



Sustained abdominal discomfort in a 57-year-old woman

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Editor's quiz: GI snapshot

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CLINICAL PRESENTATION

A 57-year-old woman presented with lower abdominal discomfort. Chinese herbs had been administered for 8 years. Physical examination revealed no abdominal findings. Laboratory data revealed a mild increase of C reactive protein (0.8 mg/dl) alone. Occult blood in stool was positive. Barium enema examination demonstrated a thumb-printing sign, sclerosis of the colonic wall and luminal narrowing of the ascending and the transverse colon. Abdominal CT scan without contrast media revealed wall thickening of ascending and transverse colon with markedly linear and nodular calcification along colonic wall and mesocolic blood vessels (figure 1).

QUESTION

What is the diagnosis?

See page 594 for the answer

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Figure 1 Abdominal CT scan without contrast media showing thickened colonic wall of both ascending and transverse colon with markedly linear and nodular calcification along colonic wall and mesocolic blood vessels.

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Ethics approval This study was conducted with the approval of the Institutional Review Board of Kyoto University.

Patient consent Obtained.

Provenance and peer review Not commissioned; externally peer reviewed.

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Editor's quiz: GI snapshot

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ANSWER

From the question on page 578

The diagnosis is idiopathic mesenteric phlebosclerosis (IMP). Colonoscopic examination demonstrated oedematous and dark purple mucosa with erosion (figure 1). The most severe lesions were located from the caecum to the transverse colon. Histological examination of a biopsy specimen revealed deep mucosal perivascular fibrosis and vascular wall sclerosis with mild mucosal inflammation. Congo red and diron staining was not positive. These findings suggested that the patient was diagnosed with IMP, which is a rare disease characterised by mesenteric venous calcification and colonic wall thickening with fibrosis.¹ IMP mainly involves the right colon in a continuous distribution and sometimes, the distal colon, and terminal ileum. In 2003, Iwashita *et al* proposed IMP as a new disease entity causing ischaemic colitis.² The pathogenesis of IMP has not been established and the cause is still unclear. It is speculated that long-standing and direct hypoxic injury to the venous muscular layer by any causes (toxic agents) might elicit gradual mummification and then sclerosis and calcification. Portal hypertension, diabetes mellitus, hyperlipidaemia, and autoimmune disease, and long-term administration of Chinese herbs (as in our case) have been considered as causes of IMP.³ Prognosis of IMP is benign; however, surgical treatment might be required when patients with IMP complain of exacerbating abdominal obstructive symptoms.

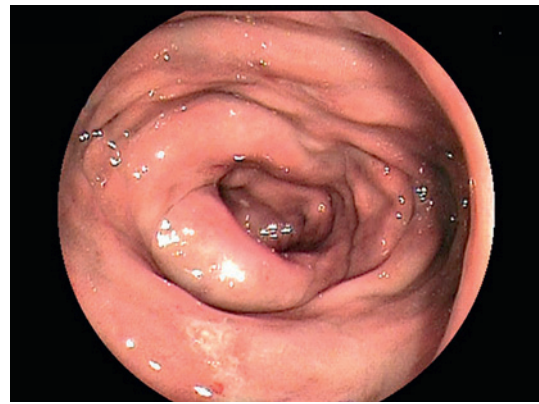


Figure 1 Colonoscopic view showing oedematous and dark purple mucosa with erosion.

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