clinical history..

A 66 years old patient presents with bloody diarrhea developing a toxic megacolon. Colectomy is performed. The colectomy-specimen, measuring 113 cm is dilated, with a thickened wall and white elevations at the mucosa, measuring up to 1 cm. Serosa is bland. Clostridium difficile colitis?
overview
characteristics...

• phlebitis
  – lymphocytes, eosinophilic granulocytes
  – fibrinoid necrosis
  – myointimal proliferation
  – thrombi
  – neo-vascularization

• no arteritis
diagnosis...

• entero-colic lymphocytic phlebitis (ELP)
  or
• veno-occlusive disease of the colon
<table>
<thead>
<tr>
<th>Condition</th>
<th>Year</th>
<th>Authors</th>
</tr>
</thead>
<tbody>
<tr>
<td>Necrotizing and giant cell granulomatous phlebitis</td>
<td>1976</td>
<td>Stevens et al.</td>
</tr>
<tr>
<td>Enterocolic lymphocytic phlebitis</td>
<td>1989</td>
<td>Saraga and Costa</td>
</tr>
<tr>
<td>Chronic intestinal lymphocytic microphlebitis</td>
<td>1992</td>
<td>Endes and Molnar</td>
</tr>
<tr>
<td>Granulomatous giant cell polyphlebitis</td>
<td>1993</td>
<td>Leu et al.</td>
</tr>
<tr>
<td>Mesenteric inflammatory veno-occlusive disease</td>
<td>1994</td>
<td>Flaherty et al.</td>
</tr>
<tr>
<td>Intramural mesenteric venulitis</td>
<td>1995</td>
<td>Corsi et al.</td>
</tr>
<tr>
<td>Isolated granulomatous phlebitis</td>
<td>2000</td>
<td>Martinet et al.</td>
</tr>
</tbody>
</table>
Enterocolic lymphocytic phlebitis.

Ngo N, Chang F

Department of Pathology, Guy’s & St Thomas’s Hospital, London, GB

symptoms...

- acute abdomen (ischemia)
- prodromi:
  - abdominal pain
  - diarrhea
- tumor (hemorrhagic tissue)
- intussusception
pathogenesis, associations...

- **drugs**
  - Rutosid (Venoruton) \( (n=5) \)
  - Flutamid (Antiandrogen) \( (n=4) \)

- **IgG4**

- **collagene colitis** (Arora et al. 1999)

- **lymphocytic colitis** (Wright and Cacala 2004)
Enterocolic lymphocytic phlebitis of the cecal pole and appendix vermiformis with increase of IgG4-positive plasma cells

Sarah Comtesse · Juliane Friemel · René Fankhauser · Achim Weber

Fig. 2  a, b Dense lymphocytic infiltrate surrounding a vein like a cuff with sparing of the artery (a HE, scale bar 200 μm; b EvG, scale bar 200 μm). c, d Obliteration and destruction of the vein through lymphocytes with sparing of the artery (c HE, scale bar 250 μm; d EvG, scale bar 200 μm). e The staining with CD20 showed a moderate infiltrate of B lymphocytes (scale bar 200 μm). f The staining with CD3 showed a marked infiltrate of T lymphocytes (scale bar 200 μm). g Numerous CD4-positive cells (scale bar 200 μm) and h few CD8-positive lymphocytes (scale bar 200 μm). i Numerous IgG4-positive cells predominantly around the veins (scale bar 100 μm). j IgG-positive cells, diffusely distributed (scale bar 100 μm)
differential diagnoses
Morbus Crohn
Morbus Crohn: arteries
systemic vasculitis – GI-Trakt

<table>
<thead>
<tr>
<th>disease</th>
<th>participation</th>
<th>large arteries</th>
<th>small arteries</th>
<th>veins</th>
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</thead>
<tbody>
<tr>
<td>Polyarteritis nodosa</td>
<td>50%</td>
<td>+</td>
<td>+</td>
<td></td>
</tr>
<tr>
<td>Wegener’s Granulomatosis</td>
<td>40%</td>
<td>+</td>
<td>+</td>
<td>(+)</td>
</tr>
<tr>
<td>Churg-Strauss-Syndrome</td>
<td>40%</td>
<td>+</td>
<td>+</td>
<td>(+)</td>
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<tr>
<td>Behcet’s Disease</td>
<td></td>
<td>+</td>
<td>+</td>
<td>+</td>
</tr>
<tr>
<td>Systemic lupus erythematosus</td>
<td>50%</td>
<td>+</td>
<td>+</td>
<td></td>
</tr>
<tr>
<td>Rheumatoid arthritis</td>
<td>20%</td>
<td>+</td>
<td>+</td>
<td></td>
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<tr>
<td>Purpura Schönlein Hennoch</td>
<td>75%</td>
<td>(+)</td>
<td>+</td>
<td>+</td>
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<tr>
<td>Thromboangiitis obliterans</td>
<td></td>
<td>+</td>
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</tr>
</tbody>
</table>
Neutrophilic phlebitis is characteristic of intestinal Behçet's disease and simple ulcer syndrome

N Hayasaki, M Ito, T Suzuki, K Ina, T Ando, K Kusugami & H Goto
Department of Therapeutic Medicine, Nagoya University Graduate School of Medicine and 1Department of Pathology, Nagoya University Hospital, Nagoya, Japan

Date of submission 23 January 2004
Accepted for publication 9 March 2004

COX-2 inhibitor (nimesulide) induced acute liver failure

Stadlmann S, Zoller H, Vogel W, Offner FA

conclusion...

• enterocolic lymphocytic phlebitis
  – is a rare isolated phlebitis
  – localized in the ileocecum and mesentery
  – can mimick tumors
  – pathogenesis is not known
  – associations with drugs and lymphocytic colitis have been described
  – probably drug reaction-toxicity or autoaggression