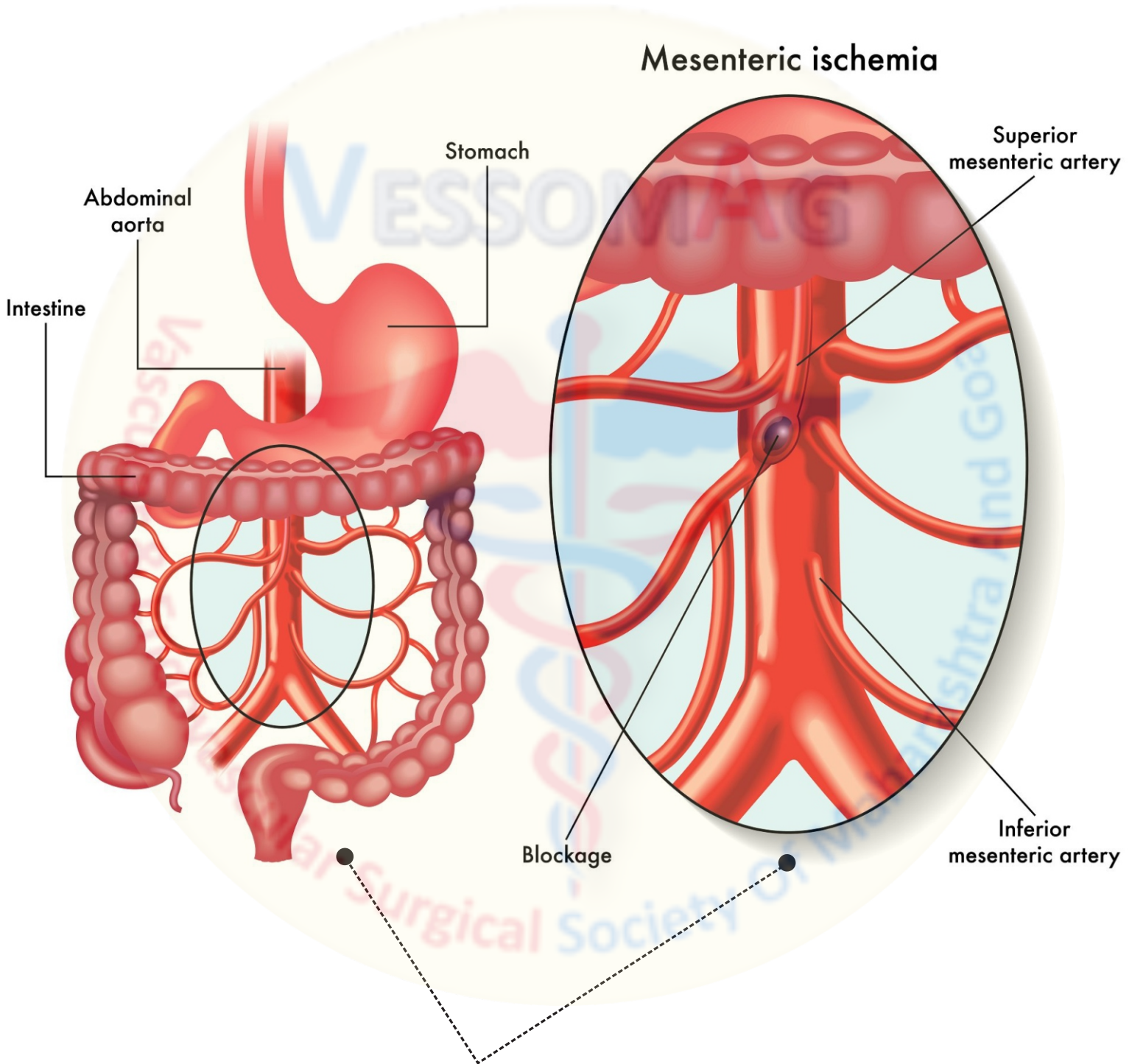




VASCULAR & ENDOVASCULAR SURGICAL SOCIETY OF MAHARASHTRA AND GOA



MESENTERIC ISCHEMIA : GUT ATTACK

FOR PATIENT INFORMATION / EDUCATION PURPOSES

MESENTERIC ISCHEMIA

INTRODUCTION

Mesenteric Ischemia can be considered as an attack on your gut (stomach and intestines) similar to a heart attack. It is a disease with blood clot (thrombus) formation and severe narrowing in arteries of stomach and intestines leading to a sudden reduction in gut blood circulation and death of the stomach/intestinal cells.

In India, mesenteric ischemia patients are at least a decade younger than those in the western countries, with overall higher complications & death rate.

IS IT A SERIOUS PROBLEM?

Yes. It is an emergency condition and you must see a qualified vascular surgeon immediately.

WHY DOES IT HAPPEN?

Mainly two reasons:

- 1) Clot, pushed out of the heart towards arteries of gut (seen in patients with pre-existing heart problems)
- 2) Fresh clot formation at areas of partial blockage (in pre-existing diseased patients)

THE RISK FACTORS

- Age >50 years
- Diabetes Mellitus
- High blood cholesterol levels/Obesity
- Those with blood clotting tendencies
- Smoking or tobacco chewing (Any age group)
- High blood pressure
- Pre-existing heart disease/valvular heart disease

WHAT ARE THE SYMPTOMS?

- Severe abdominal pain (often abdominal sonography is normal)
- Pain worsening after consuming food
- Food fear and weight loss

WHAT IF I NEGLECT IT?

It is a condition similar to heart attack. If blood vessel remains blocked for prolonged period of time, blackening of intestines can develop, which is called 'gangrene'. You may end up losing your intestines, which can be life threatening. To avoid major intestine removal surgery, it is better to consult a vascular surgeon as soon as possible.

HOW IS THE DIAGNOSIS CONFIRMED?

Consult a Vascular surgeon for clinical assessment.

The doctor will advise a computed tomography (CT) of your abdomen and will explain you further course of treatment.

TREATMENT OPTIONS

Initial Resuscitation and Critical Care:

- Fluid and electrolyte correction
- Antibiotics
- Anticoagulation
- Optimization of vitals

Surgery is required for patients with evidence of any threatened bowel, regardless of the underlying cause. If bowel is not viable/gangrenous, surgeon will remove that segment of bowel before revascularization.

HOW WILL THE VASCULAR SURGEON REESTABLISH BLOOD FLOW TO THE INTESTINE?

1. Urgent thrombolysis (clot-dissolving procedure) - Restoration of flow must be accomplished within few hours to prevent bowel necrosis and death. Catheter-guided thrombolysis or percutaneous mechanical thrombectomy are the recent advances in endovascular treatment of mesenteric ischemia. This minimally invasive approach lyses/removes the blood clot in emergency situation and hence proves to be a life-saving procedure.

2. Vascular stenting of mesenteric arteries - Angioplasty and stenting are well established for sub-acute/chronic presentations, especially in patients at high operative risk or as a bridge to elective surgical bypass after the acute illness has resolved.

3. Vascular bypass of mesenteric arteries - More commonly done for acute or chronic occlusion of mesenteric arteries. During a mesenteric artery bypass, a vein or prosthetic bypass is grafted (sewed) onto your aorta and then onto the mesenteric artery, creating an alternate route for blood to flow to the intestines.

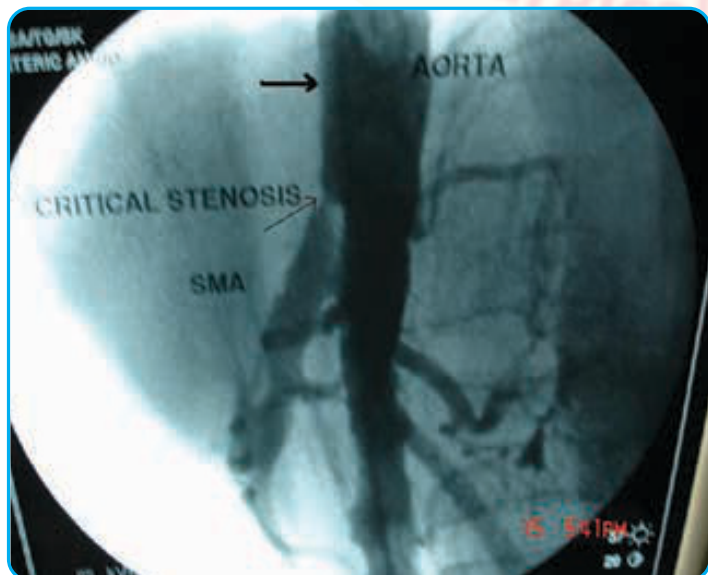


Figure 1: Angiography depicting SMA stenosis



Figure 2: Vascular Bypass

SUMMARY

- Mesenteric ischemia is a medical emergency with high mortality.
- Early diagnosis, involvement of vascular surgeons, aggressive surgical / endovascular interventions, nutritional supplementation and better perioperative care has significantly reduced death rates in Indian patients.
- Surgical revascularization remains the treatment of choice for mesenteric ischemia related to occlusion of blood vessels supplying bowel, but thrombolysis and vascular interventional techniques have a growing role.

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Courtesy:internet

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