A rare case of mesenteric ischemia saved by prompt diagnosis

Alagammai PL**, Allwin James
Department of Gastroenterology, Meenakshi Mission Hospital, Madurai.

BACKGROUND

- Acute mesentric ischemia is often due to arterial thrombosis/thromboembolism or venous thrombosis. These patients are managed with anticoagulation and/or antiplatelets. Rarely mesenteric ischemia can be due to GI vasculitis. Such patients usually have systemic features of vasculitis such as skin/renal involvement or arthritis. Isolated mesenteric vasculitis is rare.
- Polyarteritis Nodosa is a medium vessel vasculitis that can involve mesenteric vasculature.

CASE REPORT

- A 45 year old male with no previous comorbidities, presented with complaints of retrosternal and epigastric pain of severe intensity since 4 hours with tenderness in epigastrium, left hypochondrium.
- Investigations ruled out cardiac causes and common causes of acute abdominal pain. Hence CECT abdomen taken was suggestive of vasculitis with diffuse wall thickening of celiac axis, hepatic, splenic arteries with areas of splenic infarct.
- Vasculitis workup (ANA, dsDNA, ANCA profile) was negative but the pain was persistent. A repeat CECT abdomen after 5 days revealed a pseudo aneurysm at origin of celiac axis along with other findings.
- CT angiogram and PET CT confirmed the findings and ruled out other foci of inflammation like pulmonary involvement (and other small vessel vasculitis).
- Hepatitis B infection was ruled out and with a pseudo aneurysm at celiac artery branching and splenic infarct- a diagnosis of CLASSIC PAN of single organ variety was made.
- He was treated with steroids and IV cyclophosphamide pulses. He improved and repeat CT showed complete regression of vessel wall thickening and inflammation after 6 months.

DISCUSSION

- PAN is a rare necrotizing medium vessel vasculitis usually associated with HBV infection.
- CLASSIC PAN is not so common and is idiopathic.
- Cutaneous PAN, single organ PAN, ADA2 deficiency related PAN are rare varieties. Etiology is unknown and micro aneurysms at branchings are characteristic.
- Diagnosis is usually made based on clinical, angiographic and biopsy (if accessible) findings.
- Treatment includes steroids, cyclophosphamide and antivirals (in HBV associated PAN).
- Gastrointestinal involvement seen in 14 to 65% of patients with PAN.

CONCLUSION

- Consider vasculitis in a case of acute mesenteric ischemia when other causes are ruled out, which helps in early diagnosis.
- Isolated GI vasculitis is rare, hence can be missed.
- Early diagnosis and treatment can prevent bowel loss and related complications like sepsis and short bowel syndrome.

Bibliography


