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Isolated Mesenteric Artery Dissections Should Be Managed Medically In Most Cases:

When is Open or Endo Treatment Needed and How To Do It

Heron Rodriguez MD

Disclosures

- Speaking fees WL Gore

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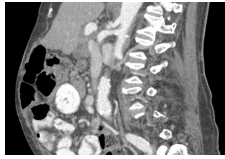
From the Society for Clinical Vascular Surgery (J Vasc Surg 2018;67:1134-42.)

Ten-year review of isolated spontaneous mesenteric arterial dissections

Courtney E. Morgan, MD, Neil A. Mansukhani, MD, Mark K. Eskandari, MD, and Heron E. Rodriguez, MD, Chicago, IL

Retrospective study of patients presenting with spontaneous mesenteric artery dissection at Northwestern Memorial Hospital between 2006-2016

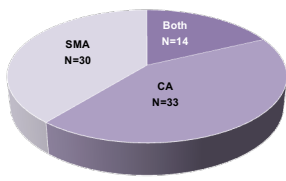
- Exclusions
 - Aortic dissection
 - Trauma
- Goal of examining its natural history



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Results

77 total patients

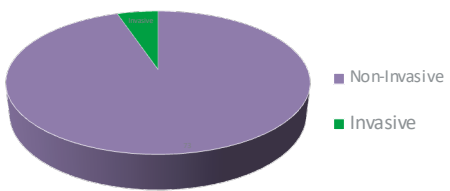


Presentation	N (%)
Asymptomatic	27 (35)
Symptomatic	50 (65)

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Treatment

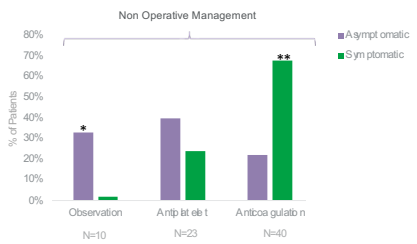
77 total patients
Follow Up Mean 21.2 months



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Treatment by Presentation

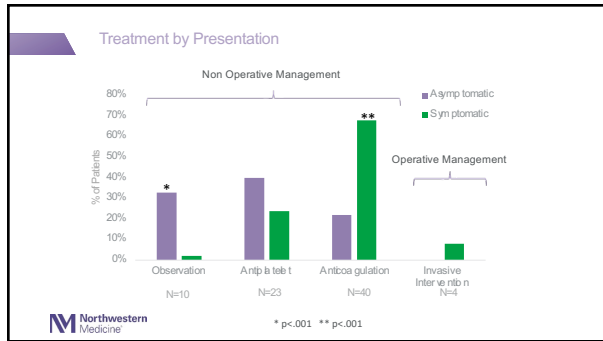
Non Operative Management



Management	Asymptomatic (%)	Symptomatic (%)
Observation (N=10)	~30%*	~2%
Antithrombotic (N=23)	~40%	~25%
Anticoagulation (N=40)	~20%	~65%**

* p<.001 ** p<.001

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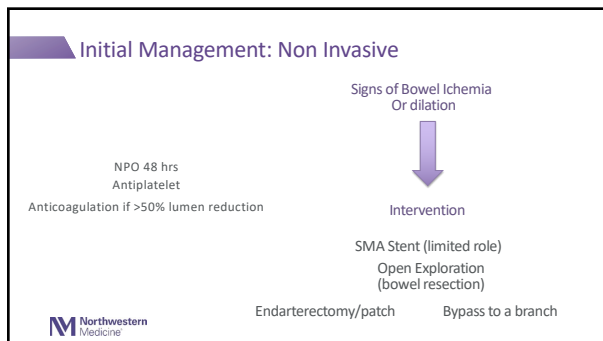
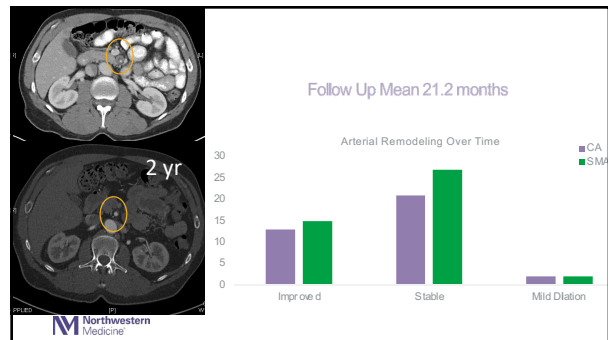


Non-Invasive Treatment

No signs of peritonitis
Mild abdominal pain

NPO for 48 hrs
Anticoagulation due to lumen compromise
Close observation
Repeat imaging

Serial CT angiogram 10 days



Results

Interventional Procedures

Artery	Initial Treatment	Procedure
Both (SMA)	Anticoagulation	SMA endarterectomy, ileocolic endarterectomy and patch angioplasty within 24 hours
SMA	Anticoagulation	Ilio-mesenteric bypass to a branch of the SMA within 24 hours
Both (celiac)	Anticoagulation	Aneurysmal dilation of the hepatic artery, stent graft placed at 8 weeks

Results

Interventional Procedures

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Results

Interventional Procedures

Artery	Initial Treatment	
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SMA	Anticoagulation	Ilio-mesenteric bypass to a branch of the SMA within 24 hours
SMA	Anticoagulation	Aorto-mesenteric bypass to branch of the SMA on hospital day 9 for SMA occlusion
Both (celiac)	Anticoagulation	Aneurysmal dilation of the hepatic artery, stent graft placed at 8 weeks

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55 y/o Male



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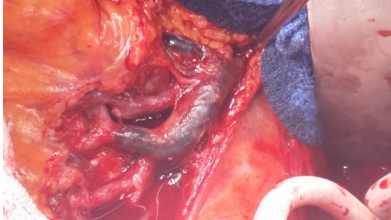
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1 week worse pain



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Laparotomy



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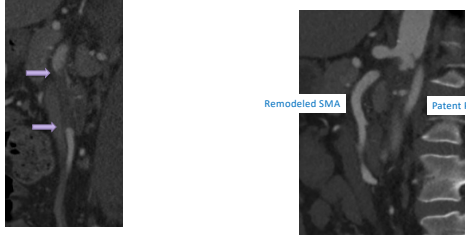
Aorto-mesenteric bypass

- Viable bowel
- Supraceliac aorta-sma bypass
 - 12x6mm PTFE graft
 - Retropancreatic tunnel



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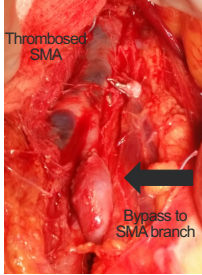
Aorto-mesenteric bypass



Remodeled SMA
Patent PTFE

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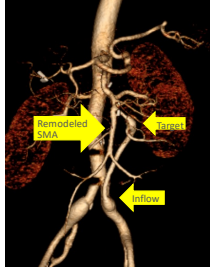
Female, 52 y/o presented with peritonitis



Thrombosed SMA
Bypass to SMA branch

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Eight years post-operative



Remodeled SMA
Target
Bypass

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Mesenteric Dissection

- Management is non-interventional in the majority of cases: antiplatelet or AC if significant lumen compromise
- Endovascular/open surgery reserved to treat complications
 - Ischemia
 - Rupture
 - Aneurysmal degeneration
- Medical Management and Bypass to a branch restore luminal patency

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