

The epidemiology of mesenteric panniculitis has not been fully defined. A recent study reported that findings consistent with mesenteric panniculitis occurred in 359 patients (0.24%) from a total of 147,794 abdominal computed tomography (CT) examinations undertaken for over a 5-year period in a large community based medical system. Of these, 100 patients (28%) had known malignancy or were later diagnosed with cancer. In some reports, mesenteric panniculitis has a male predominance of 2:1. Mesenteric panniculitis most often appears during the sixth and seventh decade of life, and its incidence appears to increase with age. Children and adolescents are less commonly affected, possibly related to a lesser amount of fat in their mesentery, but more importantly because of specific characteristics of this form of autoimmunity. Symptoms of the mesenteric panniculitis mimic those of a number of other benign and malignant conditions. Because of this, it is important to rule out other diseases prior to confirming the diagnosis of mesenteric panniculitis. Infectious causes range from viral, bacterial (including *V. cholerae*) and parasitic infections. There are also a variety of diseases that are associated with mesenteric abnormalities on abdominal imaging. Such conditions include primary or metastatic mesentery cancer, gastrointestinal lymphoma, desmoid tumors, inflammation of the pancreas (pancreatitis), Crohn's disease, idiopathic nodular panniculitis, locally advanced pancreatic adenocarcinoma, retroperitoneal fibrosis and other sclerotic diseases as mentioned above.