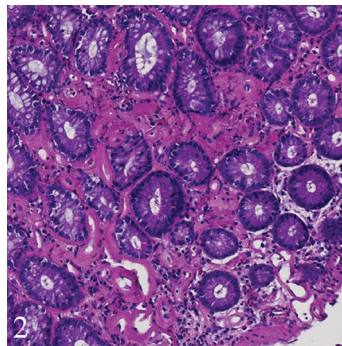
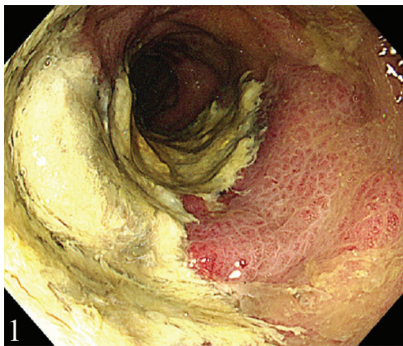


Idiopathic Mesenteric Phlebosclerosis Presenting as Recurrent Diarrhea

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A 73-year-old woman presented with a 7-month history of abdominal pain and watery diarrhea (7-8 episodes daily), worsening over one week. Associated symptoms included nausea and mid-abdominal pain. She failed a 3-day course of levofloxacin. Her history included cholecystectomy and hypertension on amlodipine. Laboratory studies on admission demonstrated a leukocytosis (WBC $13.4 \times 10^9/L$) with neutrophilia (81.5%). Colonoscopy revealed discontinuous, fibrin-coated longitudinal ulcers up to ten centimeters (Fig. 1). Colon mucosa between the ulcers was swollen and appeared to be blue or bluish-purple. Biopsy revealed thickened glassy vessel walls in the stroma (Fig 2). The contrast enhanced computed tomography revealed edema intestinal wall and calcifications at the terminal end of the mesenteric vein (Fig. 3). The patient had used a gardenia-containing Chinese herb (Zhi Zi Jin Hua Wan) for chronic constipation for nearly three years. The diagnosis was idiopathic mesenteric phlebosclerosis (IMP). After discontinuing the herb and starting oral L-glutamine, her symptoms resolved within one week. A follow-up colonoscopy at six months showed complete mucosal healing (Supplementary file).

Long-term gardenia fructus herb intake is a recognized risk factor for IMP [1]. As the component of gardenia fructus, genipin could cause intimal hyperplasia, thickening, and fibrosis of the venous wall, leading to a „mummified” appearance. The symptoms of IMP including abdominal pain, diarrhea; 10% patients could be asymptomatic [2]. Its diagnostic criteria included: (1) typical imaging findings of mesenteric venous calcification, (2) pathological findings indicating fibrous thickening of the venous wall and submucosal fibrosis, and (3) the exclusion of other potential diseases [3, 4]. A diagnosis could be confirmed if criterion (1) and/or (2)

are satisfied alongside criterion (3). A history of traditional Chinese herbal use and notable endoscopic mucosal changes can bolster diagnostic confidence. Conservative treatments for IMP, similar to those for ischemic bowel disease, are effective in 90% of cases [5]. However, surgery might be indicated for severe complications [4].

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Conflicts of interest: None to declare.

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