

Answer: Phlebosclerosis colitis

Discussion:

The findings of abdominal CT were typical for phlebosclerosis colitis. Coronal CT image confirmed presence of numerous serpiginous calcifications within ascending colon and in adjacent mesentery. Mural thickening and ulcers/erosions were especially marked at mesenteric attachment in ascending colon. In addition, dark purple and edematous mucosa accompanied by ulcers and a narrowed lumen were identified on colonoscopy

Phlebosclerosis colitis is a rare type of ischemic colitis caused by obstruction of the veins in the intestinal wall and adjacent mesentery. It was first reported by Koyama et al in 1989 in Japan; Yao et al proposed the name “phlebosclerosis colitis” in 2000 to differentiate it from typical ischemic colitis¹. The current literature suggests that the disease predominates in Asian populations, with Japan reporting the most cases². It is most commonly seen in the ascending colon. The etiology and pathogenesis remain unknown, but characteristic features in radiographic findings may be pathognomonic.

The treatment for phlebosclerosis colitis hasn't been clearly defined. Symptoms can be managed with conservative treatment or surgery, depending on the severity of the disease. In past literature, most patients with IMP received surgical intervention either directly or because initial conservative treatment was considered ineffective.

REFERENCES

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