

Characteristic CT findings of mesenteric panniculit

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To the Editor,

Mesenteric panniculitis is a disorder characterized by a chronic nonspecific inflammation involving the adipose tissue of the bowel mesentery. Mesenteric panniculitis is an uncommon disease of unknown etiology (1). The etiology and pathogenesis of the disease are very obscure. Various factors such as blunt abdominal trauma or prior surgery, cold, different drugs, vasculitis, vitamin deficiency, autoimmune processes and allergic disease have been suggested as possible causes (2). The disease has a 2–3 :1 male predilection and is seen more frequently in patients over 50 years old (3).

A 54 years male patient presented with complains of pain in epigastric and umbilical region. On physical examination there are no abnormal findings. There is no evidence of guarding or rigidity. Laboratory tests were unremarkable. We performed CT scan of abdomen and pelvis. The CT appearance includes a solitary well-defined mass of inhomogeneous fatty tissue at the root of the jejunal mesentery. Typically, there is envelopment of the superior mesenteric vessels without vascular narrowing, displacement of adjacent bowel loops, and well-defined soft tissue nodules (lymph nodes) spread throughout the mass (Fig. 1a). The density of the mass (-58HU) is higher than that of the retroperitoneal adipose tissue (-121HU) (Fig. 1b). Bilateral perirenal space is

heterogeneous, with mixed fat and soft density tissues (Fig. 1c).

Mesenteric panniculitis is a benign condition and often requires only minimal treatment. The time course to resolution is variable. Once the mass has resolved, recurrence is rare(4). We present a case of mesenteric panniculitis showing classical CT features.

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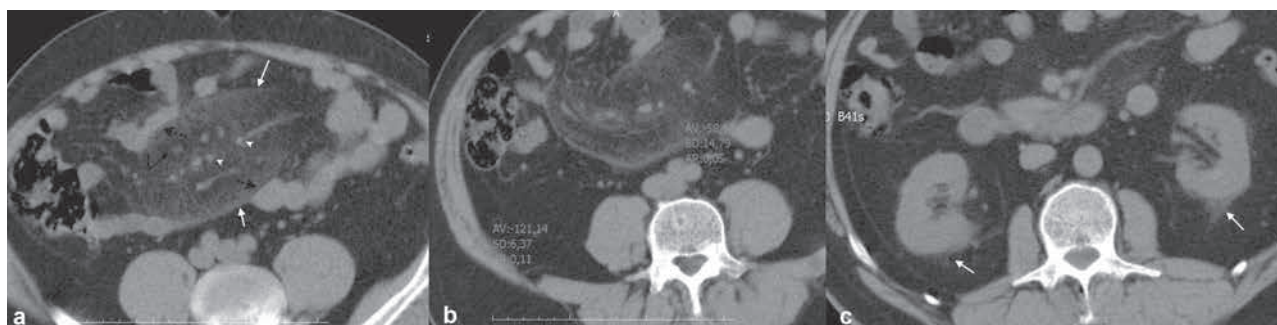


Fig. 1. — a. Mesenteric panniculitis. Axial CT image mid-abdomen shows a well-defined, inhomogeneous fatty mass with a hyperattenuating peripheral rim (white arrow). The mass lateral displacement of the bowel loops (black arrow), mesenteric vessels (arrowhead) and some small nodules (curved arrow) ; b. The density of the mass is higher than that of the retroperitoneal adipose tissue ; c. Perirenal space is heterogeneous (arrow), with mixed fat and soft density tissues.

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