

Aseptic Mesenteric Lymph Node Abscesses. In Search of an Answer. A New Entity?

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Abstract

Mesenteric lymphadenitis constitutes a frequent cause for abdominal pain and may manifest acute abdominal symptoms. Very often, it is difficult to achieve a differential diagnosis as there are many diseases that can generate mesenteric lymphadenopathy. Many times, it is impossible to determine the diagnosis of the disease that has triggered mesenteric lymphadenopathy even after surgical intervention with biopsy. The failure in determining the precise cause of the mesenteric lymphadenopathy, as well as its unresponsiveness to conservative treatments increases the difficulty in the management of this disease very much. In this paper we have reviewed the diseases that can trigger mesenteric lymphadenitis in detail, with reference to our experience. To the best of our knowledge, this is the most extensive review on this theme in current specific literature. The case reported by us, with a history of mesenteric adenitis, splenic and ganglionic abscesses, vasculitis skin nodules, pseudotumoral ileal stenosis and remission-recurrence pattern over 25 years, has raised extremely difficult problems of differential diagnosis. Its enlistment as a Crohn's disease, vasculitis or aseptic abscess syndrome seems unsatisfactory. The analysis of the data in this case can raise the legitimacy of the question: should we recognize and define a new entity?

Key words: mesenteric lymphadenopathy, mesenteric mass, aseptic abscesses, vasculitis, Crohn's disease, retroperitoneal mass, ileal obstruction, new entity to be defined

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