

Mesenteric ischemia

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KEY WORDS: chronic mesenteric ischemia, superior mesenteric artery occlusion, gastric ulcers, ileal ulcers

IMAJ 2011; 13: 66

A 69 year old woman was admitted to the emergency department with recurrent complaints of nausea and predominantly postprandial abdominal pain. An esophagogastroduodenoscopy showed multiple, large, non-bleeding ulcers in the antrum and greater curvature of the stomach [Figures A and B]. Gastric biopsies were negative for *Helicobacter pylori* or malignancy. Additionally, a colonoscopy revealed ileal ulcers.

Extensive atherosclerotic opacifications in the abdominal aorta including

its branches were shown in a subsequent computed tomography scan. An angio-CT was performed and revealed marked celiac artery ostial stenosis [Figure C] and occlusion of the superior mesenteric artery [Figure D]. The degree of stenosis was consistent with hemodynamically significant mesenteric vascular disease.

Chronic mesenteric ischemia is a rare diagnosis that is clinically characterized by weight loss, abdominal pain (especially postprandial), nausea, vomiting and diarrhea. Our patient, like 75% of people suffering from CMI, was a heavy smoker. She smoked an average of five packs a day for more than 50 years. Atherosclerosis is the most common etiology for CMI. CMI is associated with hypertension, coronary artery disease, chronic renal

insufficiency, and diabetes mellitus type 2. Our patient had all the associated conditions listed [1].

The treatment of choice for CMI is surgical reconstruction or percutaneous transluminal angioplasty [2]. Due to her co-morbidities, the patient was deemed a very poor surgical candidate for a revascularization procedure and she died 8 days after admission.

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CMI = chronic mesenteric ischemia

