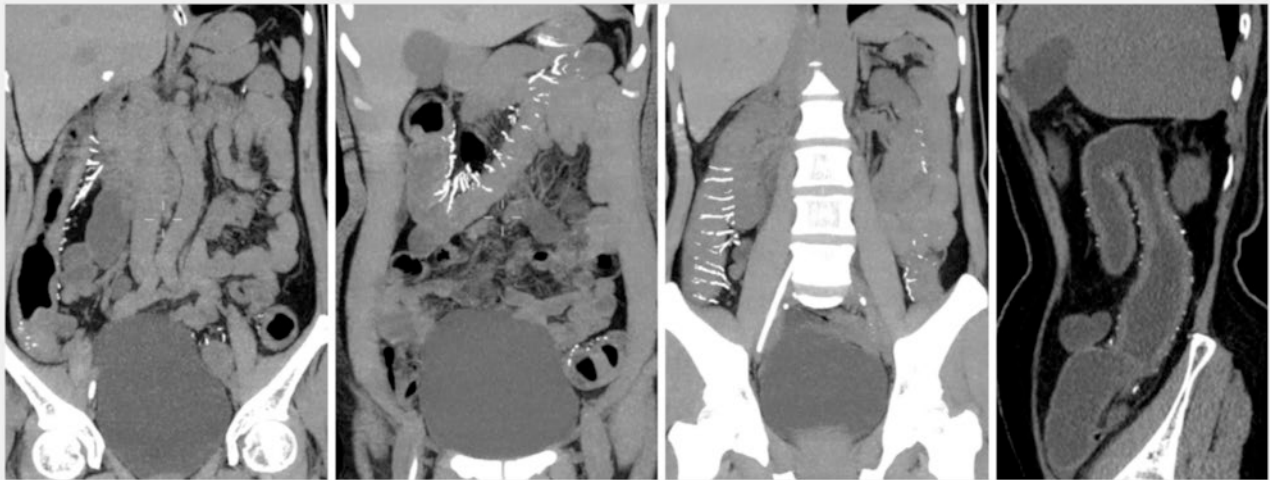


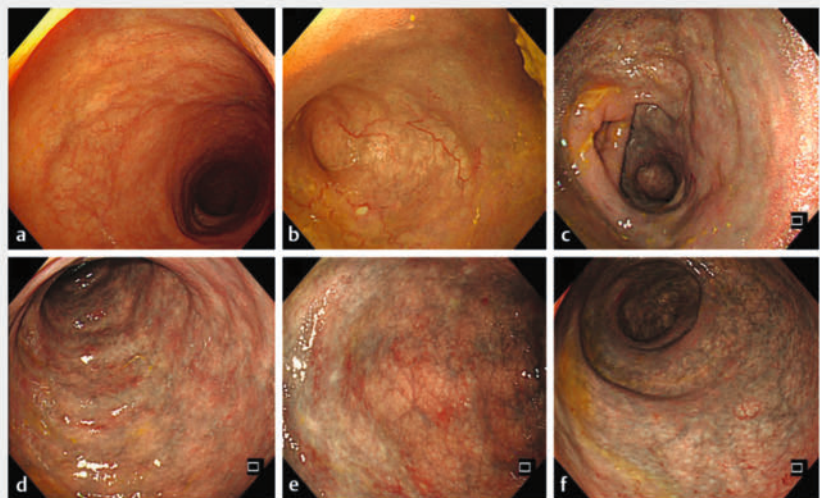
## A rare etiology of partial intestinal obstruction and sepsis: idiopathic mesenteric phlebosclerosis

OPEN  
ACCESS



► **Fig. 1** Noncontrast abdominal CT showing extensive calcification and uniform thickening of the colonic wall.

A 64-year-old woman presented with abdominal pain and vomiting for 4 days. She had a medical history of long-term use of traditional Chinese medicine prescribed by her family doctor for more than 10 years. Blood biochemistry tests showed an increase in leukocytosis ( $WBC\ 17.18 \times 10^9/L$ , 88% neutrophils) and elevated procalcitonin (76.42 ng/mL), indicating a systemic infection. Notably, noncontrast abdominal CT revealed signs of incomplete bowel obstruction, especially characteristic mesenteric vessel calcification and colonic wall thickening in the cecum (► **Fig. 1**). After empirical treatment with broad-spectrum antibiotics (ertapenem and teicoplanin) for suspected sepsis, the patient's condition improved, procalcitonin levels returned to normal, and the gastrointestinal function was restored. We then performed a routine colonoscopy and found that the confined colonic mucosa had a dark-purple discoloration, similar to widespread varicosities. When the colon is fully inflated, normal mucosa between the dark purple areas corresponding to the submucosal veins could be observed, which, combined with the patient's previous medication



► **Fig. 2** a Terminal ileum; b cecum; c ascending colon; d transverse colon; e sigmoid colon, closely examined after adequate insufflation; f rectum.

history, clinical manifestations, abdominal CT, and colonoscopy, the patient can be clearly diagnosed with IMP (► **Fig. 2**, ► **Video 1**). After conservative treatment, the patient's abdominal pain and vomiting resolved and she tolerated a soft diet. Upon discharge, instructions

were given to stop taking traditional Chinese herbal medicines, and polyethylene glycol 4000 was prescribed to maintain bowel regularity.

IMP is a rare chronic venous disease characterized by mesenteric vein calcification, often associated with the long-term



**Video 1** This video demonstrates the colonoscopic findings of idiopathic mesenteric phleboscrosis (IMP), highlighting dark-purple discoloration of the colonic mucosa and normal areas between varicosities.

use of Chinese herbal medicines [1]. Diagnosis can be delayed because of the nonspecific presentation [2, 3]. Key diagnostic points include long-term use of traditional Chinese medicine, mesenteric vascular calcification on CT imaging, and colonoscopic findings of diffuse dark-purple discoloration of the mucosa, resembling widespread varicosities, with lesions confined to the colon [4].

Endoscopy\_UCTN\_Code\_CCL\_1AD\_2AF

### Conflict of Interest

The authors declare that they have no conflict of interest.

### The authors

**Ben-Hua Wu<sup>1</sup>**, **Jia-Lin Yuan<sup>2</sup>**, **Li-Sheng Wang<sup>1</sup>**, **Wen-Biao Chen<sup>1</sup>**

- 1 Department of Gastroenterology, Shenzhen People's Hospital, Shenzhen, China
- 2 Department of Radiology, Shenzhen People's Hospital, Shenzhen, China

### Corresponding author

**Wen-Biao Chen, PhD**

Department of Gastroenterology, Shenzhen People's Hospital (The Second Clinical Medical College, Jinan University; The First Affiliated Hospital, Southern University of Science and Technology), 1017 East Gate Road, Shenzhen 518020, Guangdong Province, China  
570039399@qq.com

### References

- [1] Jin YR, Zhou H, Liu ZZ et al. Idiopathic mesenteric phleboscrosis occurring after long-term medication with licorice: A case report. *J Digest Dis* 2022; 23: 183–185
- [2] Tong T, Fu J, Kong Y. Recurrent Abdominal Pain in a 61-Year-Old Woman. *Gastroenterology* 2023; 164: 887–890. doi:10.1053/j.gastro.2022.10.032
- [3] Nishiura H, Nakase H, Chiba T. Sustained abdominal discomfort in a 57-year-old woman. Idiopathic mesenteric phleboscrosis. *Gut* 2010; 59: 578–594. doi:10.1136/gut.2009.189647
- [4] Li H, Liu H. Idiopathic Mesenteric Phleboscrosis. *Radiology* 2023; 306: 76. doi:10.1148/radiol.220443

### Bibliography

*Endoscopy* 2025; 57: E453–E454

DOI 10.1055/a-2589-0742

ISSN 0013-726X

© 2025. The Author(s).

This is an open access article published by Thieme under the terms of the Creative Commons Attribution License, permitting unrestricted use, distribution, and reproduction so long as the original work is properly cited.

(<https://creativecommons.org/licenses/by/4.0/>)

Georg Thieme Verlag KG, Oswald-Hesse-Str. 50, 70469 Stuttgart, Germany



### ENDOSCOPY E-VIDEOS

<https://eref.thieme.de/e-videos>



*E-Videos* is an open access online section of the journal *Endoscopy*, reporting on interesting cases and new techniques in gastroenterological endoscopy. All papers include a high-quality video and are published with a Creative Commons CC-BY license. *Endoscopy E-Videos* qualify for HINARI discounts and waivers and eligibility is automatically checked during the submission process. We grant 100% waivers to articles whose corresponding authors are based in Group A countries and 50% waivers to those who are based in Group B countries as classified by Research4Life (see: <https://www.research4life.org/access/eligibility/>).

This section has its own submission website at <https://mc.manuscriptcentral.com/e-videos>