

Surgical Treatment of Acute Occlusion of Mesenteric Artery

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Abstract

Background: Acute mesenteric ischemia accounts for 0.1% of emergency hospitalizations but has a very high morbidity and mortality. Diagnosis needs to be fast to initiate treatment and to avoid diffuse bowel necrosis. Availability of CT scans in most emergency hospitals now days is of enormous help for clinicians to identify this condition. At our best knowledge, bowel revascularization has not been performed in Albania and surgery for acute bowel ischemia has been limited to bowel resection. We report a successful case treated with revascularization by us more than 6 years ago.

Case report: A 71 years old male presented for acute limb ischemia but the disease had begun two days before with intermittent abdominal pain and limb numbness. There was no clinical emergency so the patient was anticoagulated and

a CT scan was planned for the next morning. Immediately after such examination the patient experienced intense abdominal pain and the CT resulted with occlusion of the origin of Superior Mesenteric Artery. Surgical thrombectomy was performed within three hours. The bowel had no sign of necrosis but a small mesenteric hematoma obviated a limited resection. Direct bowel reconstruction was performed. The patient recovered completely.

Conclusion: A careful anamnesis is perhaps a better tool for diagnosis of acute mesenteric ischemia. A CT scan is better than time consuming observation in emergency ward. Mesenteric thrombectomy is feasible, easy to perform and very effective to prevent massive bowel necrosis.

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