ABSTRACT

Idiopathic myointimal hyperplasia of mesenteric veins (IMHMV) is a rare cause of ischemic bowel disease. It generally occurs in young, previously healthy male patient with rectosigmoid colon involved. Patients with IMHMV present with signs and symptoms of inflammatory bowel disease (IBD) and can be easily misdiagnosed clinically. The definitive diagnosis is usually established by histopathological evaluation. Herein, we present a case of IMHMV that was initially diagnosed as indeterminate colitis with suspicion of Crohn’s disease. The standard treatment had limited effect and the patient presented with toxic megacolon which required a surgical resection. Microscopic examination of the total colectomy specimen revealed features of ischemic colitis with marked myointimal hyperplasia of veins in submucosa and subserosa. Characteristically accompanying arteries were spared. The findings were diagnostic of IMHMV. For patients with IBD symptoms but without specific endoscopic features and refractory to steroid or immunosuppressant, IMHMV should be suspected.

OBJECTIVES

To consider IMHMV in the differential diagnosis when patient has signs and symptoms of IBD but endoscopic biopsy findings do not support the presumptive diagnosis of IBD.

Figure 1: Significantly dilated proximal colon from cecum to splenic flexure with the maximum of 11-centimeter dilation. Descending and sigmoid colon were distorted and firm with markedly thickened wall.

Figure 2: The most dramatic features were in the blood vessels of the colonic wall remote from the areas of ulceration, including those in subserosa. There was marked myointimal hyperplasia of veins (block arrows) The features of chronicity as seen in inflammatory bowel disease were not seen. Thin arrow: accompanying artery.

Figure 3: Some veins showed complete occlusion of the lumen. The changes were only noted in veins (block arrows) sparing the accompanying arteries (thin arrows), as confirmed by elastic stain. The myointimal nature of proliferative process was highlighted by abundant smooth muscle actin expression in hyperplastic tissue of vein walls.

CONCLUSIONS

As IMHMV has been gradually recognized, this disease should be suspected clinically if the patient is refractory to steroid or immunosuppressant treatment or biopsy findings is inconsistent with IBD. Pathologists should be alert and consider IMHMV in the differential diagnosis of ischemic bowel disease.

REFERENCES