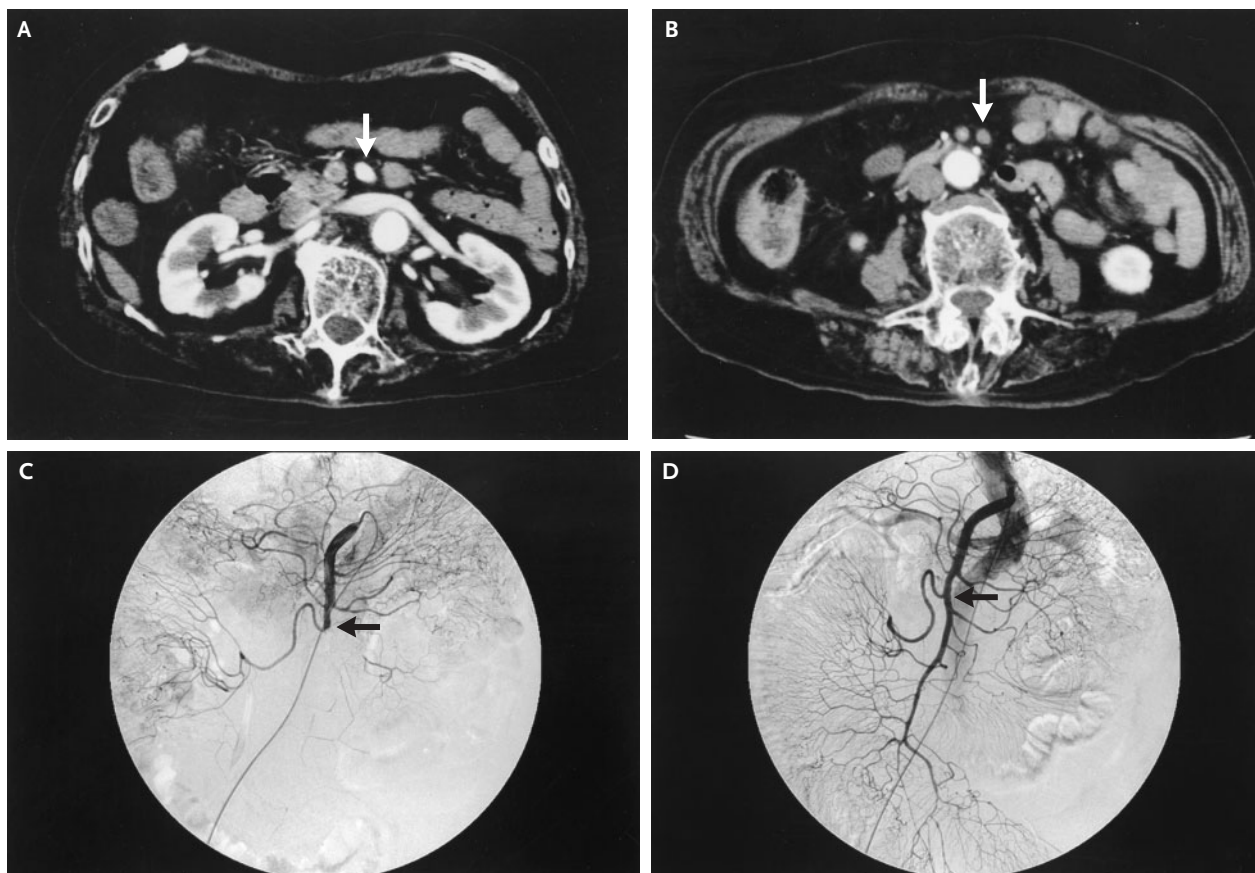


IMAGES IN CLINICAL MEDICINE

Transcatheter Treatment of Thromboembolism
in the Superior Mesenteric Artery

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AN 88-YEAR-OLD WOMAN WITH A HISTORY OF HYPERTENSION AND ATRIAL FIBRILLATION presented with an acute onset of severe abdominal pain, vomiting, and diarrhea. She had been taking warfarin for the atrial fibrillation for three years but discontinued the medication against the advice of her physician six months earlier because she was asymptomatic. The physical examination revealed diffuse abdominal tenderness without guarding or rebound. A computed tomographic scan of the abdominal area after the administration of intravenous contrast material showed occlusion of the superior mesenteric artery (Panels A and B, arrows). Abdominal angiography, performed within six hours of the onset of the patient's symptoms, showed complete occlusion of the superior mesenteric artery (Panel C, arrow). After an intraarterial injection of urokinase, transcatheter thrombus aspiration was performed, which resulted in the recanalization of the superior mesenteric artery and immediate relief of her abdominal pain. The intraarterial infusion of urokinase was continued for 12 hours. Follow-up angiography, performed one day later, showed complete recanalization of the superior mesenteric artery (Panel D, arrow). The postprocedural course was uneventful. After three months, the patient continues to do well taking warfarin therapy. Important factors that are associated with an increased risk of thromboembolic events in patients with chronic atrial fibrillation include congestive heart failure, hypertension, an age of 75 years or older, diabetes, and prior embolic events.

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