

The clinical spectrum of mesenteric ischemia

Eva Karina Bocharewicz

UEG Postgraduate Teaching Programme Berlin 2025

Presentation

Radiology & Imaging

Small Intestine & Nutrition

October 5, 2025

This educational presentation reviews the clinical spectrum of mesenteric ischemia through three cases, emphasizing early recognition, CTA as the diagnostic gold standard, and guideline-based management prioritizing endovascular revascularization when feasible.

KEY POINTS

- The speaker taught that chronic mesenteric ischemia should be considered in patients with postprandial abdominal pain, weight loss of at least 5% of body weight with adapted eating pattern, and diarrhea, but alternative diagnoses must be excluded with upper endoscopy and abdominal imaging.
- CT angiography with thin slice thickness is the gold standard for diagnosis, and multivessel disease cases should be discussed in a multidisciplinary team including gastroenterologist, vascular surgeon, and interventional radiologist.
- The speaker stated that covered stents are preferred for short mesenteric artery lesions in chronic mesenteric ischemia, based on a 2024 randomized trial in Lancet Gastroenterology and Hepatology showing superior primary patency rates at 24 months compared to bare metal stents, though important side branches must not be overstented.
- For acute on chronic mesenteric ischemia with bowel necrosis, the speaker emphasized that guidelines recommend prioritizing revascularization over bowel resection when feasible, with reassessment at second-look surgery to preserve doubtful bowel segments.
- Biomarkers such as lactate and D-dimer are not recommended to rule in or rule out acute mesenteric ischemia, according to the speaker.
- The speaker presented cases illustrating that acute mesenteric ischemia can develop from chronic stenosis, and that early recognition and timely revascularization are critical to save lives and intestines.

VIEW THIS CONTENT ON GUTFLIX

<https://gutflix.eu/search/d/95cc36d0-a82e-11f0-9968-0242ac140006>



AI-generated summary

This summary was generated by an AI large language model based on the content transcript. It is for informational purposes only and should not be considered a substitute for clinical judgment. Always rely on your professional expertise and the full clinical context when making clinical decisions.