Statement of Principles concerning
MESENTERIC PANNICULITIS
(Reasonable Hypothesis)
(No. 49 of 2018)

The Repatriation Medical Authority determines the following Statement of Principles under subsection 196B(2) of the Veterans' Entitlements Act 1986.

Dated 27 April 2018

The Common Seal of the Repatriation Medical Authority was affixed to this instrument at the direction of:

[Signature]

Professor Nicholas Saunders AO
Chairperson
1 Name
This is the Statement of Principles concerning mesenteric panniculitis (Reasonable Hypothesis) (No. 49 of 2018).

2 Commencement
This instrument commences on 28 May 2018.

3 Authority
This instrument is made under subsection 196B(2) of the Veterans' Entitlements Act 1986.

4 Application
This instrument applies to a claim to which section 120A of the VEA or section 338 of the Military Rehabilitation and Compensation Act 2004 applies.

5 Definitions
The terms defined in the Schedule 1 - Dictionary have the meaning given when used in this instrument.

6 Kind of injury, disease or death to which this Statement of Principles relates

(1) This Statement of Principles is about mesenteric panniculitis and death from mesenteric panniculitis.

Meaning of mesenteric panniculitis

(2) For the purposes of this Statement of Principles, mesenteric panniculitis:

(a) means an inflammatory condition of the fatty layer (panniculus) that underlies the mesentery, omentum and peritoneum in the abdominal cavity, and which is clinically symptomatic or requires treatment; and

(b) excludes sclerosing encapsulating peritonitis, retroperitoneal fibrosis (Ormond disease), peritoneal adhesions, acute peritonitis, infectious peritonitis, and the radiological phenomenon of "misty mesentery" not diagnosed specifically as mesenteric panniculitis.

Note 1: Clinical symptoms commonly include acute or chronic abdominal pain, an abdominal mass or abdominal swelling, fever, weight loss, diarrhoea or vomiting. The symptoms are often due to obstruction of the bowel or mesenteric vessels.

Note 2: The inflammation is histologically characterised by chronic inflammatory infiltration by lymphocytes and macrophages, fat necrosis and fibrosis. Mesenteric panniculitis is diagnosed by histology or by abdominal imaging using established radiological criteria.

Note 3: Mesenteric panniculitis may also be known as mesenteric lipodystrophy or sclerosing mesenteritis.
(3) While mesenteric panniculitis attracts ICD-10-AM code K65.8, in applying this Statement of Principles the meaning of mesenteric panniculitis is that given in subsection (2).


Death from *mesenteric panniculitis*

(5) For the purposes of this Statement of Principles, mesenteric panniculitis, in relation to a person, includes death from a terminal event or condition that was contributed to by the person's mesenteric panniculitis.

Note: *terminal event* is defined in the Schedule 1 – Dictionary.

7 Basis for determining the factors

The Repatriation Medical Authority is of the view that there is sound medical-scientific evidence that indicates that mesenteric panniculitis and death from mesenteric panniculitis can be related to relevant service rendered by veterans, members of Peacekeeping Forces, or members of the Forces under the VEA, or members under the MRCA.

Note: *MRCA, relevant service* and *VEA* are defined in the Schedule 1 – Dictionary.

8 Factors that must exist

At least one of the following factors must as a minimum exist before it can be said that a reasonable hypothesis has been raised connecting mesenteric panniculitis or death from mesenteric panniculitis with the circumstances of a person's relevant service:

(1) having an abdominal infection with tuberculosis or atypical mycobacteria at the time of clinical onset of mesenteric panniculitis;

(2) having an abdominal infection with tuberculosis or atypical mycobacteria at the time of clinical worsening of mesenteric panniculitis;

(3) for mesenteric panniculitis of the colon only, having undergone colonoscopy within the 48 hours before the clinical worsening of mesenteric panniculitis;

(4) inability to obtain appropriate clinical management for mesenteric panniculitis.
9 Relationship to service

(1) The existence in a person of any factor referred to in section 8, must be related to the relevant service rendered by the person.

(2) The factors set out in subsections 8(2) to 8(4) apply only to material contribution to, or aggravation of, mesenteric panniculitis where the person's mesenteric panniculitis was suffered or contracted before or during (but did not arise out of) the person's relevant service.

10 Factors referring to an injury or disease covered by another Statement of Principles

In this Statement of Principles:

(1) if a factor referred to in section 8 applies in relation to a person; and

(2) that factor refers to an injury or disease in respect of which a Statement of Principles has been determined under subsection 196B(2) of the VEA;

then the factors in that Statement of Principles apply in accordance with the terms of that Statement of Principles as in force from time to time.
1 Definitions

In this instrument:

*mesenteric panniculitis*—see subsection 6(2).

*MRCA* means the *Military Rehabilitation and Compensation Act 2004*.

*relevant service* means:

(a) operational service under the VEA;
(b) peacekeeping service under the VEA;
(c) hazardous service under the VEA;
(d) British nuclear test defence service under the VEA;
(e) warlike service under the MRCA; or
(f) non-warlike service under the MRCA.

Note: *MRCA* and *VEA* are also defined in the Schedule 1 - Dictionary.

*terminal event* means the proximate or ultimate cause of death and includes the following:

(a) pneumonia;
(b) respiratory failure;
(c) cardiac arrest;
(d) circulatory failure; or
(e) cessation of brain function.

*VEA* means the *Veterans' Entitlements Act 1986*. 