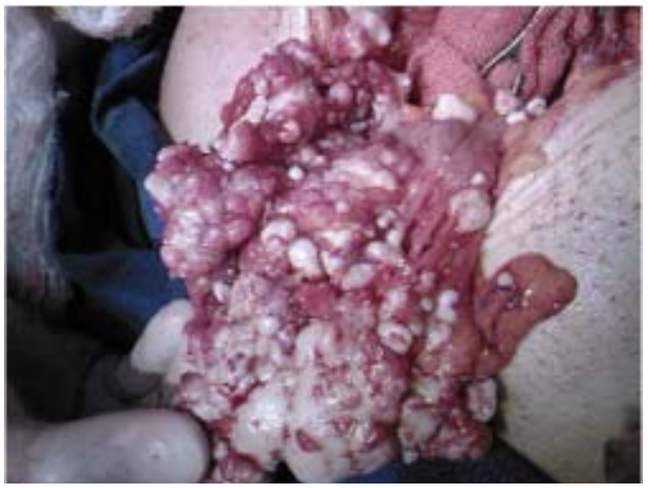

Figure 2: Macroscopic appearence of the omentum during laparatomy.

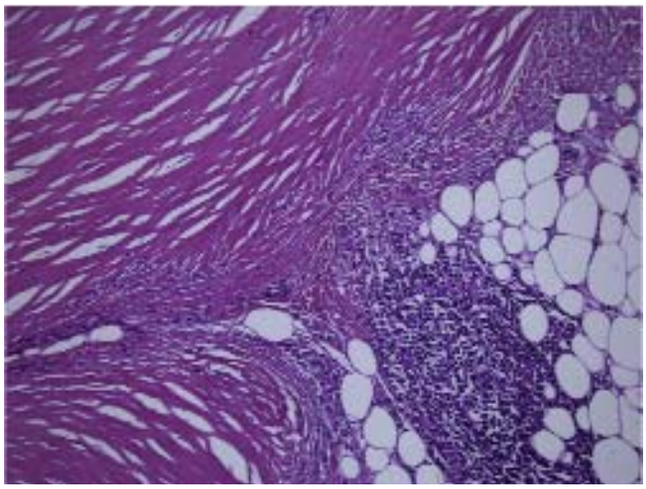

Figure 3: Microscopic appearence of the omentum. X20, H&E.

Discussion

Sclerosing mesenteritis is a rare pathology with unknown etiology. Infection, trauma&ischemia of mesentery, autoimmune disorders, drugs, vasculitis, vitamin deficiency, prior surgery are suggested in pathogenesis.[1,4] Pathologic changes are a mixture of chronic non-specific inflammation, fat necrosis and fibrosis.[1] The patient may be asymptomatic or the clinical manifestations of the disease may be abdominal pain, intestinal obstruction, fever, ascites, mass, constipation, diarrea [1,5] In this case, the patient was asymptomatic and incidentally found during gynecologic investigation for primary infertility.

It is found most often in elderly patients but in contrary to the literature our case was young.

Sclerosing mesenteritis affects the mesentery and on rare occasions mesocolon, peripancreatic region, omentum, retroperitoneum, pelvis.[1] In this case, only omentum was affected from the disease which is an extremely rare condition. As far as we know this is the first primary omental sclerosing mesenteritis case in the literature.

In this case, since the omentum was totally replaced towards pelvis it was supposed to be a pelvic mass by mistake. Under the light of this case we think that even it is a very rare condition sclerosing mesenteritis should be kept in mind in the differential diagnosis of a pelvic mass.

Treatment for sclerosing mesenteritis should be based on the stage of the disease at diagnosis.[3] Earlier stages may be observed or treated medically with agents like cyclophosphamide, coticosteroids, colchicine, azathioprine, tamoxifen [6-11] However, when fibrosis becomes extensive surgical intervention may be required for further treatment of bowel obstruction, arterial occlusion and semptomatology refractory to medical treatment.[3] In our case, the patient was asymptomatic and there was only an omental involvement. For these reasons,

further medical treatment was not considered and only periodic follow-up was suggested.

Literatures revealed that sclerosing mesenteritis have a favorable prognosis and may be self limiting.[12] There is a debate as to whether immunosuppresant drugs should be used in the treatment of sclerosing mesenteritis. In this case although the patient did not take immunosuppressants she recovered well and no recurrence of sclerosing mesenteritis was observed for two years.

Although sclerosing mesenteritis affects primarily mesentery and intestines, it might resemble a pelvic tumor based on clinical, radiological and gross characteristics. E think that even it is a very rare condition sclerosing mesenteritis should be kept in mind in the differential diagnosis of a pelvic mass.

Sklerozan Mezenterit Over Tümörünü Taklit Eden Nadir Bir Olgu

Sklerosan mezenterit, nadir görülen iyi huylu, mezenteri nadiren de mezokolonu, peripankreatik bölgeyi, omentumu, retroperitonu, pelvisi etkileyen fibrozis ile seyreden kronik inflamatuar bir hastalıktır. Özel bir klinik bulgusu ve tipik belirtileri olmadığından hastalar kolaylıkla yanlış tanı alır. Biz, 38 yaşında yanlışlıkla klinik ve radyolojik olarak over tümörü tanısı alan bir sklerozan mezenterit vakasını sunuyoruz. Hastanın kesin tanısı laparatomi esnasında alınan omental biopsi ile konmuştur. Hastada mezenterik ve/veya intestinal tutulum olmaksızın sadece omental tutulum mevcuttu. Bu vaka primer omental tutulumun olduğu literatürdeki ilk vakadır. Bu vakanın özelliği omentumun pelvise doğru yerleşip adneksiyal kitleyi taklit etmesidir. Çok nadir bir durum olmasına rağmen sklerozan mezenterit, adneksiyal kitlelerin ayırıcı tanısında akılda tutulmalıdır.

Anahtar Kelimeler: Sklerozan mezenterit, Adneksiyal kitle

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