

CHRONIC MESENTERIC ISCHEMIA OPEN REVASCULARISATION VS ENDOVASCULAR

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BACKGROUND

Mesenteric ischemia is a group of disorders with incidence rates that may vary according to the acute or chronic presentation and the etiology.

Contemporary incidences of chronic mesenteric ischemia (CMI) are unknown, only case series or incidences in treated patients have been reported.

The prognosis remains dark in the acute arterial forms, with mortality about 80%, aggravated by the diagnostic delay, the general state and the comorbidities of the patient.

The optimal treatment is controversial and several questions regarding the number of arteries to revascularise, the choice of surgical or endovascular revascularisation.

PATIENTS AND METHODS

We performed a single-center retrospective study of mesenteric revascularization in 14 patients (Tab 01), using open repair in 07 patients, endovascular in 04 patients, and hybrid in 03 patients in a period of two years. The revascularization was done in symptomatic patients after obtention of proof of CMI and asymptomatic patients mostly after aortic repair.

Morbidities, mortality, freedom of symptoms, and patency were evaluated with median follow up 24 months.

OPEN REVASCULARISATION	ENDOASCULAR REVASCULARISATION	HYBRID REVASCULARISATION
-02 Aorto bifemoral bypass+ retrograde bypass SMA	-02 ATL Stenting SMA	-03 Retrograde open mesenteric stenting (ROMS)
-01 Aorto bifemoral bypass+ retrograde bypass SMA+ revascularisation IMA (Fig02)	-02 ATL Stenting CA (Fig01)	
-02 Aorto bifemoral bypass+ reimplantation SMA		
-01 Aorto bifemoral + retrograde bypass Hepatic artery		
-01 retrograde bypass from iliaque artery to SMA		

Tab 01 SMA: Superior mesenteric artery- CA: Coeliac artery- IMA: Inferior mesenteric artery

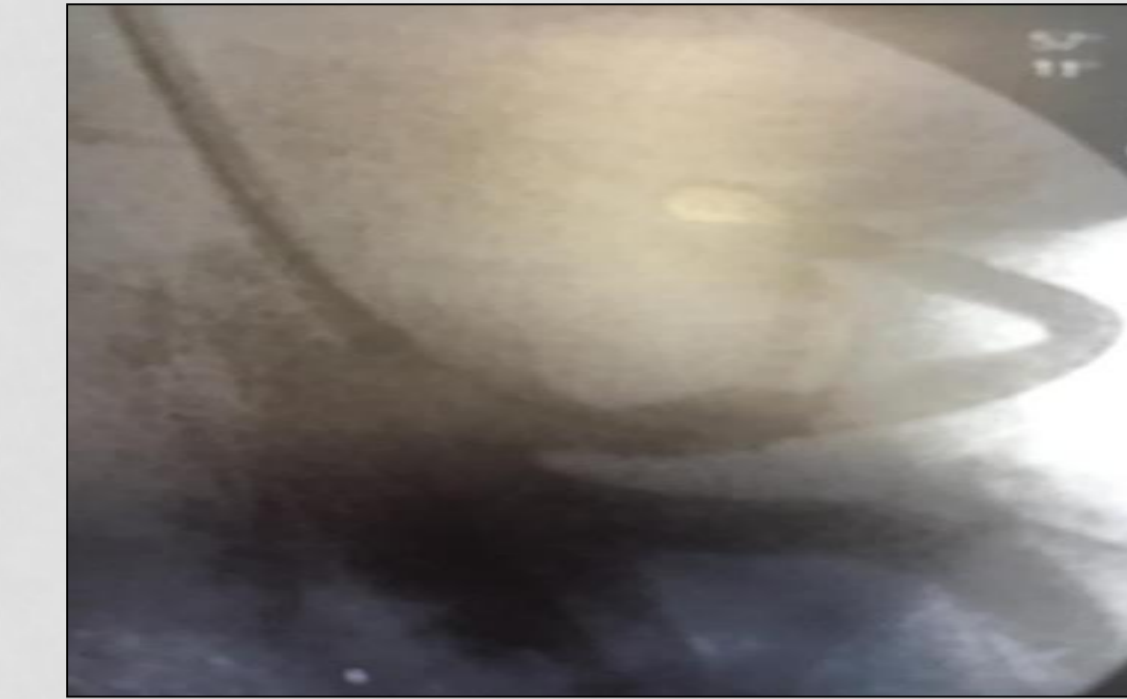


Fig01: Male pancreas cancer 51 years old asymptomatic stenosis of CA ATL stent CA before surgical resection of pancreas

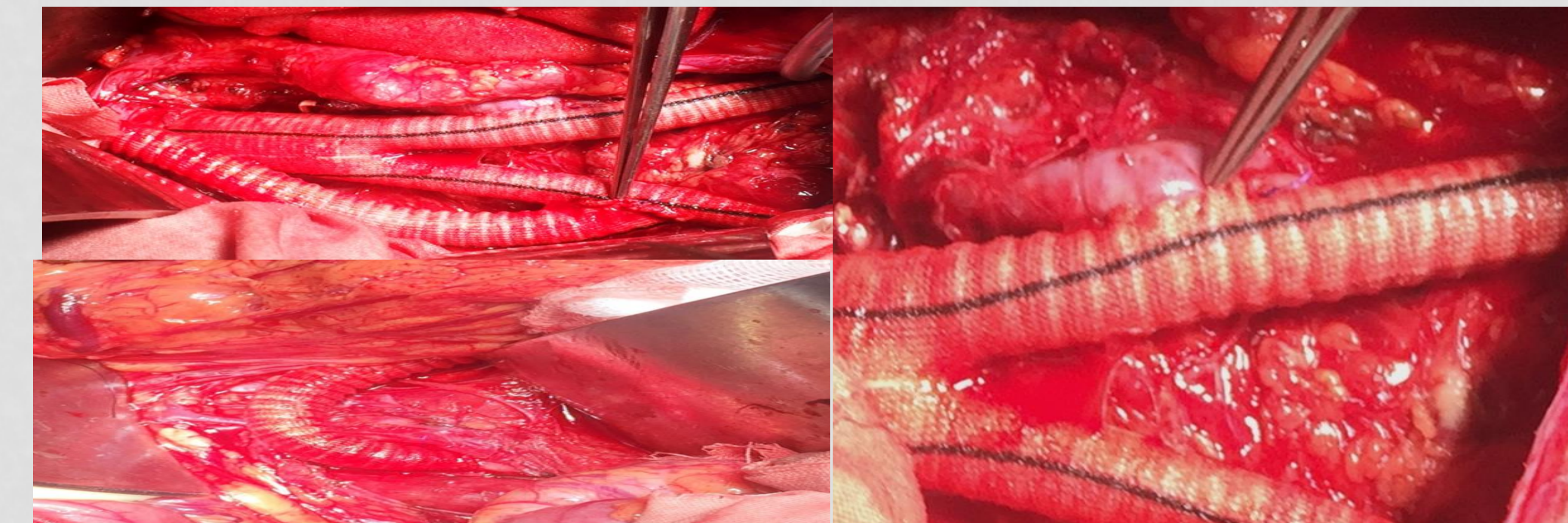


Fig02: Male 50 years old Smoker symptomatic with aorto iliac occlusion. Aorto bifemoral bypass+ retrograde bypass SMA+revascularisation IMA

RESULTS

Patients treated by open surgery have been staying more times in hospital but they have better freedom from recurrent symptoms and only the retrograde bypass from iliaque artery to SMA was occluded four months after.

Endovascular and hybrid revascularisation were an attractive technique in some situations particularly in this disease.

DISCUSSION

The clinical presentation of our patients conditioned management and the type of revascularisation, and there was no significant difference between the two techniques.

CONCLUSION

CMI is an uncommon condition requiring an integrated team approach, to diagnosis, selecting patients for revascularization, and being able to offer different treatment options (both open and endovascular surgery).

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