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Superior mesenteric artery syndrome

George Eskandar

North Wales Hospitals, United Kingdom

Superior mesenteric artery (SMA) syndrome is a rare acquired disorder in which acute angulation of SMA causes compression of the third part of the duodenum between the SMA and the aorta, leading to obstruction. Loss of fatty tissue as a result of a variety of debilitating conditions is believed to be the etiologic factor causing the acute angulation.

Case report: We report a case of 30 years old lady who presented with postprandial abdominal pain at the epigastric region, colic type without radiation accompanied by nausea, postprandial vomiting and weight loss. Esophageal gastric series revealed an abrupt interruption in the contrast medium flow at the level of the junction of third portion (midpart) of the duodenum in barium studies. A diverticula is noted just proximal to the site of obstruction. High resolution ultrasound and color Doppler sonography showed narrowing of the aortomesenteric angle to 22°. Duodenojejunostomy was performed in the patient. Unfortunately the patient later was admitted in the hospital for refractory gastroparesis associated with superior mesenteric artery syndrome. Although open and laparoscopic duodenojejunostomy have been described as the best surgical treatment options for Wilkie's syndrome, but further attention is needed to the management of patients with refractory symptoms of gastroparesis after corrective surgery.

Conclusion: Superior mesenteric artery syndrome is a life threatening disease. It should be treated as soon as possible. Conservative trial can be given but Surgery is the treatment of the choice.

Biography

George is a vascular surgery registrar, mainly works in vascular and general surgery. He is interested in aorta and carotid research. He has at least 6 published papers. Through his work he hopes that his research activity would be valuable to help people all over the world. George Eskandar is working as a general and vascular Surgeon in James Cook University Hospital, England in UK.

eskandargeorgemrcs@gmail.com

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