Clinical Profile and Management of Mesenteric Lymphadenitis in Children - Our Experience

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Abstract:

Background: Mesenteric adenitis in paediatric age group is usually known to cause right lower quadrant pain with fever. It is a self-limiting inflammatory process mimicking appendicitis and affects the mesenteric lymph nodes in the right iliac region. Besides clinical findings ultrasonography with graded compression is the main diagnostic modality to diagnose this entity. Most of the patients improve spontaneously without using antibiotics. Aim: of this study was to evaluate the etiology, clinical characteristic and management of enlarged mesenteric nodes in pediatric patients presenting with abdominal pain. Material and Method: The study was done in 100 patients attending paediatric and paediatric surgery OPD and emergency in Chirayu Medical College and hospital Bhopal, from March 2012 to March 2015 presenting with abdominal pain of various causes. Abdomen ultrasonography was done and findings were recorded. The patients were treated and follow up done. Result: The peak incidence was seen between 5 years to 8 years, and thereafter there was a decrease in incidence with increase in age especially after the age of 11 years. Clinically right lower quadrant tenderness was seen in all cases but rebound tenderness was observed in only 25 cases. Diarrhea (80), fever (75), nausea and vomiting (25) patients were the presenting features. A review of the dimensions of the lymph nodes detected shows that the transverse diameter of the lymph nodes was greater than the antero-posterior diameter. Our study also showed that the 80% of the lymph nodes were seen in the right lower quadrant followed by 12% in the left lower quadrant and 8% in the peri-umblical region. Most of the patients (96%) improved spontaneously without using antibiotics. Conclusion: In Indian children mesenteric adenitis is a clinical syndrome with self-limiting course and in most case it resolves spontaneously. Ultrasonography is the best tool to rapidly differentiate the disease from acute appendicitis and if diagnose accurately surgical intervention can be avoided as majority of cases resolve with conservative treatment.

Keywords: Mesenteric lymphadenitis, Lymph nodes, abdomen ultrasonography.