

Acute Embolic Occlusion of the Superior Mesenteric Artery: A Case Report and Discussion of Management

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Abstract

Introduction: We present a case of acute embolus to the superior mesenteric artery (SMA). **Clinical Picture:** A 70-year-old gentleman with atrial fibrillation complained of colicky abdominal pain with clinical signs of tenderness and mild guarding. **Treatment and Outcome:** Laparotomy revealed extensive bowel ischaemia but no overt infarction. The SMA was occluded by an embolus at the root of the mesentery and balloon catheter embolectomy was carried out at once. Bowel resection was deferred in order to allow clear demarcation of gangrene to avoid sacrificing unnecessary length. At second look laparotomy, 1.2 m of bowel from mid-jejunum to mid-ileum was resected, salvaging about 1 m of previously dusky small and large bowel. **Conclusion:** This case illustrates the importance of accurate history taking, the role of early intervention and the usefulness of a second look laparotomy in cases of mesenteric ischaemia to minimise the extent of bowel resection.

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Key words: Acute embolus, Acute mesenteric ischaemia, Embolectomy, Ischaemic bowel, Second look laparotomy

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