Clinical images

IgG4-associated sclerosing mesenteritis

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A 42-year-old man was admitted for the incidental finding of a pelvic mass in the abdomen. Ultrasonography was performed for an episode of superficial dorsal penile vein thrombosis. The review of the systems was unremarkable. Contrast-enhanced computerised tomography (CT) of the abdomen and pelvis confirmed the presence of a round-shape solid mesenteric mass of 3 cm diameter located medially above the bladder and in strict contiguity with the ileum loops (Fig. 1). CT of the chest was normal.

Laboratory tests including acute-phase reactants and immune serology were normal.

The mass was re-sected. Macroscopically, the surgical specimen consisted of a portion of small bowel, with a whitish, fascicular nodule adherent to the serosal surface, measuring 4 cm across.

At histology, the lesion was characterised by a proliferation of bland spindle cells, in a collagenous background. This proliferation was admixed with a variable amount of inflammatory cells, mainly plasma cells and lymphocytes (Fig. 2A, haematoxylin and eosin stain, 200X). Focally, lymphoid follicles with germinal centres were also present. No mitosis or necrotic areas could be found. Immunoperoxidase staining for total IgG (Fig. 2B) and IgG4 (Fig. 2C) were performed on serial sections. An increased number of IgG4-positive plasma cells was found: 60 IgG4-positive plasma cells/high power field (HPF). Comparison of the number of IgG4-positive plasma cells per HPF to the total IgG-positive plasma cells per HPF showed a proportion of 40%.

In contrast, serum IgG4 was within the normal range (119 mg/dl, normal range: 8–140 mg/dl).

18F-fluorodeoxyglucose positron emission tomography was unrevealing.

Sclerosing mesenteritis (SM) is a rare fibroinflammatory disorder of unknown etiology that primarily affects

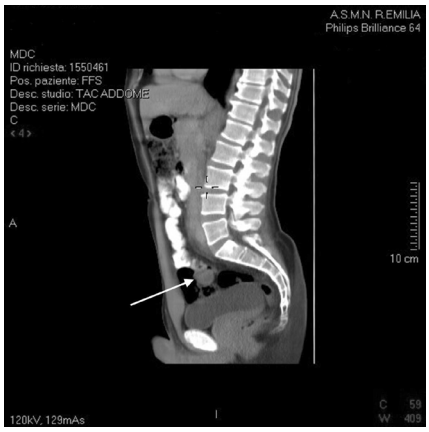

Fig. 1.

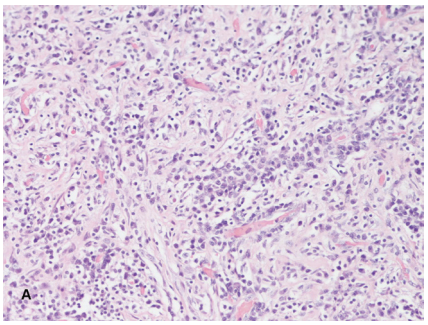

Fig. 2a.

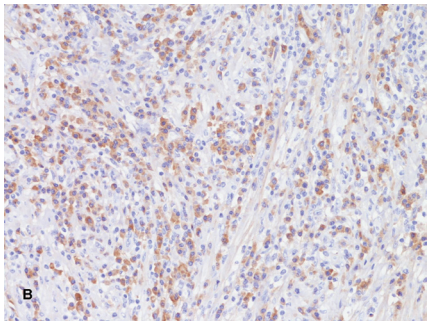

Fig. 2b.

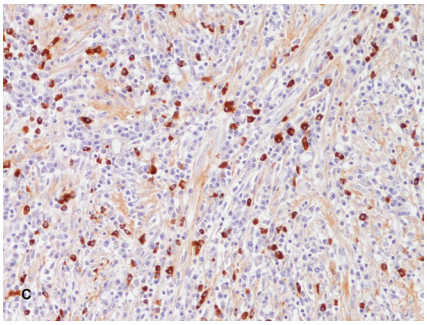

Fig. 2c.

Competing interests: none declared.

the small bowel mesentery. An association between SM and fibrosclerotic disorders involving other organs has been reported (in particular, retroperitoneal fibrosis) (1).

Our observation suggests that, similarly to retroperitoneal fibrosis, some cases of SM may be part of the clinical spectrum of IgG4-related sclerosing disorders (2).

References

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