

Title: Chronic abdominal pain, weight loss, and perivascular inflammation: Is it vasculitis?

Authors: Alexis Zavitsanos, MD, Rebecca Sharim, MD

Authors Affiliations: Temple University Hospital Department of Rheumatology

Disclosures: None

Background:

Vasculitis is a relatively uncommon diagnosis with several mimickers. It is important to keep wide differential diagnoses when evaluating such cases. Here we present a case of perivascular inflammation around the superior mesenteric artery that was noted on CT of the abdomen and read as vasculitis.

Case:

A 39 year old Hispanic with no past medical history was admitted to the hospital in 9/2015 with worsening abdominal pain 2 days after an outpatient colonoscopy. The patient had complained of persistent, diffuse abdominal pain over the previous year with associated non-bloody diarrhea. He had lost over 100lbs over the course of the year and also noted intermittent joint pain in his hands and knees with associated swelling and 35 minutes of morning stiffness. He denied any rashes, sinus disease, foot or wrist drop. He had previously been assessed by both gastroenterology and rheumatology with no clear etiology of his symptoms.

On physical exam the patient was hemodynamically stable, HEENT, cardiovascular, and pulmonary exam were unremarkable. He did not have carotid, subclavian, femoral, or abdominal bruits, and pulses were 2+ and symmetric in the upper and lower extremities bilaterally. Abdominal exam was notable for mild diffuse tenderness, no rebound, guarding, or hepatosplenomegaly. Joint exam revealed mild tenderness over bilateral wrists; however there was no overt synovitis. No rashes or focal neurologic deficits were noted.

CT with contrast of the abdomen and pelvis was remarkable for perivascular inflammation around the superior mesenteric artery, which had been seen on previous studies and progressive. Initial lab studies were pertinent for elevated ESR of 88 and CRP of 18. CBC and CMP were normal. ANA, RF, ANCA, MPO, PR-3, Ig-4, and SPEP were normal. Angiogram was pursued to rule out medium vessel vasculitis and was normal.

As an outpatient, he underwent EUS for potential biopsy of inflammatory material which was unsuccessful. He was later referred to hepatobiliary surgery and underwent exploratory laparotomy which revealed retroperitoneal mass with pathology consistent with metastatic adenocarcinoma most likely pancreatic in origin. The mass was unresectable and the patient was started on palliative chemotherapy and radiation.

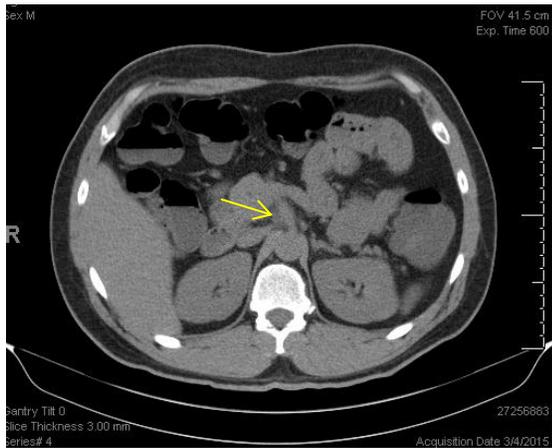
Differential Diagnosis: IgG4 Disease, Malignancy, SAM (Segmental Arterial Mediolysis), FMD (Fibromuscular Dysplasia), Chronic Pancreatitis, Whipple's Disease, Sclerosing Mesenteritis

Discussion:

Malignancy should always be considered in working up patients with suspected vasculitis.

Pictures:

CT abd w/o contrast (3/2015)



CT abd w/ IV contrast (9/2015)

