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Uncommon Ileal Mass Presenting As Acute Abdomen

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ABSTRACT:
There are multiple aetiologies of a patient presenting with acute abdomen, the commonest being acute appendicitis. We hereby present a rare case of 36 year old male, who presented with sudden onset right iliac fossa pain and tachycardia, clinically diagnosed as acute appendicitis. On exploration, he had an infective ileal mass, which on histopathological examination, was diagnosed as idiopathic refractilesclerosingmesenteritis with suppurative ileitis.

KEYWORDS: acute abdomen, ileal mass, sclerosingmesenteritis.

I. INTRODUCTION:

Sclerosing mesenteritis is a rare benign condition that affects the mesentery of small or large bowel. It was first described by Jura in 1924. Patients most often present with abdominal pain, nausea, vomiting, diarrhea, and weight loss. The clinical as well as radiological diagnosis of this condition is very difficult. Preoperative diagnosis is difficult to achieve.

II. CASE REPORT:

A 36 year old male patient,presented with complaints of pain in abdomen since 3 days. The pain was acute in onset,non-progressive in nature, aggravated on movement and relieved on lying down,associated with anorexia and nausea. On examination, patient was tachycardic, abdomen was distended with guarding and tenderness in right iliac fossa.

Patient underwent ultrasonography of abdomen and pelvis, whichwas suggestive of acute appendicitis.Blood investigations showed leuocytosis (19,000 cells per cubic millimeter). Rest of the laboratory investigations were within normal limits.

Diagnostic laparoscopy revealed a mildly inflamed retrocecal appendix and an inflammatory mass at the antimesenteric border of terminal ileum, 30 cms proximal to ileocaecal junction with thickening of ileal mesentery (Figure 1) along with purulent fluid in pelvis. Surgery converted to abdominal exploration and findings were confirmed. Resection of the ileal mass with ileo-ileal anastomosis and appendectomy was done. Post-operative period was uneventful.

Histopathological diagnosis was reported as sclerosingmesenteritis with acute suppurative ileitiswith peritonitis.

Figure 1

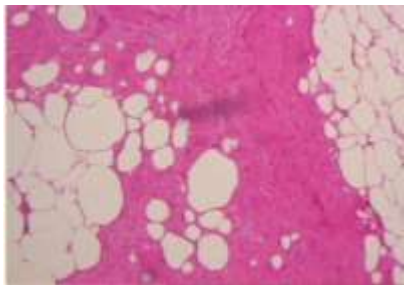

Figure 2

III. DISCUSSION:

Sclerosing mesenteritis is a rare, idiopathic and benign disease of the mesentery, affecting the mesentery of large and small bowel.It is defined as a mass that is found in the lining of the mesentery.

The majority of cases of sclerosing mesenteritis are considered as idiopathic. Sclerosingmesenteritis is related to malignancy in 69% of the cases. The association with malignancy may be coincidental or secondary to an autoimmune inflammatory reaction.

Mean age at presentation of sclerosing mesenteritis is in the fifth and sixth decades, and it is seen twice as frequently in males than females. The disease can present clinically as single or multiple masses, or as a diffuse thickening of the mesentery. The commonest site of this disease is

the mesentery of the small bowel. Patients may be asymptomatic with an incidental diagnosis, or could present as acute abdomen. Various clinical features include abdominal pain, vomiting, diarrhea, constipation, anorexia, weight loss, fatigue, fever of unknown origin, ascites, pleural and pericardial effusion. In our case, the patient presented with severe pain in abdomen, anorexia and nausea.Diagnosis of sclerosing mesenteritis may be complex and radiological investigations are inconclusive. But for confirmatory diagnosis, histological examination is necessary. The main histological features of this condition are fat necrosis, chronic inflammation and fibrosis, which may all occur together, but there is a predominance of one of these features.

Sclerosingmesenteritis is best diagnosed radiologically by multidetector CT and magnetic resonance imaging (MRI). The two main CT features are the "fat-ring" signand the presence of a tumorpseudocapsule.We didn't do CT scan in our case as it was not indicated.Management of sclerosing mesenteritis is dependent on the stage and hence histological findings of the disease is must.In the early stages, when fat necrosis is the main feature, it tends to settle spontaneously without treatment.In the final stages, when fibrosis overshadows the fat necrosis and chronic inflammation, surgical intervention, which includes partial resection, bypass, and stoma may become necessary.

Overall, surgical treatment should be limited to establishing a diagnosis or treatment of complications. The intraoperative findings can mimic a malignant growth, as in our case, so the decision of wide excision of ileum with adequate mesentery was done.

IV. CONCLUSION:

Sclerosingmesenteritis is a rare entity, that presents as acute abdomen, and can mimic various other pathologies. This case underscores the importance of considering sclerosingmesenteritis in the differential diagnosis of patients with unexplained abdominal symptoms and characteristic imaging findings. Early diagnosis and appropriate treatment can lead to favorable outcomes. Further research is needed to better understand the pathogenesis and optimal management strategies for this rare condition.

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