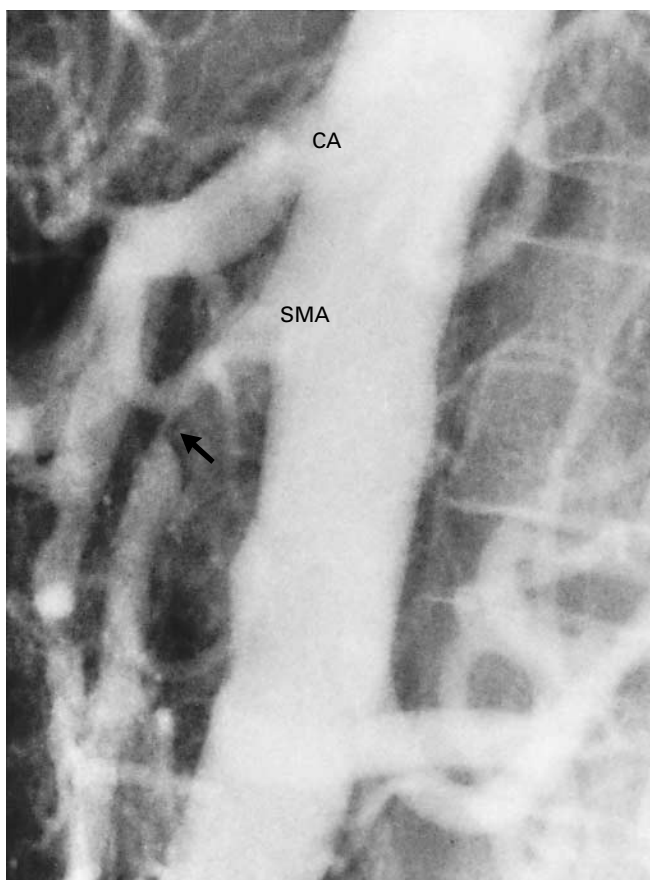




Images in Clinical Medicine



Mesenteric Ischemia

An 81-year-old woman with long-standing hypertension and diabetes mellitus was evaluated for increasingly frequent and longer episodes of epigastric pain soon after eating. She grew progressively more fearful about eating because of the pain and lost 2.3 kg (5 lb). She did not have diarrhea. Prominent bruit with systolic and diastolic components was audible in the epigastric region and right and left upper quadrants and was not affected by a change in position. Biplanar abdominal aortography in the left lateral view showed a normal celiac axis (CA) and subtotal (95 percent) occlusion (arrow) of the superior mesenteric artery (SMA) just beyond its origin. The nature of the lesion precluded angioplasty. The patient therefore underwent urgent aorto–superior-mesenteric-artery bypass with an autogenous reverse saphenous-vein graft. Eighty-four months later, the patient had had no further episodes of postprandial pain and had regained weight.

AZAM ANSARI, M.D.
RONALD DECESARE, M.D.
*Fairview Southdale Hospital
Edina, MN 55435*

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