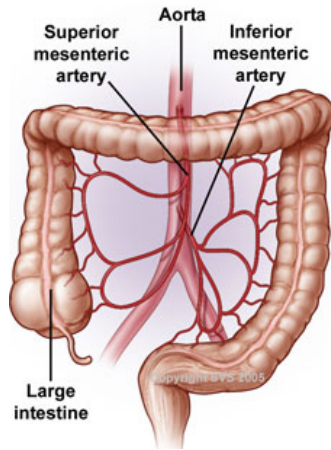


Management of Chronic Mesenteric Ischemia

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Chronic mesenteric ischemia is a disease caused by blockages in the mesenteric arteries, that carry blood to the small and large intestines. Ischemia means decreased circulation and it usually develops due to atherosclerosis or hardening of the arteries. Chronic mesenteric ischemia is just one form peripheral arterial disease (PAD) that can also present with leg pain due to decreased circulation in the legs, with chest pain due to decreased circulation in the heart, or with stroke due to blockages in the arteries of the brain.

Chronic mesenteric ischemia usually occurs in patients who are 50 years old or older; it is more frequent in women, smokers, and patients frequently have diabetes, hypertension, high cholesterol, a history of heart attack, stroke or a family history of early heart disease. Less frequent causes of chronic mesenteric ischemia include arteritis, aneurysms, dissections or, rarely, compression of the celiac artery by the diaphragm, a disease called median arcuate ligament syndrome.

Chronic ischemia means that you have had the condition and symptoms over several months or years. Symptoms include severe pain, usually in the upper part of the abdomen that starts 15 to 60 minutes after meals and lasts about 60 to 90 minutes. Patients lose weight because they do not want to eat to avoid the pain associated with meals. Symptoms in addition to pain and weight loss may include nausea, diarrhea, vomiting and constipation.

Chronic mesenteric ischemia can progress without warning to acute mesenteric ischemia, a life threatening emergency associated with severe pain, constipation and blood in the stool, and it can result in perforation of the bowel and severe abdominal infection requiring immediate lifesaving surgery.

Not all patients with abdominal pain have chronic mesenteric ischemia, and other causes, such as a stomach ulcer, bowel problems, an abdominal tumor, or diseases of the pancreas and liver have to be

excluded.

The diagnosis of chronic mesenteric ischemia can be established, and its severity confirmed by abdominal ultrasound examination and by computed tomographic angiography.

Depending on the severity of the condition, treatment options may include lifestyle changes or medications only. Most patients with symptoms however, require treatment to restore the circulation of the bowel with minimally invasive angioplasty or stenting, or with open bypass surgery, with good results.

If you have abdominal pain after meals and weight loss, especially if you are a smoker over age 50 and have heart disease and hypertension, see a vascular surgeon. Vascular surgeons are the experts in all treatment options of chronic mesenteric ischemia.

To learn more about your vascular health and find a vascular surgeon visit VascularWeb.org.