

# Mesenteric sclerosis and panniculitis Mesenteric s

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This is also termed sclerosing encapsulating peritonitis or abdominal cocoon syndrome ( Figure 65.14 ). It occurs mostly in patients on long-term peritoneal dialysis. It is a disease of the mesothelial component of visceral peritoneum (i.e. peritoneum overlying organs of the mesenteric domain). The mesothelium undergoes hypertrophy and the peritoneum becomes thickened. Underlying organs become encapsulated by a peritoneal 'cocoon'. Mesenteric sclerosis may follow intra - peritoneal sepsis, when fibrin plaques accumulate along the hypertrophy . History and investigation The clinical picture is highly variable, as is the natural history of the condition among individuals. Mesenteric sclerosis can lead to obstruction of the intestine. The diagnosis is normally made based on CT and intraoperative appearances and post operative surgical histology . Treatment Treatment is supportive and surgery is reserved for emergency cases only as surgical intervention may lead to further perito neal sclerosis. Mesenteric panniculitis This is inflammation of the mesodermal mesentery (i.e. the mesenteric stroma). It is always present in Crohn's disease (see Mesenteric adenitis and the mesentery in Crohn's disease ). Often it is an incidental finding on cross-sectional imaging of the abdomen by CT ('misty mesentery'; 65.14 ). Although there are concerns over malignant poten tial, this is not supported by the general literature. It can arise secondary to inflammation in any digestive organ. It is associated with connective tissue disorders (including Weber- Christian disease). As with mesenteric sclerosis, treatment is normally medical and surger y is rarely required. Serial CT scanning is indicated to ensure resolution. Sclerosing mesenteritis Sclerotic (mesothelial) and inflammatory (mesodermal) abnor malities of the mesentery may coexist. Although this can arise Frederick Parkes Weber , 1863–1962, physician, Mount V er non Hospital, London, UK. Henry Asbury Christian , 1876–1951, pathologist, Boston, MA, USA. pathology (i.e. immunoglobulin G4 [IgG4] disease, which is a systemic fibroinflammatory disease).

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