



Endovascular Thrombectomy in the Treatment of Thromboembolism of the Superior Mesenteric Artery

Ihar Ihnatovich^{1*} and Jan Kernozhitsky²

¹1st Department of Surgical Disease, Belarusian State Medical University, Minsk, Belarus

²10th City Hospital, Minsk, Belarus

Clinical Image

Patient A, 80 years old admitted to the emergency room after 1 h a sudden onset of very severe pain in the abdomen. On examination, the patient was restless, complains of severe abdominal pain. Heart sounds were arrhythmic, blood pressure was 140/80, and the abdomen was without peritoneal symptoms. Electrocardiography revealed atrial fibrillation, after abdominal ultrasound examination no additional information was obtained. An emergency contrast CT was performed. Acute occlusion of the Superior Mesenteric Artery (SMA) with small bowel ischemia has been established (Figure 1). The patient was immediately taken to the X-ray endovascular operating room. Abdominal aortography performed the presence of thromboembolus in the SMA below the origin of a. colica media confirmed. Catheter aspiration of the thrombus was performed (Figure 2), arterial blood flow was restored in the SMA and its branches (Figure 3). SMA was stented. The pain syndrome disappeared after endovascular intervention. Contrast CT “second look” was performed on the 3rd day after the intervention, SMA filling defects were not detected, the bowel wall accumulates contrast in all sections. The patient was discharged on the 5th day after the intervention. His anticoagulant protocol has been strengthened.

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*Correspondence:

Ihar Ihnatovich, 1st Department of Surgical Diseases, Belarusian State Medical University, 220083, Minsk, Dzerzhinskii Avenue, 83, Belarus, Tel: +375 173400254; E-mail: ini67@inbox.ru

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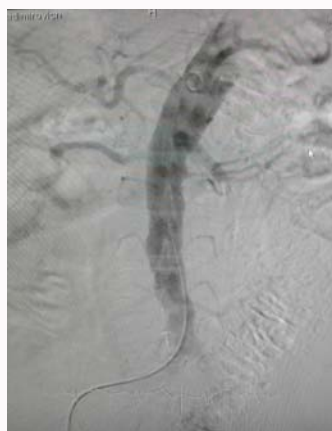


Figure 1: Acute occlusion SMA.

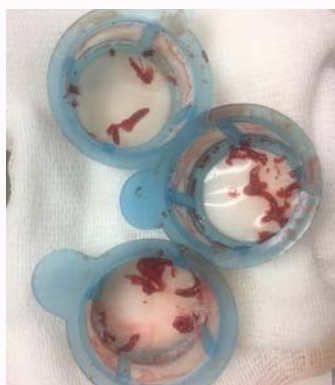


Figure 2: Trombus removed from SMA.



Figure 3: SMA after thrombus aspiration.