

### Mesenteric Panniculitis Spreading to the Pancreas Simulating Pancreatic Neoplasm

Mesenteric panniculitis is a rare but well-documented entity (1). It is usually localized in the mesentery, but a mesocolonic form is also known (2). It is most frequently a postmortem finding, with a reported incidence of about 1%. The clinical diagnosis is based on laparotomy. Only the extensive changes in the mesenteric fat tissue cause major symptoms, and the prognosis is generally good even without specific treatment, so that laparotomy is often avoided. This is why the clinical diagnosis is rare.

Pancreatic panniculitis is another rare, but well-known, disease in which inflammation or even necrosis of fat in distant foci occurs in connection with pancreatic disease (3). The pathological mechanism underlying the condition not clear, but it is probable that inflammation develops as a local action of pancreatic lipolytic enzymes carried by the blood (4). The most common location for pancreatic panniculitis is subcutaneous fat tissue, but cases of other locations such as the mesentery have also been reported (5). We report here a

case in which, according to the histological examination, mesenteric panniculitis was the initial pathological disorder, and it spread to the pancreatic tissue via the mesocolon, creating an inflammatory pseudotumor. We have not been able to identify any similar cases in the literature.

A 31-year-old woman was admitted to the Department of Internal Medicine due to epigastric tenderness. An abdominal ultrasound examination demonstrated a hypodense lesion 15 mm in diameter in the pancreatic body, confirmed by computed tomography. An endoscopic retrograde cholangiopancreatography (ERCP) was carried out, and an amputation of Wirsung's duct in this region was identified (Figure 1). The laboratory test verified an elevation in the serum amylase level (638 U/l). On the basis of these examinations, a small pancreatic neoplasm was suspected, and an abdominal exploration was decided on. In the course of the operation, an inflammatory mass was found, extending from the first jejunal loop through the mesentery, mesocolon, and pancreatic

body and tail. The intraoperative frozen section raised a suspicion of an inflammatory pseudotumor. A distal pancreatic resection with splenectomy was carried out. The final histological examination identified mesenteric panniculitis with spread to the pancreas (Figure 2). After the operation, the patient recovered quickly, and she was discharged from the hospital on the ninth postoperative day.

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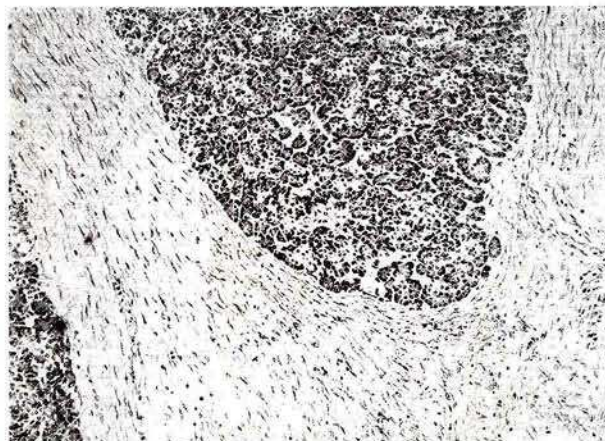
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**Figure 1:** ERCP examination: an amputation of the Wirsung duct is seen in the pancreatic body.



**Figure 2:** A massive fibrosing process is infiltrating the pancreatic tissue. The cellular elements are mainly fibroblasts and myofibroblasts, accompanied by inflammatory cells (hematoxylin-eosin, original magnification  $\times 60$ ).

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