

가 : 1

2 3 4

가 가 가 CT

dotumor) 가 (Inflammatory pseu- (Fig. 2A), (Fig. 2B),
(1) 1954 Umiker Iverson , (Fig. 3).

(1-3), 가 ,
(4-7). 가 CT
(anaplasia) ,
4

가
4 1 , (xan-
(Hgb) 6.1g/dl, (Hct) thogranuloma), (fibroxanthoma),
18.7%, 18,400/ μ (plasma cell granuloma), (histiocytoma), 가
(hypochromatic microcytic anemia) (pseudolymphoma) (plasmacytoma)
(8, 9). 16
가 가
0.7% (10).

(Fig. 1). CT 12 \times 9 \times 7cm (8, 9),
가 ,
CT 가

1 (11),
2 (12).
3 Treissman (4) 가 가
4 1999 6 1 1999 8 30 3-13cm

가 : 가
 가 , 가
 가 , (rhabdomyosarcoma)
 가 , (hepatoblastoma)
 가 (hemangioendothelioma) ,
 CT , 가
 가 가 가
 가 가
 가 , CT
 가 가

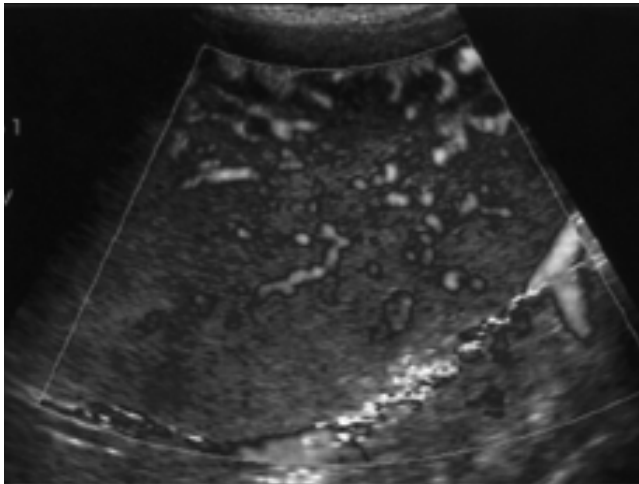


Fig. 1. Transverse abdominal sonography with color-flow imaging shows a highly vascular solid mass.

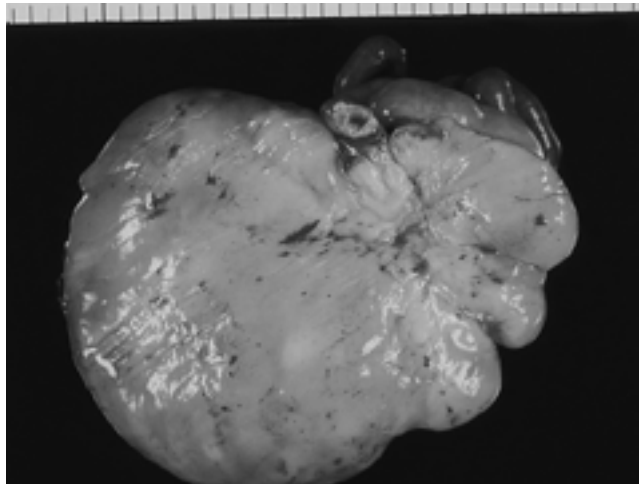


Fig. 3. Photography of the cut surface of gross specimen shows yellowish and homogeneous nature of the mass measuring 12 × 9 × 7 cm.

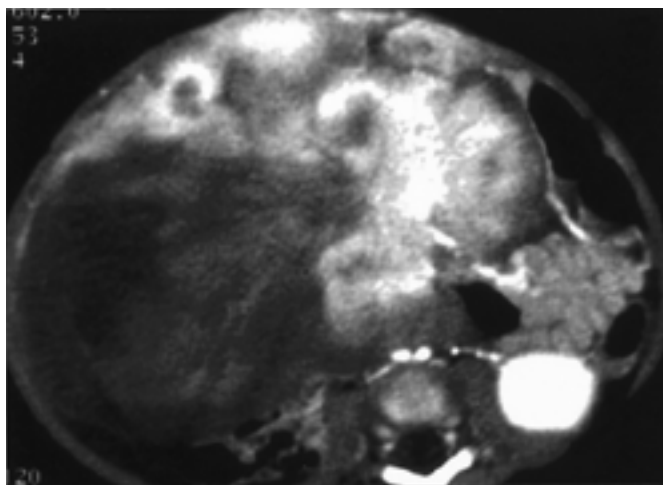
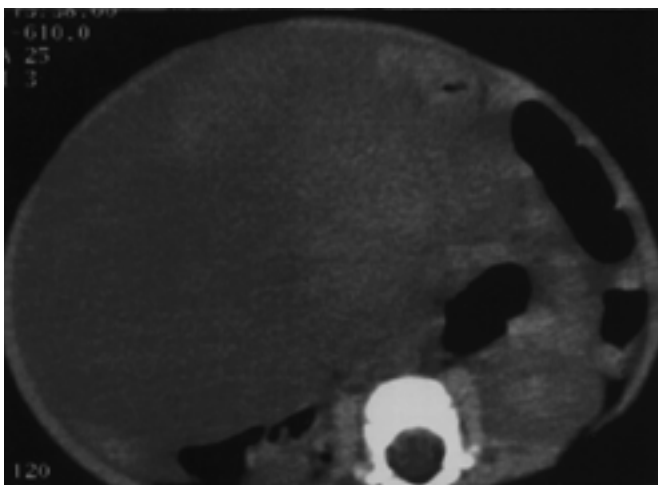


Fig. 2. A. Unenhanced CT scan shows a well defined , relatively homogeneous, low attenuated huge mass replacing the right side of the abdomen.
 B. Arterial phase CT scan shows heterogeneous enhancement of the mass with peripheral low attenuated areas.

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Mesenteric Inflammatory Pseudotumor in an Infant: A Case Report¹

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Mesenteric inflammatory pseudotumor in infants is a rare disease entity. To our knowledge, only scattered reports of this condition have appeared in the literature in English and there is no previously published report in Korean. We describe a case of mesenteric inflammatory pseudotumor in an infant. Ultrasonography revealed an inhomogeneous solid mass with hypervascularity, contrast-enhanced CT showed a large, inhomogeneous mass with ill defined hypo and hyperattenuated areas.

Index words : Mesentery, diseases

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