

Mesenteric Ischemia due to Obstruction of Mesenteric Arteries, Report of Seven Cases. In the Heart Catheterization Room of the Collet Foundation

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The small intestines and the large intestines are supplied by branches of three arteries that are on the anterior surface of the abdominal, the celiac trunk, the superior mesenteric artery and the inferior mesenteric artery. The superior mesenteric artery supplies the middle of the intestine, part of the jejunum of the small intestine, the transverse colon, and the inferior mesenteric artery the left colon and rectum. At the height of axis T 12, the celiac trunk is the first branch of the abdominal aorta. Later this is divided into the hepatic artery and the splenic artery. In 1/3 of the cases the celiac trunk trifurcates into three main branches. In a reduced percentage, the superior mesenteric is solitary and joins the celiac trunk creating the arch the mesenteric celiac arch, the splenic artery, or is you go to the dorsal pancreatic branch which supplies the posterior border of the pancreas, the tail and the body and supplies the tail and the body. The hepatic artery runs anteriorly to the right side and divides into the hepatic and gastroduodenal arteries, it is very important to know that there are collateral connections between the mesenteric vessels to maintain adequate perfusion when any of these are occluded. Acute mesenteric ischemia is a fatal vascular emergency where temprano diagnosis is required. In this entity, trauma, foreign body vasculitis, atrial fibrillation, and left ventricular aneurysm must be ruled out.

Aortic aneurysms, vasculitis, hypercoagulable states, hyper homocysteinaemia, antiphospholipid syndrome, myeloproliferative disorders, paroxysmal nocturnal hemoglobinuria, thrombophilia, Leiden factor five, prothrombin mutation, antithrombin deficiency, protein deficit s protein deficiency x, and factor eight elevated, As well as hereditary thrombotic dysfibrinogenemia. LiE delay in diagnosis contributes to a high incidence of colon infarction with a mortality of 60 to 80%. With the advent of color Doppler echo with MRI, and the multiscanner angiography is allowed to avoid the infarction of the colon, since this allows the emergency geographic orientation and its percutaneous revascularization. Other diseases that produce obstruction are the states of hyperviscosity, hypotension, vasculitis, trauma, valvular diseases. The management of mesenteric ischemia is different from ischemic to chronic ischemia in acute mesenteric ischemia requires recannulation of the occluded vessel, be it the superior mesenteric, celiac trunk, splenic with either fibrinolytic techniques or percutaneous mechanical recanalization technique. Chronic mesenteric ischemia is uncommon and is caused by atherosclerotic stenosis of the mesenteric arteries. The appearance of intestinal angina is rare in view of the presence of a rich mesenteric collateral circulation that can perfuse the intestines. The clinical suspicion in chronic cases is the presence of angina which can be corroborated with a Doppler echo of the abdominal aorta, especially of the superior mesenteric with peak velocities greater than 275 cm/s systolic, and peak diastolic velocities of more than 45 cm per second, this has a sensitivity of 70% Magnetic resonance, angiography can also be used. The success of the intervention is high of 87 88 to 100% with Reported in series of Mayo Clinic.

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Intestinal angina with postprandial symptoms is common in patients with cardiovascular diseases such as coronary artery disease, generalized arteriosclerosis, aortic aneurysm and arteritis. The finding of splanchnic ischemia in the superior mesenteric artery, celiac trunk, splenic artery, hepatic artery as well as the inferior mesenteric artery. Six patients are presented, four with significant obstruction of the superior mesenteric artery, two males, two females, one with acute obstruction of the abdominal aorta, and the other with acute obstruction of the superior mesenteric artery. After the diagnosis, the right femoral artery was approached with a seven French introducer, subsequently a renal guide catheter or mammary artery was used and an AP projection and lateral cannulation of the mesenteric artery and celiac trunk was carried out, Subsequently an infusion of 30 mg of RTP was performed After balloon placement and placement of stems, angioplasty was performed between patients with placement of four 5:06 millimeters, achieving total recanalization of said artery (See figure 1). Revascularization of seven patients with fibrin combination one day and placement of asymptomatic and in good condition until February 02, 2021 are reported [1-3].



Figure 1: Mesenteric ischemia.

Ethical Responsibilities

The authors declare that they have no conflicts of interest when writing the manuscript.

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