Letters to the Editor

Mesenteric panniculitis: abdominal trauma or surgery as a causative factor

Key words: Mesenteric panniculitis. Trauma. Surgery. Mesentery. Pathology.

Dear Editor,

We read the article in May 2007 issue of the *Revista Española de Enfermedades Digestivas*, "Mesenteric panniculitis: experience in our center" by Delgado Plasencia et al. with a great interest (1).

Mesenteric panniculitis, which is a rare disorder with an incidence of 0.6%, is characterized by a chronic non-specific inflammatory process involving the adipose tissue of intestinal mesentery. This disease occurs mostly in late adult life and is labeled under several names, such as mesenteric Weber-Christian disease, fibrosing mesenteritis, retractil mesenteritis, mesenteric lipodystrophy and sclerosing mesenteritis. Though a variety of possible causative and associated factors such as infective and autoimmune causes, vascular insufficiency, prior abdominal surgery, and malignant diseases have been reported the aetiology of the disease is still unknown.

Delgado Plasencia et al. determined that 84% of patients with mesenteric panniculitis had a history of abdominal trauma or surgery as aetiological factor quoting from a series of Emory et al. (1). But this study actually reported the history of trauma and surgery had in four of 84 patients (4.76%), not 84% (2). The same mistake was also repeated in a case series published

by Issa et al. (3). This high aetiological rate (84%) mislead us that there is a strong correlation between mesenteric panniculitis and trauma or surgery. We were not able to find this strong correlation in any study until today in the literature.

Daskalogiannaki et al. found recently that rate of concurrent malignancy was 69.3%, most commonly gastrointestinal carcinoma, urogenital malignancies or lymphoma (4). This is the highest rate about the aetiological factors of mesenteric panniculitis as we know.

There are several studies about the aetiology of mesenteric panniculitis, although trauma or surgery is one of the aetiological factors of mesenteric panniculitis, to the best of our knowledge, it is not as strongly correlated as Delgado Plasencia et al. defined.

M. Canyigit and T. Kara¹

Ankara Atatürk Education and Research Hospital. Department of Radiology. Bilkent, Ankara, Turkey. ¹Beyhekim State Hospital. Radiology. Selçuklu, Konya, Turkey

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