

Chronic Mesenteric Ischemia



PLAY PICMONIC

Pathophysiology

Intestinal Angina

Angel with Abdominal Pain-bolts

Chronic mesenteric ischemia is also known as intestinal angina. It is mentioned as episodic or continuous small intestine hypoperfusion caused by multivessel mesenteric artery occlusion.

Atherosclerosis

Clogged Artery-guy

Chronic mesenteric ischemia is most commonly caused by atherosclerosis in the celiac, superior mesenteric, or inferior mesenteric arteries.

Celiac Artery

Silly-yak Archery-artery

Single-vessel occlusion in chronic mesenteric ischemia is more commonly seen in the celiac artery than in the superior mesenteric artery.

Superior Mesenteric Artery

Super Mouse Archer

Inferior Mesenteric Artery

In-fur Mouse Archer

Sign and Symptoms

Postprandial Epigastric Pain

Post-eating E-pick-gas Pain-bolt

Chronic mesenteric ischemia patients most commonly experience epigastric pain in the first hour after eating, which is mentioned as postprandial epigastric pain. It can be described as a dull and crampy pain.

Weight Loss

Skinny-with-baggy-pants

Postprandial epigastric pain will cause patients to avoid eating, known as food aversion or fear. This avoidance will result in weight loss due to the patient's expectation of postprandial pain and other symptoms.

Diagnosis



Angiography

Angel with Angiography

CT angiography of the abdomen and pelvis is the best imaging study for diagnosing chronic mesenteric ischemia because it can exclude other disorders that can induce the same abdominal symptoms. The study can show the presence of stenosis in the major mesenteric vessels.

Treatment

Anticoagulation

Ant-tie Clog

Anticoagulation is used to treat the presence of acute thrombus or acute-on-chronic mesenteric ischemia. Vasodilators and antibiotics can be used as adjuvant therapy if indicated in the patient.

Surgery

Surgeon

Revascularization can be open or endovascular. This treatment is used to relieve symptoms, reduce the risk of bowel stricture due to infarction or ischemia, and reverse nutritional depletion and weight loss. Open revascularization includes aortomesenteric or celiac bypass grafting, mesenteric reimplantation, and transaortic endarterectomy. Endovascular options may include balloon angioplasty alone, percutaneous angioplasty and stenting, and retrograde open mesenteric stenting (hybrid technique).