Role of endovascular management in chronic mesenteric ischemia

This is a case report. Smoker male patient 51 years old with no history of medical illness. 2 years ago, he presented with postcibal angina, weight loss and dyspepsia. The pain was central in the abdomen, not referred to another place, of gradual onset and progressive course with no previous similar attacks or episodic pain. The pain increased by feeding and relieved by fasting. Other GIT symptoms were negative. Ct angiography showed Superior mesenteric artery (SMA) occlusion. Pt underwent SMA balloon angioplasty with stenting (2 overlapping stent measuring 5*60). He is markedly improved but the symptoms was recurrent 9 months ago due to in stent stenosis at the distal end of stents. Patient underwent balloon angioplasty using drug eluting balloon. Fair follow up till now.

Patient regained feeding, improved BMI and angioghrphic successful Patency of SMA.

Endovascular approach has low morbidity and high technical success rate with high incidence of reintervention make it the first line of therapy for CMI due to superior mesenteric artery stenosis.